

*Comprehensive*

# PREFERRED DRUG LIST

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## Pharmacy Program

YouthCare HealthChoice Illinois is committed to providing high quality drug coverage to our members. We work with providers and pharmacists, as well as the Illinois Department of Healthcare and Family Services and the Department of Children and Family Services to make sure we cover drugs used to treat many conditions and diseases. YouthCare covers prescription and certain over-the-counter (OTC) medications when ordered by a network provider. The pharmacy program does not cover all medications. Some medications require prior authorization (PA) or have limitations on age, dosage, and maximum quantities.

## Filling a Prescription

You can have your prescriptions filled at a network pharmacy. At the pharmacy, you will need to give the pharmacist your prescription and your ID card. You can find a pharmacy that is in the YouthCare network by using the Find a Provider tool on [www.ilyouthcare.com](http://www.ilyouthcare.com). If you need help finding a pharmacy near you, or if you have any questions about drug coverage, call us at 844-289-2264 (TTY: 711).

There is no cost for covered drugs.

If your medication is not on the preferred drug list or is on the preferred drug list but has limitations, you can:

1. Speak with your doctor about switching to a similar medication that is on the preferred drug list.
2. Request a prior authorization, or speak to your doctor about submitting a prior authorization for you. You or your doctor may do this by submitting the medication prior authorization form, found on [www.ilyouthcare.com](http://www.ilyouthcare.com).

## Psychotropic Medication Consent (DCFS Rule 325)

For Children in YouthCare whom the Illinois Department of Children and Family Services (DCFS) is legally responsible for, consent must be obtained prior to the administration of any psychotropic medication. Consent requests must be submitted directly to the DCFS Centralized Consent Unit (CCU) using Form CSF431-A, available on [www2.illinois.gov/dcfs](http://www2.illinois.gov/dcfs).

[CFS 431-A Psychotropic Medication Request Form](#)

[CFS 431-A Psychotropic Medication Request Cover Sheet](#)

## Generic Drugs

Generic drugs have the same active ingredient and work the same as brand name drugs. When generic drugs are available, the brand name drug will not be covered without prior authorization, unless the brand name is preferred over the generic.

## Specialty Drugs

Specialty drugs are usually not available at retail pharmacies, and require additional review and monitoring. These drugs are only covered when supplied by a YouthCare network specialty pharmacy. We work with Evolve Pharmacy Solutions and AcariaHealth to help oversee these drugs. Prior authorization request forms for specialty drugs are located on the YouthCare website at [www.ilyouthcare.com](http://www.ilyouthcare.com).

## Pharmacy Benefit Exclusions

The following drug categories are not part of the YouthCare pharmacy benefit:

- Fertility enhancing drugs
- Anorexia, weight loss, or weight gain drugs
- Durable Medical Equipment (DME) products and medical supplies (unless listed on the PDL)
- Drugs and other agents used for cosmetic purposes or for hair growth
- Erectile dysfunction drugs prescribed to treat impotence
- Drug Efficacy Study Implementation (DESI) and Identical, Related and Similar (IRS) drugs that are classified as ineffective
- OTC products (unless listed on the PDL)
- Drugs not included in the Medicaid Drug Rebate Program, drug product data file (unless listed on the PDL)

## Legend

| <b>P</b>      | Preferred Drug               | Drugs preferred by YouthCare.                                                                                              |
|---------------|------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <b>NP</b>     | Non-Preferred                | Drugs not preferred by YouthCare.                                                                                          |
| <b>AL</b>     | Age Limit                    | Drug is limited to specific ages.                                                                                          |
| <b>PA</b>     | Prior Authorization          | Prior Authorization required before prescription can be filled.                                                            |
| <b>APA</b>    | Advanced Prior Authorization | Prior Authorization required before prescription can be filled. Criteria may be met automatically.                         |
| <b>QL</b>     | Quantity Limit               | There is a limit on the amount of drug covered per prescription, or within a specific time frame.                          |
| <b>SP</b>     | Specialty Drug               | Products that must be dispensed by a specialty pharmacy.                                                                   |
| <b>ST</b>     | Step Therapy                 | Requires trial and failure of one or more preferred products prior to coverage.                                            |
| <b>RX/OTC</b> | Both RX and OTC NDCs         | Over the Counter (OTC) products eligible for coverage with a valid prescription written by a licensed physician/clinician. |
| <b>MT</b>     | Maintenance Therapy          | Products used to treat long-term conditions or illnesses, available for a 90-Day (3-month) supply.                         |

The publication date of this preferred drug list appears at the bottom of all subsequent pages, and this list is accurate of that date.

For more information regarding the preferred drug list or to receive updated information, call YouthCare at 844-289-2264 (TTY: 711) from 8:00 a.m. – 6:00 p.m. Monday through Friday, or email [ILYouthCare@centene.com](mailto:ILYouthCare@centene.com).

For a printed copy of the preferred drug list or to report inaccuracies, call YouthCare at 844-289-2264 (TTY: 711) from 8:00 a.m. – 6:00 p.m. Monday through Friday, or email [ILYouthCare@centene.com](mailto:ILYouthCare@centene.com).



| Drug Name                                                 | Tier | Drug Restriction        |
|-----------------------------------------------------------|------|-------------------------|
| ALTERNATIVE THERAPY                                       |      |                         |
| ALTERNATIVE THERAPY - ANTIOXIDANT                         |      |                         |
| Macuvite With Lutein 5,000 unit-60 mg-30 unit-2 mg tablet | P    | QL(Allowed 1 per 1 day) |
| Prosight 5,000 unit-60 mg-30 unit tablet                  | P    | QL(Allowed 1 per 1 day) |
| Vision Formula-2 250 mg-200 unit-40 mg-1 mg capsule       | P    | QL(Allowed 1 per 1 day) |
| ALTERNATIVE THERAPY - UNCLASSIFIED                        |      |                         |
| PhytoMulti 3 mg-3 mg-200 mg tablet                        | P    | QL(Allowed 1 per 1 day) |
| ANALGESIC, ANTI-INFLAMMATORY OR ANTIPYRETIC               |      |                         |
| ANALGESIC OPIOID AGONISTS                                 |      |                         |
| Abstral 100 mcg sublingual tablet                         | NP   | APA                     |
| Actiq 1,200 mcg lozenge on a handle                       | NP   | APA                     |
| Actiq 1,600 mcg lozenge on a handle                       | NP   | APA                     |
| Actiq 200 mcg lozenge on a handle                         | NP   | APA                     |
| Actiq 400 mcg lozenge on a handle                         | NP   | APA                     |
| Actiq 600 mcg lozenge on a handle                         | NP   | APA                     |
| Actiq 800 mcg lozenge on a handle                         | NP   | APA                     |

| Drug Name                                               | Tier | Drug Restriction                                       |
|---------------------------------------------------------|------|--------------------------------------------------------|
| Arymo ER 15 mg tablet,crush resistant, extended release | NP   | APA                                                    |
| Arymo ER 30 mg tablet,crush resistant, extended release | NP   | APA                                                    |
| codeine sulfate 15 mg tablet                            | P    | QL(Allowed 2 per 1 day)                                |
| codeine sulfate 30 mg tablet                            | P    | AL(Minimum Age 12 Years); QL(Allowed 2 per 1 day); APA |
| codeine sulfate 60 mg tablet                            | P    | AL(Minimum Age 12 Years); QL(Allowed 2 per 1 day); APA |
| ConZip 100 mg capsule,extended release                  | NP   | APA                                                    |
| ConZip 200 mg capsule,extended release                  | NP   | APA                                                    |
| ConZip 300 mg capsule, extended release                 | NP   | APA                                                    |
| Dilaudid 1 mg/mL oral liquid                            | NP   | APA                                                    |
| Dilaudid 2 mg tablet                                    | NP   | QL(QL Overtime: Allowed 180 over 27 days); APA         |
| Dilaudid 4 mg tablet                                    | NP   | QL(QL Overtime: Allowed 180 over 27 days); APA         |
| Dilaudid 8 mg tablet                                    | NP   | QL(QL Overtime: Allowed 180 over 27 days); APA         |
| Diskets 40 mg soluble tablet                            | NP   | PA                                                     |

| Drug Name                                    | Tier | Drug Restriction                |
|----------------------------------------------|------|---------------------------------|
| Duragesic 100 mcg/hr transdermal patch       | NP   | QL(Allowed 10 per 30 days); APA |
| Duragesic 12 mcg/hr transdermal patch        | NP   | QL(Allowed 10 per 30 days); APA |
| Duragesic 25 mcg/hr transdermal patch        | NP   | QL(Allowed 10 per 30 days); APA |
| Duragesic 50 mcg/hr transdermal patch        | NP   | QL(Allowed 10 per 30 days); APA |
| Duragesic 75 mcg/hr transdermal patch        | NP   | QL(Allowed 10 per 30 days); APA |
| fentanyl 1,200 mcg lozenge on a handle       | NP   | APA                             |
| fentanyl 1,600 mcg lozenge on a handle       | NP   | PA                              |
| fentanyl 100 mcg buccal tablet, effervescent | NP   | PA                              |
| fentanyl 100 mcg/hr transdermal patch        | NP   | QL(Allowed 10 per 30 days); APA |
| fentanyl 12 mcg/hr transdermal patch         | NP   | QL(Allowed 10 per 30 days); APA |
| fentanyl 200 mcg buccal tablet, effervescent | NP   | APA                             |
| fentanyl 200 mcg lozenge on a handle         | NP   | APA                             |
| fentanyl 25 mcg/hr transdermal patch         | NP   | QL(Allowed 10 per 30 days); APA |

| Drug Name                                    | Tier | Drug Restriction                |
|----------------------------------------------|------|---------------------------------|
| fentanyl 37.5 mcg/hour transdermal patch     | NP   | APA                             |
| fentanyl 400 mcg buccal tablet, effervescent | NP   | APA                             |
| fentanyl 400 mcg lozenge on a handle         | NP   | APA                             |
| fentanyl 50 mcg/hr transdermal patch         | NP   | QL(Allowed 10 per 30 days); APA |
| fentanyl 600 mcg buccal tablet, effervescent | NP   | APA                             |
| fentanyl 600 mcg lozenge on a handle         | NP   | APA                             |
| fentanyl 62.5 mcg/hour transdermal patch     | NP   | APA                             |
| fentanyl 75 mcg/hr transdermal patch         | NP   | QL(Allowed 10 per 30 days); APA |
| fentanyl 800 mcg buccal tablet, effervescent | NP   | APA                             |
| fentanyl 800 mcg lozenge on a handle         | NP   | APA                             |
| fentanyl 87.5 mcg/hour transdermal patch     | NP   | APA                             |
| Fentora 100 mcg buccal tablet, effervescent  | NP   | APA                             |
| Fentora 200 mcg buccal tablet, effervescent  | NP   | APA                             |

| Drug Name                                                              | Tier | Drug Restriction                               |
|------------------------------------------------------------------------|------|------------------------------------------------|
| Fentora 400 mcg buccal tablet, effervescent                            | NP   | APA                                            |
| Fentora 600 mcg buccal tablet, effervescent                            | NP   | APA                                            |
| Fentora 800 mcg buccal tablet, effervescent                            | NP   | APA                                            |
| hydrocodone bitartrate ER 10 mg capsule, oral only, extended rel 12 hr | NP   | PA                                             |
| hydrocodone bitartrate ER 15 mg capsule, oral only, extended rel 12 hr | NP   | PA                                             |
| hydrocodone bitartrate ER 20 mg capsule, oral only, extended rel 12 hr | NP   | PA                                             |
| hydrocodone bitartrate ER 30 mg capsule, oral only, extended rel 12 hr | NP   | PA                                             |
| hydrocodone bitartrate ER 40 mg capsule, oral only, extended rel 12 hr | NP   | PA                                             |
| hydrocodone bitartrate ER 50 mg capsule, oral only, extended rel 12 hr | NP   | PA                                             |
| hydromorphone 1 mg/mL oral liquid                                      | P    | APA                                            |
| hydromorphone 2 mg tablet                                              | P    | QL(QL Overtime: Allowed 180 over 27 days); APA |

| Drug Name                                                    | Tier | Drug Restriction                               |
|--------------------------------------------------------------|------|------------------------------------------------|
| hydromorphone 3 mg rectal suppository                        | P    | QL(Allowed 12 per Rx); APA                     |
| hydromorphone 4 mg tablet                                    | P    | QL(QL Overtime: Allowed 180 over 27 days); APA |
| hydromorphone 8 mg tablet                                    | P    | QL(QL Overtime: Allowed 180 over 27 days); APA |
| hydromorphone ER 12 mg tablet, extended release 24 hr        | NP   | APA                                            |
| hydromorphone ER 16 mg tablet, extended release 24 hr        | NP   | APA                                            |
| hydromorphone ER 32 mg tablet, extended release 24 hr        | NP   | APA                                            |
| hydromorphone ER 8 mg tablet, extended release 24 hr         | NP   | APA                                            |
| Hysingla ER 100 mg tablet, crush resistant, extended release | NP   | APA                                            |
| Hysingla ER 120 mg tablet, crush resistant, extended release | NP   | APA                                            |
| Hysingla ER 20 mg tablet, crush resistant, extended release  | NP   | APA                                            |

| Drug Name                                                   | Tier | Drug Restriction |
|-------------------------------------------------------------|------|------------------|
| Hysingla ER 30 mg tablet, crush resistant, extended release | NP   | APA              |
| Hysingla ER 40 mg tablet, crush resistant, extended release | NP   | APA              |
| Hysingla ER 60 mg tablet, crush resistant, extended release | NP   | APA              |
| Hysingla ER 80 mg tablet, crush resistant, extended release | NP   | APA              |
| Kadian 10 mg capsule,extended release                       | NP   | APA              |
| Kadian 100 mg capsule,extended release                      | NP   | APA              |
| Kadian 20 mg capsule,extended release                       | NP   | APA              |
| Kadian 200 mg capsule,extended release                      | NP   | APA              |
| Kadian 30 mg capsule,extended release                       | NP   | APA              |
| Kadian 40 mg capsule,extended release                       | NP   | APA              |
| Kadian 50 mg capsule,extended release                       | NP   | APA              |

| Drug Name                                    | Tier | Drug Restriction                               |
|----------------------------------------------|------|------------------------------------------------|
| Kadian 60 mg capsule,extended release        | NP   | APA                                            |
| Kadian 80 mg capsule,extended release        | NP   | APA                                            |
| levorphanol tartrate 2 mg tablet             | NP   | APA                                            |
| levorphanol tartrate 3 mg tablet             | NP   | APA                                            |
| meperidine 100 mg tablet                     | NP   | QL(QL Overtime: Allowed 180 over 27 days); APA |
| meperidine 50 mg tablet                      | NP   | QL(QL Overtime: Allowed 180 over 27 days); APA |
| meperidine 50 mg/5 mL oral solution          | NP   | QL(Allowed 500 per Rx); APA                    |
| methadone 10 mg tablet                       | NP   | QL(Allowed 10 per 1 day); APA                  |
| methadone 10 mg/5 mL oral solution           | NP   | APA                                            |
| methadone 10 mg/mL oral concentrate          | NP   | APA                                            |
| methadone 40 mg soluble tablet               | NP   | APA                                            |
| methadone 5 mg tablet                        | NP   | QL(Allowed 4 per 1 day); APA                   |
| methadone 5 mg/5 mL oral solution            | NP   | APA                                            |
| Methadone Intensol 10 mg/mL oral concentrate | NP   | APA                                            |

| Drug Name                                                 | Tier | Drug Restriction                               |
|-----------------------------------------------------------|------|------------------------------------------------|
| Methadose 10 mg/mL oral concentrate                       | NP   | APA                                            |
| Methadose 40 mg soluble tablet                            | NP   | APA                                            |
| MorphaBond ER 100 mg tablet,oral ONLY (not feeding tubes) | NP   | APA                                            |
| MorphaBond ER 15 mg tablet,oral ONLY (not feeding tubes)  | NP   | APA                                            |
| MorphaBond ER 30 mg tablet,oral ONLY (not feeding tubes)  | NP   | APA                                            |
| MorphaBond ER 60 mg tablet,oral ONLY (not feeding tubes)  | NP   | APA                                            |
| morphine 10 mg rectal suppository                         | P    | QL(Allowed 24 per Rx); APA                     |
| morphine 10 mg/5 mL oral solution                         | P    | QL(QL Overtime: Allowed 500 over 23 days); APA |
| morphine 15 mg immediate release tablet                   | P    | QL(QL Overtime: Allowed 180 over 27 days); APA |
| morphine 20 mg rectal suppository                         | P    | QL(Allowed 24 per Rx); APA                     |
| morphine 20 mg/5 mL (4 mg/mL) oral solution               | P    | QL(QL Overtime: Allowed 500 over 23 days); APA |
| morphine 30 mg immediate release tablet                   | P    | QL(QL Overtime: Allowed 180 over 27 days); APA |

| Drug Name                                                          | Tier | Drug Restriction             |
|--------------------------------------------------------------------|------|------------------------------|
| morphine 30 mg rectal suppository                                  | P    | QL(Allowed 24 per Rx); APA   |
| morphine 5 mg rectal suppository                                   | P    | QL(Allowed 24 per Rx); APA   |
| morphine concentrate 10 mg/0.5 mL oral syringe (FOR ORAL USE ONLY) | P    | APA                          |
| morphine concentrate 100 mg/5 mL (20 mg/mL) oral solution          | P    | QL(Allowed 240 per Rx); APA  |
| morphine ER 10 mg capsule,extended release pellets                 | NP   | APA                          |
| morphine ER 100 mg capsule,extended release pellets                | NP   | APA                          |
| morphine ER 100 mg tablet,extended release                         | P    | QL(Allowed 3 per 1 day); APA |
| morphine ER 120 mg capsule,extended release 24 hr multiphase       | NP   | APA                          |
| morphine ER 15 mg tablet,extended release                          | P    | QL(Allowed 3 per 1 day); APA |
| morphine ER 20 mg capsule,extended release pellets                 | NP   | APA                          |

| Drug Name                                                   | Tier | Drug Restriction             |
|-------------------------------------------------------------|------|------------------------------|
| morphine ER 200 mg tablet,extended release                  | P    | QL(Allowed 3 per 1 day); APA |
| morphine ER 30 mg capsule,extended release 24 hr multiphase | NP   | APA                          |
| morphine ER 30 mg capsule,extended release pellets          | NP   | APA                          |
| morphine ER 30 mg tablet,extended release                   | P    | QL(Allowed 3 per 1 day); APA |
| morphine ER 40 mg capsule,extended release pellets          | NP   | APA                          |
| morphine ER 45 mg capsule,extended release 24 hr multiphase | NP   | APA                          |
| morphine ER 50 mg capsule,extended release pellets          | NP   | APA                          |
| morphine ER 60 mg capsule,extended release 24 hr multiphase | NP   | APA                          |
| morphine ER 60 mg capsule,extended release pellets          | NP   | APA                          |

| Drug Name                                                   | Tier | Drug Restriction             |
|-------------------------------------------------------------|------|------------------------------|
| morphine ER 60 mg tablet,extended release                   | P    | QL(Allowed 3 per 1 day); APA |
| morphine ER 75 mg capsule,extended release 24 hr multiphase | NP   | APA                          |
| morphine ER 80 mg capsule,extended release pellets          | NP   | APA                          |
| morphine ER 90 mg capsule,extended release 24 hr multiphase | NP   | APA                          |
| MS Contin 100 mg tablet,extended release                    | NP   | QL(Allowed 3 per 1 day); APA |
| MS Contin 15 mg tablet,extended release                     | NP   | QL(Allowed 3 per 1 day); APA |
| MS Contin 200 mg tablet,extended release                    | NP   | QL(Allowed 3 per 1 day); APA |
| MS Contin 30 mg tablet,extended release                     | NP   | QL(Allowed 3 per 1 day); APA |
| MS Contin 60 mg tablet,extended release                     | NP   | QL(Allowed 3 per 1 day); APA |
| Nucynta 100 mg tablet                                       | NP   | APA                          |
| Nucynta 50 mg tablet                                        | NP   | APA                          |

| Drug Name                                               | Tier | Drug Restriction                               |
|---------------------------------------------------------|------|------------------------------------------------|
| Nucynta 75 mg tablet                                    | NP   | APA                                            |
| Nucynta ER 100 mg tablet,extended release               | NP   | APA                                            |
| Nucynta ER 150 mg tablet,extended release               | NP   | APA                                            |
| Nucynta ER 200 mg tablet,extended release               | NP   | APA                                            |
| Nucynta ER 250 mg tablet,extended release               | NP   | APA                                            |
| Nucynta ER 50 mg tablet,extended release                | NP   | APA                                            |
| Oxaydo 5 mg tablet,oral ONLY (not feeding tubes)        | NP   | APA                                            |
| Oxaydo 7.5 mg tablet,oral ONLY (not for feeding tubes)  | NP   | APA                                            |
| oxycodone 10 mg tablet                                  | P    | QL(QL Overtime: Allowed 180 over 27 days); APA |
| oxycodone 10 mg/0.5 mL oral syringe (FOR ORAL USE ONLY) | P    | APA                                            |
| oxycodone 15 mg tablet                                  | P    | QL(QL Overtime: Allowed 180 over 27 days); APA |
| oxycodone 20 mg tablet                                  | P    | QL(QL Overtime: Allowed 180 over 27 days); APA |

| Drug Name                                                        | Tier | Drug Restriction                               |
|------------------------------------------------------------------|------|------------------------------------------------|
| oxycodone 20 mg/mL oral concentrate                              | P    | QL(Allowed 6 per 1 day); APA                   |
| oxycodone 30 mg tablet                                           | P    | QL(QL Overtime: Allowed 180 over 27 days); APA |
| oxycodone 5 mg capsule                                           | P    | QL(QL Overtime: Allowed 180 over 27 days); APA |
| oxycodone 5 mg tablet                                            | P    | QL(QL Overtime: Allowed 180 over 27 days); APA |
| oxycodone 5 mg/5 mL oral solution                                | P    | APA                                            |
| oxycodone ER 10 mg tablet,crush resistant,extended release 12 hr | NP   | QL(Allowed 2 per 1 day); APA                   |
| oxycodone ER 15 mg tablet,crush resistant,extended release 12 hr | NP   | QL(Allowed 2 per 1 day); APA                   |
| oxycodone ER 20 mg tablet,crush resistant,extended release 12 hr | NP   | QL(Allowed 2 per 1 day); APA                   |
| oxycodone ER 30 mg tablet,crush resistant,extended release 12 hr | NP   | QL(Allowed 2 per 1 day); APA                   |
| oxycodone ER 40 mg tablet,crush resistant,extended release 12 hr | NP   | QL(Allowed 2 per 1 day); APA                   |
| oxycodone ER 60 mg tablet,crush resistant,extended release 12 hr | NP   | QL(Allowed 2 per 1 day); APA                   |

| Drug Name                                                          | Tier | Drug Restriction             |
|--------------------------------------------------------------------|------|------------------------------|
| oxycodone ER 80 mg tablet, crush resistant, extended release 12 hr | NP   | QL(Allowed 2 per 1 day); APA |
| OxyContin 10 mg tablet, crush resistant, extended release          | NP   | QL(Allowed 2 per 1 day); APA |
| OxyContin 15 mg tablet, crush resistant, extended release          | NP   | QL(Allowed 2 per 1 day); APA |
| OxyContin 20 mg tablet, crush resistant, extended release          | NP   | QL(Allowed 2 per 1 day); APA |
| OxyContin 30 mg tablet, crush resistant, extended release          | NP   | QL(Allowed 2 per 1 day); APA |
| OxyContin 40 mg tablet, crush resistant, extended release          | NP   | QL(Allowed 2 per 1 day); APA |
| OxyContin 60 mg tablet, crush resistant, extended release          | NP   | APA                          |
| OxyContin 80 mg tablet, crush resistant, extended release          | NP   | QL(Allowed 2 per 1 day); APA |
| oxymorphone 10 mg tablet                                           | NP   | APA                          |
| oxymorphone 5 mg tablet                                            | NP   | APA                          |

| Drug Name                                             | Tier | Drug Restriction                               |
|-------------------------------------------------------|------|------------------------------------------------|
| oxymorphone ER 10 mg tablet, extended release, 12 hr  | NP   | APA                                            |
| oxymorphone ER 15 mg tablet, extended release, 12 hr  | NP   | APA                                            |
| oxymorphone ER 20 mg tablet, extended release, 12 hr  | NP   | APA                                            |
| oxymorphone ER 30 mg tablet, extended release, 12 hr  | NP   | APA                                            |
| oxymorphone ER 40 mg tablet, extended release, 12 hr  | NP   | APA                                            |
| oxymorphone ER 5 mg tablet, extended release, 12 hr   | NP   | APA                                            |
| oxymorphone ER 7.5 mg tablet, extended release, 12 hr | NP   | APA                                            |
| Roxicodone 15 mg tablet                               | NP   | QL(QL Overtime: Allowed 180 over 27 days); APA |
| Roxicodone 30 mg tablet                               | NP   | QL(QL Overtime: Allowed 180 over 27 days); APA |
| Roxicodone 5 mg tablet                                | NP   | QL(QL Overtime: Allowed 180 over 27 days); APA |
| tramadol 100 mg tablet                                | NP   | PA                                             |



| Drug Name                                              | Tier | Drug Restriction                                       |
|--------------------------------------------------------|------|--------------------------------------------------------|
| tramadol 50 mg tablet                                  | P    | AL(Minimum Age 18 Years); QL(Allowed 8 per 1 day); APA |
| tramadol ER 100 mg capsule 24h,extended release(25-75) | NP   | APA                                                    |
| tramadol ER 100 mg tablet,extended release 24 hr       | NP   | APA                                                    |
| tramadol ER 100 mg tablet,extended release 24hr mphase | NP   | APA                                                    |
| tramadol ER 200 mg capsule 24h,extended release(25-75) | NP   | APA                                                    |
| tramadol ER 200 mg tablet,extended release 24 hr       | NP   | APA                                                    |
| tramadol ER 200 mg tablet,extended release 24hr mphase | NP   | APA                                                    |
| tramadol ER 300 mg capsule 24 hr,extended release      | NP   | APA                                                    |
| tramadol ER 300 mg tablet,extended release 24 hr       | NP   | APA                                                    |
| tramadol ER 300 mg tablet,extended release 24hr mphase | NP   | APA                                                    |
| Ultram 50 mg tablet                                    | NP   | AL(Minimum Age 18 Years); QL(Allowed 8 per 1 day); APA |

| Drug Name                                            | Tier | Drug Restriction |
|------------------------------------------------------|------|------------------|
| Xtampza ER 13.5 mg capsule sprinkle                  | NP   | APA              |
| Xtampza ER 18 mg capsule sprinkle                    | NP   | APA              |
| Xtampza ER 27 mg capsule sprinkle                    | NP   | APA              |
| Xtampza ER 36 mg capsule sprinkle                    | NP   | APA              |
| Xtampza ER 9 mg capsule sprinkle                     | NP   | APA              |
| Zohydro ER 10 mg capsule, oral only,extended release | NP   | APA              |
| Zohydro ER 15 mg capsule, oral only,extended release | NP   | APA              |
| Zohydro ER 20 mg capsule, oral only,extended release | NP   | APA              |
| Zohydro ER 30 mg capsule, oral only,extended release | NP   | APA              |
| Zohydro ER 40 mg capsule, oral only,extended release | NP   | APA              |
| Zohydro ER 50 mg capsule, oral only,extended release | NP   | APA              |
| ANALGESIC OPIOID CODEINE COMBINATIONS                |      |                  |

| Drug Name                                                              | Tier | Drug Restriction                                                         |
|------------------------------------------------------------------------|------|--------------------------------------------------------------------------|
| acetaminophen 120 mg-codeine 12 mg/5 mL (5 mL) oral solution           | P    | AL(Minimum Age 12 Years); QL(Allowed 30 per 1 day); APA                  |
| acetaminophen 120 mg-codeine 12 mg/5 mL oral solution                  | P    | AL(Minimum Age 12 Years); QL(Allowed 30 per 1 day); APA                  |
| acetaminophen 300 mg-codeine 15 mg tablet                              | P    | AL(Minimum Age 12 Years); QL(QL Overtime: Allowed 180 over 27 days); APA |
| acetaminophen 300 mg-codeine 30 mg tablet                              | P    | AL(Minimum Age 12 Years); QL(QL Overtime: Allowed 180 over 27 days); APA |
| acetaminophen 300 mg-codeine 30 mg/12.5 mL (12.5 mL) oral solution     | P    | AL(Minimum Age 12 Years); QL(Allowed 30 per 1 day); APA                  |
| acetaminophen 300 mg-codeine 60 mg tablet                              | P    | AL(Minimum Age 12 Years); QL(QL Overtime: Allowed 180 over 27 days); APA |
| Ascomp with Codeine 30 mg-50 mg-325 mg-40 mg capsule                   | P    | AL(Minimum Age 12 Years); QL(Allowed 4 per 1 day); APA                   |
| butalbital 50 mg-acetaminophen 300 mg-caffeine 40 mg-codeine 30 mg cap | NP   | APA                                                                      |
| butalbital 50 mg-acetaminophen 325 mg-caffeine 40 mg-codeine 30 mg cap | NP   | AL(Minimum Age 12 Years); QL(Allowed 4 per 1 day); APA                   |
| Butalbital Compound with Codeine 30 mg-50 mg-325 mg-40 mg capsule      | P    | AL(Minimum Age 12 Years); QL(Allowed 4 per 1 day); APA                   |

| Drug Name                                                                  | Tier | Drug Restriction                                       |
|----------------------------------------------------------------------------|------|--------------------------------------------------------|
| codeine-bitalbital-ASA-caffeine 30 mg-50 mg-325 mg-40 mg capsule           | P    | AL(Minimum Age 12 Years); QL(Allowed 4 per 1 day); APA |
| Fiorinal-Codeine #3 30 mg-50 mg-325 mg-40 mg capsule                       | NP   | AL(Minimum Age 12 Years); QL(Allowed 4 per 1 day); APA |
| <b>ANALGESIC OPIOID DIHYDROCODEINE, NON-SALICYLATE ANALGESIC, XANTHINE</b> |      |                                                        |
| acetaminophen 320.5 mg-caffeine 30 mg-dihydrocodeine 16 mg capsule         | NP   | APA                                                    |
| acetaminophen 325 mg-caffeine 30 mg-dihydrocodeine 16 mg tablet            | NP   | PA                                                     |
| Panlor (acetaminophen-caff-dihydrocodeine) 325 mg-30 mg-16 mg tablet       | NP   | PA                                                     |
| <b>ANALGESIC OPIOID HYDROCODONE AND NON-SALICYLATE COMBINATIONS</b>        |      |                                                        |
| Apadaz 4.08 mg-325 mg tablet                                               | NP   | APA                                                    |
| Apadaz 6.12 mg-325 mg tablet                                               | NP   | APA                                                    |
| Apadaz 8.16 mg-325 mg tablet                                               | NP   | APA                                                    |
| benzhydrocodone 4.08 mg-acetaminophen 325 mg tablet                        | NP   | APA                                                    |

| Drug Name                                                   | Tier | Drug Restriction                               |
|-------------------------------------------------------------|------|------------------------------------------------|
| benzhydrocodone 6.12 mg-acetaminophen 325 mg tablet         | NP   | APA                                            |
| benzhydrocodone 8.16 mg-acetaminophen 325 mg tablet         | NP   | APA                                            |
| hydrocodone 10 mg-acetaminophen 300 mg tablet               | P    | APA                                            |
| hydrocodone 10 mg-acetaminophen 325 mg tablet               | P    | QL(QL Overtime: Allowed 180 over 27 days); APA |
| hydrocodone 5 mg-acetaminophen 300 mg tablet                | P    | APA                                            |
| hydrocodone 5 mg-acetaminophen 325 mg tablet                | P    | QL(QL Overtime: Allowed 180 over 27 days); APA |
| hydrocodone 7.5 mg-acetaminophen 300 mg tablet              | P    | APA                                            |
| hydrocodone 7.5 mg-acetaminophen 325 mg tablet              | P    | QL(QL Overtime: Allowed 180 over 27 days); APA |
| hydrocodone 7.5 mg-acetaminophen 325 mg/15 mL oral solution | P    | QL(Allowed 180 per 1 day); APA                 |
| Lorcet (hydrocodone) 5 mg-325 mg tablet                     | P    | QL(QL Overtime: Allowed 180 over 27 days); APA |
| Lorcet HD 10 mg-325 mg tablet                               | P    | QL(QL Overtime: Allowed 180 over 27 days); APA |

| Drug Name                                                         | Tier | Drug Restriction                               |
|-------------------------------------------------------------------|------|------------------------------------------------|
| Lorcet Plus 7.5 mg-325 mg tablet                                  | P    | QL(QL Overtime: Allowed 180 over 27 days); APA |
| Lortab Elixir 10 mg-300 mg/15 mL oral solution                    | NP   | APA                                            |
| Norco 10 mg-325 mg tablet                                         | NP   | QL(QL Overtime: Allowed 180 over 27 days); APA |
| Norco 5 mg-325 mg tablet                                          | NP   | QL(QL Overtime: Allowed 180 over 27 days); APA |
| Norco 7.5 mg-325 mg tablet                                        | NP   | QL(QL Overtime: Allowed 180 over 27 days); APA |
| Verdrocet 2.5 mg-325 mg tablet                                    | NP   | PA                                             |
| <b>ANALGESIC OPIOID HYDROCODONE AND NSAID COMBINATIONS</b>        |      |                                                |
| hydrocodone 10 mg-ibuprofen 200 mg tablet                         | P    | APA                                            |
| hydrocodone 5 mg-ibuprofen 200 mg tablet                          | P    | APA                                            |
| hydrocodone 7.5 mg-ibuprofen 200 mg tablet                        | P    | APA                                            |
| Reprexain 10 mg-200 mg tablet                                     | P    |                                                |
| Reprexain 5 mg-200 mg tablet                                      | NP   | PA                                             |
| Xylon 10 10 mg-200 mg tablet                                      | P    |                                                |
| <b>ANALGESIC OPIOID OXYCODONE AND NON-SALICYLATE COMBINATIONS</b> |      |                                                |
| Endocet 10 mg-325 mg tablet                                       | P    | QL(QL Overtime: Allowed 180 over 27 days); APA |

| Drug Name                                    | Tier | Drug Restriction                               |
|----------------------------------------------|------|------------------------------------------------|
| Endocet 5 mg-325 mg tablet                   | P    | QL(QL Overtime: Allowed 180 over 27 days); APA |
| Endocet 7.5 mg-325 mg tablet                 | P    | QL(QL Overtime: Allowed 180 over 27 days); APA |
| Nalocet 2.5 mg-300 mg tablet                 | NP   | APA                                            |
| oxycodone-acetaminophen 10 mg-325 mg tablet  | P    | QL(QL Overtime: Allowed 180 over 27 days); APA |
| oxycodone-acetaminophen 2.5 mg-325 mg tablet | P    | APA                                            |
| oxycodone-acetaminophen 5 mg-325 mg tablet   | P    | QL(QL Overtime: Allowed 180 over 27 days); APA |
| oxycodone-acetaminophen 7.5 mg-325 mg tablet | P    | QL(QL Overtime: Allowed 180 over 27 days); APA |
| Percocet 10 mg-325 mg tablet                 | NP   | QL(QL Overtime: Allowed 180 over 27 days); APA |
| Percocet 2.5 mg-325 mg tablet                | NP   | APA                                            |
| Percocet 5 mg-325 mg tablet                  | NP   | QL(QL Overtime: Allowed 180 over 27 days); APA |
| Percocet 7.5 mg-325 mg tablet                | NP   | QL(QL Overtime: Allowed 180 over 27 days); APA |
| Primlev 10 mg-300 mg tablet                  | NP   | APA                                            |
| Primlev 5 mg-300 mg tablet                   | NP   | APA                                            |
| Primlev 7.5 mg-300 mg tablet                 | NP   | APA                                            |

| Drug Name                                                     | Tier | Drug Restriction             |
|---------------------------------------------------------------|------|------------------------------|
| Prolate 10 mg-300 mg tablet                                   | NP   | PA                           |
| Prolate 5 mg-300 mg tablet                                    | NP   | PA                           |
| Prolate 7.5 mg-300 mg tablet                                  | NP   | PA                           |
| <b>ANALGESIC OPIOID OXYCODONE AND NSAID COMBINATIONS</b>      |      |                              |
| ibuprofen-oxycodone 400 mg-5 mg tablet                        | NP   | APA                          |
| <b>ANALGESIC OPIOID OXYCODONE AND SALICYLATE COMBINATIONS</b> |      |                              |
| oxycodone-aspirin 4.8355 mg-325 mg tablet                     | NP   | QL(Allowed 6 per 1 day); APA |
| <b>ANALGESIC OPIOID PARTIAL-MIXED AGONISTS</b>                |      |                              |
| Belbuca 150 mcg buccal film                                   | NP   | APA                          |
| Belbuca 300 mcg buccal film                                   | NP   | APA                          |
| Belbuca 450 mcg buccal film                                   | NP   | APA                          |
| Belbuca 600 mcg buccal film                                   | NP   | APA                          |
| Belbuca 75 mcg buccal film                                    | NP   | APA                          |
| Belbuca 750 mcg buccal film                                   | NP   | APA                          |
| Belbuca 900 mcg buccal film                                   | NP   | APA                          |
| buprenorphine 10 mcg/hour weekly transdermal patch            | NP   | APA                          |

| Drug Name                                                        | Tier | Drug Restriction                                       |
|------------------------------------------------------------------|------|--------------------------------------------------------|
| buprenorphine 15 mcg/hour weekly transdermal patch               | NP   | APA                                                    |
| buprenorphine 20 mcg/hour weekly transdermal patch               | NP   | APA                                                    |
| buprenorphine 5 mcg/hour weekly transdermal patch                | NP   | APA                                                    |
| buprenorphine 7.5 mcg/hour weekly transdermal patch              | NP   | APA                                                    |
| butorphanol 10 mg/mL nasal spray                                 | NP   | APA                                                    |
| Butrans 10 mcg/hour transdermal patch                            | NP   | APA                                                    |
| Butrans 15 mcg/hour transdermal patch                            | NP   | APA                                                    |
| Butrans 20 mcg/hour transdermal patch                            | NP   | APA                                                    |
| Butrans 5 mcg/hour transdermal patch                             | NP   | APA                                                    |
| Butrans 7.5 mcg/hour transdermal patch                           | NP   | APA                                                    |
| pentazocine 50 mg-naloxone 0.5 mg tablet                         | NP   | APA                                                    |
| <b>ANALGESIC OPIOID TRAMADOL AND NON-SALICYLATE COMBINATIONS</b> |      |                                                        |
| tramadol 37.5 mg-acetaminophen 325 mg tablet                     | NP   | AL(Minimum Age 18 Years); QL(Allowed 4 per 1 day); APA |

| Drug Name                                        | Tier | Drug Restriction                                       |
|--------------------------------------------------|------|--------------------------------------------------------|
| Ultracet 37.5 mg-325 mg tablet                   | NP   | AL(Minimum Age 18 Years); QL(Allowed 4 per 1 day); APA |
| <b>ANALGESIC OR ANTIPYRETIC NON-OPIOID</b>       |      |                                                        |
|                                                  | P    |                                                        |
| Acphen 120 mg rectal suppository                 | P    | QL(QL Overtime: Allowed 12 over 31 days)               |
| Acphen 325 mg rectal suppository                 | P    | QL(QL Overtime: Allowed 12 over 31 days)               |
| Acphen 650 mg rectal suppository                 | P    | QL(QL Overtime: Allowed 12 over 31 days)               |
| acetaminophen 120 mg rectal suppository          | P    | QL(QL Overtime: Allowed 12 over 31 days)               |
| acetaminophen 160 mg/5 mL (5 mL) oral solution   | P    |                                                        |
| acetaminophen 160 mg/5 mL (5 mL) oral suspension | P    |                                                        |
| acetaminophen 160 mg/5 mL oral elixir            | P    |                                                        |
| acetaminophen 160 mg/5 mL oral liquid            | P    |                                                        |
| acetaminophen 160 mg/5 mL oral suspension        | P    |                                                        |
| acetaminophen 325 mg tablet                      | P    |                                                        |
| acetaminophen 325 mg/10.15 mL oral solution      | P    |                                                        |

| Drug Name                                                   | Tier | Drug Restriction                         |
|-------------------------------------------------------------|------|------------------------------------------|
| acetaminophen 325 mg/10.15 mL oral suspension               | P    |                                          |
| acetaminophen 500 mg tablet                                 | P    |                                          |
| acetaminophen 650 mg rectal suppository                     | P    | QL(QL Overtime: Allowed 12 over 31 days) |
| acetaminophen 650 mg/20.3 mL oral solution                  | P    |                                          |
| acetaminophen 650 mg/20.3 mL oral suspension                | P    |                                          |
| acetaminophen 80 mg/0.8 mL oral drops,suspension            | P    |                                          |
| Acetaminophen Extra Strength 500 mg tablet                  | P    |                                          |
| Acetaminophen Pain Relief 500 mg tablet                     | P    |                                          |
| Aphen 325 mg tablet                                         | P    |                                          |
| Athenol 325 mg tablet                                       | P    |                                          |
| BetaTemp 160 mg/5 mL oral suspension                        | P    |                                          |
| Children's Acetaminophen 160 mg/5 mL (5 mL) oral suspension | P    |                                          |

| Drug Name                                                          | Tier | Drug Restriction                         |
|--------------------------------------------------------------------|------|------------------------------------------|
| Children's Acetaminophen 160 mg/5 mL oral liquid                   | P    |                                          |
| Children's Acetaminophen 160 mg/5 mL oral suspension               | P    |                                          |
| Children's Acetaminophen 80 mg chewable tablet                     | P    |                                          |
| Children's Aurophen Pain-Fever 160 mg/5 mL oral suspension         | P    |                                          |
| Children's Fever Reducer-Pain Reliever 160 mg/5 mL oral suspension | P    |                                          |
| Children's Fever Reducing 120 mg rectal suppository                | P    | QL(QL Overtime: Allowed 12 over 31 days) |
| Children's Mapap 80 mg chewable tablet                             | P    |                                          |
| Children's Non-Aspirin 160 mg/5 mL oral suspension                 | P    |                                          |
| Children's Pain and Fever Relief 160 mg/5 mL oral liquid           | P    |                                          |
| Children's Pain and Fever Relief 160 mg/5 mL oral suspension       | P    |                                          |

| Drug Name                                                            | Tier | Drug Restriction                         |
|----------------------------------------------------------------------|------|------------------------------------------|
| Children's Pain and Fever Relief 80 mg chewable tablet               | P    |                                          |
| Children's Pain Relief 160 mg/5 mL oral elixir                       | P    |                                          |
| Children's Pain Relief 160 mg/5 mL oral suspension                   | P    |                                          |
| Children's Pain Reliever 160 mg/5 mL oral suspension                 | P    |                                          |
| Children's Pain Reliever 80 mg chewable tablet                       | P    |                                          |
| Children's Pain Reliever and Fever Reducer 120 mg rectal suppository | P    | QL(QL Overtime: Allowed 12 over 31 days) |
| Children's Q-PAP 160 mg/5 mL oral suspension                         | P    |                                          |
| Children's Tactinal 80 mg chewable tablet                            | P    |                                          |
| Children's Tylenol 160 mg/5 mL oral suspension                       | P    |                                          |
| Ed-APAP 160 mg/5 mL oral liquid                                      | P    |                                          |
| Fever Reducer 120 mg rectal suppository                              | P    | QL(QL Overtime: Allowed 12 over 31 days) |
| Feverall 120 mg rectal suppository                                   | P    | QL(QL Overtime: Allowed 12 over 31 days) |

| Drug Name                                                       | Tier | Drug Restriction                         |
|-----------------------------------------------------------------|------|------------------------------------------|
| Feverall 325 mg rectal suppository                              | P    | QL(QL Overtime: Allowed 12 over 31 days) |
| Feverall 650 mg rectal suppository                              | P    | QL(QL Overtime: Allowed 12 over 31 days) |
| Infant Fever Reducer-Pain Relief 160 mg/5 mL oral suspension    | P    |                                          |
| Infant Pain Reliever 160 mg/5 mL oral suspension                | P    |                                          |
| Infant's Acetaminophen 160 mg/5 mL oral suspension              | P    |                                          |
| Infants' Pain and Fever 160 mg/5 mL oral suspension             | P    |                                          |
| Infants' Pain Relief 160 mg/5 mL oral suspension                | P    |                                          |
| Infant's Pain Relief 160 mg/5 mL oral suspension                | P    |                                          |
| Infant's Tylenol 160 mg/5 mL oral suspension                    | P    |                                          |
| Little Remedies Fever and Pain Reliever 160 mg/5 mL oral liquid | P    |                                          |
| Mapap (acetaminophen) 160 mg/5 mL oral liquid                   | P    |                                          |

| Drug Name                                                  | Tier | Drug Restriction |
|------------------------------------------------------------|------|------------------|
| Mapap<br>(acetaminophen)<br>160 mg/5 mL oral<br>suspension | P    |                  |
| Mapap<br>(acetaminophen)<br>325 mg tablet                  | P    |                  |
| Mapap<br>(acetaminophen)<br>500 mg capsule                 | P    |                  |
| Mapap Extra<br>Strength 500 mg<br>tablet                   | P    |                  |
| M-PAP 160 mg/5<br>mL oral liquid                           | P    |                  |
| Non-Aspirin 160<br>mg/5 mL oral<br>suspension              | P    |                  |
| Non-Aspirin 325<br>mg tablet                               | P    |                  |
| Non-Aspirin 80 mg<br>chewable tablet                       | P    |                  |
| Non-Aspirin<br>Children's 80 mg<br>chewable tablet         | P    |                  |
| Non-Aspirin Extra<br>Strength 500 mg<br>tablet             | P    |                  |
| Non-Aspirin Pain<br>Relief 500 mg<br>tablet                | P    |                  |
| Nortemp 160 mg/5<br>mL oral suspension                     | P    |                  |
| Nortemp 80 mg/0.8<br>mL oral drops                         | P    |                  |

| Drug Name                                                    | Tier | Drug Restriction |
|--------------------------------------------------------------|------|------------------|
| Pain and Fever 325<br>mg tablet                              | P    |                  |
| Pain and Fever 500<br>mg tablet                              | P    |                  |
| Pain Relief<br>(acetaminophen)<br>160 mg/5 mL oral<br>liquid | P    |                  |
| Pain Relief<br>(acetaminophen)<br>500 mg tablet              | P    |                  |
| Pain Relief Extra<br>Strength 500 mg<br>tablet               | P    |                  |
| Pain Relief Regular<br>Strength 325 mg<br>tablet             | P    |                  |
| Pain Reliever<br>(acetaminophen)<br>325 mg tablet            | P    |                  |
| Pain Reliever<br>(acetaminophen)<br>500 mg capsule           | P    |                  |
| Pain Reliever<br>(acetaminophen)<br>500 mg tablet            | P    |                  |
| Pain Reliever Extra<br>Strength 500 mg<br>tablet             | P    |                  |
| PediaCare Fever<br>Reducer 160 mg/5<br>mL oral suspension    | P    |                  |
| Pharbetol 325 mg<br>tablet                                   | P    |                  |



| Drug Name                                                        | Tier | Drug Restriction |
|------------------------------------------------------------------|------|------------------|
| Pharbetol 500 mg tablet                                          | P    |                  |
| Q-PAP 325 mg tablet                                              | P    |                  |
| Q-PAP 500 mg tablet                                              | P    |                  |
| Q-PAP Extra Strength 500 mg tablet                               | P    |                  |
| Shake That Ache 500 mg tablet                                    | P    |                  |
| Tactinal 325 mg tablet                                           | P    |                  |
| Tactinal Extra Strength 500 mg tablet                            | P    |                  |
| Tylenol 325 mg tablet                                            | P    |                  |
| Tylenol Extra Strength 500 mg tablet                             | P    |                  |
| <b>ANALGESIC OR ANTIPYRETIC NON-OPIOID/SEDATIVE COMBINATIONS</b> |      |                  |
| Bupap 50 mg-300 mg tablet                                        | P    |                  |
| butalbital 50 mg-acetaminophen 300 mg capsule                    | NP   | PA               |
| butalbital 50 mg-acetaminophen 300 mg tablet                     | P    |                  |
| butalbital 50 mg-acetaminophen 325 mg tablet                     | P    |                  |

| Drug Name                                                    | Tier | Drug Restriction            |
|--------------------------------------------------------------|------|-----------------------------|
| butalbital-acetaminophen-caffeine 50 mg-300 mg-40 mg capsule | P    |                             |
| butalbital-acetaminophen-caffeine 50 mg-325 mg-40 mg capsule | P    | QL(Allowed 4 per 1 day)     |
| butalbital-acetaminophen-caffeine 50 mg-325 mg-40 mg tablet  | P    | QL(Allowed 4 per 1 day)     |
| Esgic 50 mg-325 mg-40 mg capsule                             | P    | QL(Allowed 4 per 1 day)     |
| Esgic 50 mg-325 mg-40 mg tablet                              | NP   | PA; QL(Allowed 4 per 1 day) |
| Fioricet 50 mg-300 mg-40 mg capsule                          | NP   | PA                          |
| Marten-Tab 50 mg-325 mg tablet                               | P    |                             |
| Vanatol LQ 50 mg-325 mg-40 mg/15 mL oral solution            | NP   | PA                          |
| Vanatol S 50 mg-325 mg-40 mg/15 mL oral solution             | NP   | PA                          |
| Vtol LQ 50 mg-325 mg-40 mg/15 mL oral solution               | NP   | PA                          |
| Zebutal 50 mg-325 mg-40 mg capsule                           | P    | QL(Allowed 4 per 1 day)     |
| <b>ANTI-INFLAMMATORY - INTERLEUKIN-1 BETA BLOCKERS</b>       |      |                             |

| Drug Name                                                                             | Tier | Drug Restriction |
|---------------------------------------------------------------------------------------|------|------------------|
| Ilaris (PF) 150 mg/mL subcutaneous solution                                           | NP   | PA; SP           |
| <b>ANTI-INFLAMMATORY - INTERLEUKIN-1 RECEPTOR ANTAGONIST</b>                          |      |                  |
| Arcalyst 220 mg subcutaneous solution                                                 | NP   | PA; SP           |
| <b>ANTI-INFLAMMATORY TUMOR NECROSIS FACTOR INHIBITING AGENTS, NON-SELECTIVE</b>       |      |                  |
| Enbrel 25 mg (1 mL) subcutaneous powder for solution                                  | P    | PA; SP           |
| Enbrel 25 mg/0.5 mL (0.5 mL) subcutaneous syringe                                     | P    | PA; SP           |
| Enbrel 25 mg/0.5 mL subcutaneous solution                                             | P    | PA; SP           |
| Enbrel 50 mg/mL (1 mL) subcutaneous syringe                                           | P    | PA; SP           |
| Enbrel Mini 50 mg/mL (1 mL) subcutaneous cartridge                                    | P    | PA; SP           |
| Enbrel SureClick 50 mg/mL (1 mL) subcutaneous pen injector                            | P    | PA; SP           |
| <b>ANTI-INFLAMMATORY TUMOR NECROSIS FACTOR INHIBITING AGENTS, TNF-ALPHA SELECTIVE</b> |      |                  |
| Avsola 100 mg intravenous solution                                                    | NP   | PA; SP           |

| Drug Name                                                               | Tier | Drug Restriction |
|-------------------------------------------------------------------------|------|------------------|
| Cimzia 400 mg/2 mL (200 mg/mL x 2) subcutaneous syringe kit             | P    | PA; SP           |
| Cimzia Powder for Recon 400 mg (200 mg x 2 vials) subcutaneous kit      | NP   | PA; SP           |
| Cimzia Starter Kit 400 mg/2 mL (200 mg/mL x 2) subcutaneous syringe kit | P    | PA; SP           |
| Humira 10 mg/0.2 mL subcutaneous syringe kit                            | P    | PA; SP           |
| Humira 20 mg/0.4 mL subcutaneous syringe kit                            | P    | PA; SP           |
| Humira 40 mg/0.8 mL subcutaneous syringe kit                            | P    | PA; SP           |
| Humira Pen 40 mg/0.8 mL subcutaneous kit                                | P    | PA; SP           |
| Humira Pen Crohn's-Ulc Colitis-Hid Sup Starter 40 mg/0.8 mL subcut kit  | P    | PA; SP           |
| Humira Pen Psoriasis-Uveitis-Adol Hid Sup Start 40 mg/0.8 mL subcut kit | P    | PA; SP           |
| Humira(CF) 10 mg/0.1 mL subcutaneous syringe kit                        | P    | PA; SP           |

| Drug Name                                                              | Tier | Drug Restriction |
|------------------------------------------------------------------------|------|------------------|
| Humira(CF) 20 mg/0.2 mL subcutaneous syringe kit                       | P    | PA; SP           |
| Humira(CF) 40 mg/0.4 mL subcutaneous syringe kit                       | P    | PA; SP           |
| Humira(CF) Pedi Crohn's Start 80 mg/0.8 mL-40 mg/0.4 mL subcut syr kit | P    | PA; SP           |
| Humira(CF) Pediatric Crohn's Starter 80 mg/0.8 mL subcut syringe kit   | P    | PA; SP           |
| Humira(CF) Pen 40 mg/0.4 mL subcutaneous kit                           | P    | PA; SP           |
| Humira(CF) Pen 80 mg/0.8 mL subcutaneous kit                           | P    | PA; SP           |
| Humira(CF) Pen Crohn's-Ulc Colitis-Hid Sup Strt 80 mg/0.8 mL subcut kt | P    | PA; SP           |
| Humira(CF) Pen Ps-Uv-Adol HS 80 mg/0.8 mL(1)-40 mg/0.4 mL(2)subcut kit | P    | PA; SP           |
| Inflectra 100 mg intravenous solution                                  | NP   | PA; SP           |

| Drug Name                                              | Tier | Drug Restriction |
|--------------------------------------------------------|------|------------------|
| Remicade 100 mg intravenous solution                   | NP   | PA; SP           |
| Renflexis 100 mg intravenous solution                  | NP   | PA; SP           |
| Simponi 100 mg/mL subcutaneous pen injector            | NP   | PA; SP           |
| Simponi 100 mg/mL subcutaneous syringe                 | NP   | PA; SP           |
| Simponi 50 mg/0.5 mL subcutaneous pen injector         | NP   | PA; SP           |
| Simponi 50 mg/0.5 mL subcutaneous syringe              | NP   | PA; SP           |
| Simponi ARIA 12.5 mg/mL intravenous solution           | NP   | PA; SP           |
| DMARD - ANTIMETABOLITES                                |      |                  |
| Otrexup (PF) 10 mg/0.4 mL subcutaneous auto-injector   | NP   | PA; SP           |
| Otrexup (PF) 12.5 mg/0.4 mL subcutaneous auto-injector | NP   | PA; SP           |
| Otrexup (PF) 15 mg/0.4 mL subcutaneous auto-injector   | NP   | PA; SP           |

| Drug Name                                              | Tier | Drug Restriction |
|--------------------------------------------------------|------|------------------|
| Otrexup (PF) 17.5 mg/0.4 mL subcutaneous auto-injector | NP   | PA; SP           |
| Otrexup (PF) 20 mg/0.4 mL subcutaneous auto-injector   | NP   | PA; SP           |
| Otrexup (PF) 22.5 mg/0.4 mL subcutaneous auto-injector | NP   | PA; SP           |
| Otrexup (PF) 25 mg/0.4 mL subcutaneous auto-injector   | NP   | PA; SP           |
| Rasuvo (PF) 10 mg/0.2 mL subcutaneous auto-injector    | NP   | PA; SP           |
| Rasuvo (PF) 12.5 mg/0.25 mL subcutaneous auto-injector | NP   | PA; SP           |
| Rasuvo (PF) 15 mg/0.3 mL subcutaneous auto-injector    | NP   | PA; SP           |
| Rasuvo (PF) 17.5 mg/0.35 mL subcutaneous auto-injector | NP   | PA; SP           |
| Rasuvo (PF) 20 mg/0.4 mL subcutaneous auto-injector    | NP   | PA; SP           |

| Drug Name                                                              | Tier | Drug Restriction |
|------------------------------------------------------------------------|------|------------------|
| Rasuvo (PF) 22.5 mg/0.45 mL subcutaneous auto-injector                 | NP   | PA; SP           |
| Rasuvo (PF) 25 mg/0.5 mL subcutaneous auto-injector                    | NP   | PA; SP           |
| Rasuvo (PF) 30 mg/0.6 mL subcutaneous auto-injector                    | NP   | PA; SP           |
| Rasuvo (PF) 7.5 mg/0.15 mL subcutaneous auto-injector                  | NP   | PA; SP           |
| DMARD - ANTINFLAMMATORY, SELECT. COSTIMULATION MODULATOR,T-CELL INHIB. |      |                  |
| Orencia (with maltose) 250 mg intravenous solution                     | NP   | PA; SP           |
| Orencia 125 mg/mL subcutaneous syringe                                 | NP   | PA; SP           |
| Orencia 50 mg/0.4 mL subcutaneous syringe                              | NP   | PA; SP           |
| Orencia 87.5 mg/0.7 mL subcutaneous syringe                            | NP   | PA; SP           |
| Orencia ClickJect 125 mg/mL subcutaneous auto-injector                 | NP   | PA; SP           |
| DMARD - GOLD COMPOUNDS                                                 |      |                  |

| Drug Name                                                                    | Tier | Drug Restriction |
|------------------------------------------------------------------------------|------|------------------|
| Ridaura 3 mg capsule                                                         | NP   | PA               |
| <b>DMARD - INTERLEUKIN-1 RECEPTOR ANTAGONIST (IL-1RA)</b>                    |      |                  |
| Kineret 100 mg/0.67 mL subcutaneous syringe                                  | NP   | PA; SP           |
| <b>DMARD - INTERLEUKIN-6 (IL-6) RECEPTOR INHIBITORS, MONOCLONAL ANTIBODY</b> |      |                  |
| Actemra 162 mg/0.9 mL subcutaneous syringe                                   | NP   | PA; SP           |
| Actemra 200 mg/10 mL (20 mg/mL) intravenous solution                         | NP   | PA; SP           |
| Actemra 400 mg/20 mL (20 mg/mL) intravenous solution                         | NP   | PA; SP           |
| Actemra 80 mg/4 mL (20 mg/mL) intravenous solution                           | NP   | PA; SP           |
| Actemra ACTPen 162 mg/0.9 mL subcutaneous pen injector                       | NP   | PA; SP           |
| Kevzara 150 mg/1.14 mL subcutaneous pen injector                             | NP   | PA; SP           |
| Kevzara 150 mg/1.14 mL subcutaneous syringe                                  | NP   | PA; SP           |

| Drug Name                                                           | Tier | Drug Restriction                |
|---------------------------------------------------------------------|------|---------------------------------|
| Kevzara 200 mg/1.14 mL subcutaneous pen injector                    | NP   | PA; SP                          |
| Kevzara 200 mg/1.14 mL subcutaneous syringe                         | NP   | PA; SP                          |
| <b>DMARD - JANUS KINASE (JAK) INHIBITORS</b>                        |      |                                 |
| Olumiant 1 mg tablet                                                | NP   | PA; SP                          |
| Olumiant 2 mg tablet                                                | NP   | PA; SP                          |
| Rinvoq 15 mg tablet,extended release                                | NP   | PA; SP                          |
| Xeljanz 5 mg tablet                                                 | P    | PA; SP                          |
| Xeljanz XR 11 mg tablet,extended release                            | P    | PA; SP                          |
| <b>DMARD - PHOSPHODIESTERASE-4 (PDE4) INHIBITORS</b>                |      |                                 |
| Otezla 30 mg tablet                                                 | NP   | PA; SP                          |
| Otezla Starter 10 mg (4)-20 mg (4)-30 mg(47) tablets in a dose pack | NP   | PA; SP                          |
| <b>DMARD - PYRIMIDINE SYNTHESIS INHIBITORS</b>                      |      |                                 |
| Arava 10 mg tablet                                                  | NP   | PA; QL(Allowed 1 per 1 day); MT |
| Arava 20 mg tablet                                                  | NP   | PA; QL(Allowed 1 per 1 day); MT |
| leflunomide 10 mg tablet                                            | P    | QL(Allowed 1 per 1 day); MT     |

| Drug Name                                                                     | Tier | Drug Restriction            |
|-------------------------------------------------------------------------------|------|-----------------------------|
| leflunomide 20 mg tablet                                                      | P    | QL(Allowed 1 per 1 day); MT |
| <b>IMMUNOMODULATOR B-LYMPHOCYTE STIMULATOR (BLYS)-SPECIFIC INHIBITOR MCAB</b> |      |                             |
| Benlysta 200 mg/mL subcutaneous auto-injector                                 | NP   | PA; SP                      |
| Benlysta 200 mg/mL subcutaneous syringe                                       | NP   | PA; SP                      |
| <b>NSAID ANALGESIC AND HISTAMINE H2 RECEPTOR ANTAGONIST COMBINATIONS</b>      |      |                             |
| Duexis 800 mg-26.6 mg tablet                                                  | NP   | PA                          |
| <b>NSAID ANALGESIC AND PROSTAGLANDIN ANALOG COMBINATIONS</b>                  |      |                             |
| Arthrotec 50 mg-200 mcg tablet,film-coated                                    | NP   | PA                          |
| Arthrotec 75 75 mg-200 mcg tablet,film-coated                                 | NP   | PA                          |
| diclofenac 50 mg-misoprostol 200 mcg tablet,immed.and delayed release         | NP   | PA                          |
| diclofenac 75 mg-misoprostol 200 mcg tablet,immediate,de layed release        | NP   | PA                          |
| <b>NSAID ANALGESIC AND PROTON PUMP INHIBITOR COMBINATIONS</b>                 |      |                             |

| Drug Name                                                             | Tier | Drug Restriction            |
|-----------------------------------------------------------------------|------|-----------------------------|
| naproxen 375 mg-esomeprazole 20 mg tablet,immediate and delay release | NP   | PA                          |
| naproxen 500 mg-esomeprazole 20 mg tablet,immediate and delay release | NP   | PA                          |
| Vimovo 375 mg-20 mg tablet,immediate and delay release                | NP   | PA                          |
| Vimovo 500 mg-20 mg tablet,immediate and delay release                | NP   | PA                          |
| <b>NSAID ANALGESIC, CYCLOOXYGENASE-2 (COX-2) SELECTIVE INHIBITORS</b> |      |                             |
| Celebrex 100 mg capsule                                               | NP   | PA; QL(Allowed 2 per 1 day) |
| Celebrex 200 mg capsule                                               | NP   | PA; QL(Allowed 2 per 1 day) |
| Celebrex 400 mg capsule                                               | NP   | PA; QL(Allowed 2 per 1 day) |
| Celebrex 50 mg capsule                                                | NP   | PA; QL(Allowed 2 per 1 day) |
| celecoxib 100 mg capsule                                              | P    | QL(Allowed 2 per 1 day)     |
| celecoxib 200 mg capsule                                              | P    | QL(Allowed 2 per 1 day)     |
| celecoxib 400 mg capsule                                              | P    | QL(Allowed 2 per 1 day)     |
| celecoxib 50 mg capsule                                               | P    | QL(Allowed 2 per 1 day)     |

| Drug Name                                                                 | Tier | Drug Restriction                         |
|---------------------------------------------------------------------------|------|------------------------------------------|
| <b>NSAID ANALGESICS (COX NON-SPECIFIC) - ANTHRANILIC ACID DERIVATIVES</b> |      |                                          |
| meclofenamate 100 mg capsule                                              | NP   | PA                                       |
| meclofenamate 50 mg capsule                                               | NP   | PA                                       |
| mefenamic acid 250 mg capsule                                             | NP   | PA                                       |
| <b>NSAID ANALGESICS (COX NON-SPECIFIC) - OTHER</b>                        |      |                                          |
| ketorolac 10 mg tablet                                                    | P    | QL(QL Overtime: Allowed 20 over 30 days) |
| ketorolac 15.75 mg/spray nasal spray                                      | NP   | PA                                       |
| nabumetone 500 mg tablet                                                  | P    | MT                                       |
| nabumetone 750 mg tablet                                                  | P    | MT                                       |
| Relafen DS 1,000 mg tablet                                                | NP   | PA                                       |
| Sprix 15.75 mg/spray nasal spray                                          | NP   | PA                                       |
| sulindac 150 mg tablet                                                    | P    | MT                                       |
| sulindac 200 mg tablet                                                    | P    | MT                                       |
| tolmetin 200 mg tablet                                                    | NP   | PA; MT                                   |
| tolmetin 400 mg capsule                                                   | NP   | PA; MT                                   |
| tolmetin 600 mg tablet                                                    | NP   | PA                                       |

| Drug Name                                                                  | Tier | Drug Restriction |
|----------------------------------------------------------------------------|------|------------------|
| <b>NSAID ANALGESICS (COX NON-SPECIFIC) - OXICAM DERIVATIVES</b>            |      |                  |
| Feldene 10 mg capsule                                                      | NP   | PA; MT           |
| Feldene 20 mg capsule                                                      | NP   | PA; MT           |
| meloxicam 15 mg tablet                                                     | P    | MT               |
| meloxicam 7.5 mg tablet                                                    | P    | MT               |
| Mobic 15 mg tablet                                                         | NP   | PA; MT           |
| Mobic 7.5 mg tablet                                                        | NP   | PA; MT           |
| piroxicam 10 mg capsule                                                    | NP   | PA; MT           |
| piroxicam 20 mg capsule                                                    | NP   | PA; MT           |
| Qmiiz ODT 15 mg disintegrating tablet                                      | NP   | PA               |
| Qmiiz ODT 7.5 mg disintegrating tablet                                     | NP   | PA               |
| Vivlodex 10 mg capsule                                                     | NP   | PA               |
| Vivlodex 5 mg capsule                                                      | NP   | PA               |
| <b>NSAID ANALGESICS (COX NON-SPECIFIC) - PHENYLACETIC ACID DERIVATIVES</b> |      |                  |
| diclofenac ER 100 mg tablet,extended release 24 hr                         | P    | MT               |

| Drug Name                                                               | Tier | Drug Restriction            |
|-------------------------------------------------------------------------|------|-----------------------------|
| diclofenac potassium 50 mg tablet                                       | P    | MT                          |
| diclofenac sodium 25 mg tablet, delayed release                         | P    | MT                          |
| diclofenac sodium 50 mg tablet, delayed release                         | P    | MT                          |
| diclofenac sodium 75 mg tablet, delayed release                         | P    | MT                          |
| Zipsor 25 mg capsule                                                    | NP   | PA                          |
| Zorvolex 18 mg capsule                                                  | NP   | PA                          |
| Zorvolex 35 mg capsule                                                  | NP   | PA                          |
| <b>NSAID ANALGESICS (COX NON-SPECIFIC) - PROPIONIC ACID DERIVATIVES</b> |      |                             |
| Children's Ibuprofen 100 mg/5 mL oral suspension                        | P    | MT                          |
| Children's Motrin 100 mg/5 mL oral suspension                           | P    | MT                          |
| Daypro 600 mg tablet                                                    | NP   | PA; MT                      |
| EC-Naproxen 375 mg tablet, delayed release                              | P    | QL(Allowed 2 per 1 day); MT |

| Drug Name                                      | Tier | Drug Restriction            |
|------------------------------------------------|------|-----------------------------|
| EC-Naproxen 500 mg tablet, delayed release     | P    | QL(Allowed 2 per 1 day); MT |
| fenoprofen 400 mg capsule                      | NP   | PA                          |
| fenoprofen 600 mg tablet                       | NP   | PA                          |
| flurbiprofen 100 mg tablet                     | P    | MT                          |
| IBU 400 mg tablet                              | P    | MT                          |
| IBU 600 mg tablet                              | P    | MT                          |
| IBU 800 mg tablet                              | P    | MT                          |
| IBU-200 200 mg tablet                          | P    | MT                          |
| Ibupak 600 mg oral kit                         | NP   | PA                          |
| ibuprofen 100 mg tablet                        | P    | MT                          |
| ibuprofen 100 mg/5 mL oral suspension          | NP   | PA; MT                      |
| ibuprofen 200 mg capsule                       | P    | MT                          |
| ibuprofen 400 mg tablet                        | P    | MT                          |
| ibuprofen 50 mg/1.25 mL oral drops, suspension | P    | MT                          |
| ibuprofen 600 mg tablet                        | P    | MT                          |



| Drug Name                                              | Tier | Drug Restriction |
|--------------------------------------------------------|------|------------------|
| ibuprofen 800 mg tablet                                | P    | MT               |
| Ibuprofen IB 200 mg tablet                             | P    | MT               |
| Infant's Ibuprofen 50 mg/1.25 mL oral drops,suspension | P    | MT               |
| ketoprofen 25 mg capsule                               | P    |                  |
| ketoprofen 50 mg capsule                               | P    | MT               |
| ketoprofen 75 mg capsule                               | P    | MT               |
| ketoprofen ER 200 mg 24 hr capsule,extended release    | NP   | PA               |
| Nalfon 400 mg capsule                                  | NP   | PA               |
| Nalfon 600 mg tablet                                   | NP   | PA               |
| Naprelan CR 375 mg tab,extended release 24 hr mphase   | NP   | PA               |
| Naprelan CR 500 mg tab,extended release 24 hr mphase   | NP   | PA               |
| Naprelan CR 750 mg tab,extended release 24 hr mphase   | NP   | PA               |

| Drug Name                                                             | Tier | Drug Restriction            |
|-----------------------------------------------------------------------|------|-----------------------------|
| naproxen 125 mg/5 mL oral suspension                                  | P    |                             |
| naproxen 250 mg tablet                                                | P    | MT                          |
| naproxen 375 mg tablet                                                | P    | MT                          |
| naproxen 375 mg tablet,delayed release                                | P    | QL(Allowed 2 per 1 day); MT |
| naproxen 500 mg tablet                                                | P    | MT                          |
| naproxen 500 mg tablet,delayed release                                | P    | QL(Allowed 2 per 1 day); MT |
| naproxen sodium 275 mg tablet                                         | P    | MT                          |
| naproxen sodium 550 mg tablet                                         | P    | MT                          |
| naproxen sodium ER (CR) 375 mg tablet,extended release 24 hr mphase   | NP   | PA                          |
| naproxen sodium ER (CR) 500 mg tablet,extended release 24 hr mphase   | NP   | PA                          |
| oxaprozin 600 mg tablet                                               | NP   | PA; MT                      |
| NSAID ANALGESICS, (COX NON-SPECIFIC) - INDOLE ACETIC ACID DERIVATIVES |      |                             |
| etodolac 200 mg capsule                                               | P    | MT                          |

| Drug Name                                             | Tier | Drug Restriction |
|-------------------------------------------------------|------|------------------|
| etodolac 300 mg capsule                               | P    | MT               |
| etodolac 400 mg tablet                                | P    | MT               |
| etodolac 500 mg tablet                                | P    | MT               |
| etodolac ER 400 mg tablet,extended release 24 hr      | P    | MT               |
| etodolac ER 500 mg tablet,extended release 24 hr      | P    | MT               |
| etodolac ER 600 mg tablet,extended release 24 hr      | P    | MT               |
| Indocin 25 mg/5 mL oral suspension                    | NP   | PA               |
| Indocin 50 mg rectal suppository                      | NP   | PA               |
| indomethacin 25 mg capsule                            | P    | MT               |
| indomethacin 50 mg capsule                            | P    | MT               |
| indomethacin ER 75 mg capsule,extended release        | P    | MT               |
| Tivorbex 20 mg capsule                                | NP   | PA               |
| Tivorbex 40 mg capsule                                | NP   | PA               |
| <b>SALICYLATE ANALGESIC AND SEDATIVE COMBINATIONS</b> |      |                  |

| Drug Name                                                    | Tier | Drug Restriction            |
|--------------------------------------------------------------|------|-----------------------------|
| butalbital-aspirin-caffeine 50 mg-325 mg-40 mg capsule       | P    | QL(Allowed 4 per 1 day)     |
| Fiorinal 50 mg-325 mg-40 mg capsule                          | NP   | PA; QL(Allowed 4 per 1 day) |
| <b>SALICYLATE ANALGESICS</b>                                 |      |                             |
| diflunisal 500 mg tablet                                     | P    | MT                          |
| salsalate 500 mg tablet                                      | P    |                             |
| salsalate 750 mg tablet                                      | P    |                             |
| <b>SALICYLATE ANALGESICS, BUFFERED</b>                       |      |                             |
| aspirin,buffered (calcium carbonate-magnesium) 325 mg tablet | P    |                             |
| Buffered Aspirin 325 mg tablet                               | P    |                             |
| Bufferin 325 mg tablet                                       | P    |                             |
| Tri-Buffered Aspirin 325 mg tablet                           | P    |                             |
| <b>ANESTHETICS</b>                                           |      |                             |
| <b>LOCAL ANESTHETIC - AMIDES</b>                             |      |                             |
| lidocaine HCl 4 % laryngotracheal solution                   | P    |                             |
| <b>ANORECTAL PREPARATIONS</b>                                |      |                             |
| <b>ANAL FISSURE PAIN/TREATMENT AGENTS - NITRATES</b>         |      |                             |
| Rectiv 0.4 % (w/w) ointment                                  | NP   | PA                          |
| <b>ANORECTAL - GLUCOCORTICOIDS</b>                           |      |                             |

| Drug Name                                                        | Tier | Drug Restriction                         |
|------------------------------------------------------------------|------|------------------------------------------|
| Anusol-HC 2.5 % topical cream with perineal applicator           | NP   | PA; QL(Allowed 30 per Rx)                |
| hydrocortisone 1 % topical cream with perineal applicator        | P    |                                          |
| hydrocortisone 2.5 % topical cream with perineal applicator      | P    | QL(Allowed 30 per Rx)                    |
| Procto-Med HC 2.5 % topical cream perineal applicator            | P    | QL(Allowed 30 per Rx)                    |
| Proctosol HC 2.5 % topical cream perineal applicator             | P    | QL(Allowed 30 per Rx)                    |
| Proctozone-HC 2.5 % topical cream perineal applicator            | P    | QL(Allowed 30 per Rx)                    |
| <b>ANORECTAL - HEMORRHOIDAL COMBINATIONS OTHER</b>               |      |                                          |
| Hemorrhoid ointment                                              | P    | QL(QL Overtime: Allowed 31 over 31 days) |
| Hemorrhoidal (phenyleph-cocoa) 0.25 %-88.44 % rectal suppository | P    |                                          |
| Hemorrhoidal 0.25 %-3 % rectal suppository                       | P    | QL(QL Overtime: Allowed 12 over 31 days) |
| Hemorrhoidal H rectal suppository                                | P    | QL(QL Overtime: Allowed 12 over 31 days) |
| Hemorrhoidal ointment                                            | P    | QL(QL Overtime: Allowed 31 over 31 days) |

| Drug Name                                                                   | Tier | Drug Restriction                         |
|-----------------------------------------------------------------------------|------|------------------------------------------|
| Hemorrhoidal(phenyleph-min oil-petrolat)0.25 %-14 %-74.9 % rectal oint      | P    | QL(QL Overtime: Allowed 91 over 31 days) |
| Preparation H(phenyleph,cocoa buttr) 0.25 %-88.44 % rectal suppository      | P    |                                          |
| <b>ANORECTAL - HEMORRHOIDAL RECTAL GLUCOCORTICOID-LOCAL ANESTHETIC COMB</b> |      |                                          |
| Ana-Lex 2 %-2 % rectal kit                                                  | NP   | PA                                       |
| lidocaine 2 %-hydrocortisone 2 % (7 gram) rectal kit cream and wipes        | NP   | PA                                       |
| lidocaine 3 %-hydrocortisone 0.5 % rectal cream                             | NP   | PA                                       |
| lidocaine 3 %-hydrocortisone 0.5 % rectal kit                               | NP   | PA                                       |
| lidocaine 3 %-hydrocortisone 1 % (7 gram) rectal kit                        | NP   | PA                                       |
| lidocaine-hydrocortisone-aloe vera 2.8 %-0.55 % rectal gel                  | NP   | PA                                       |
| lidocaine-hydrocortisone-aloe vera 3 %-2.5 % (7 gram) rectal kit            | NP   | PA                                       |
| Proctofoam HC 1 %-1 %                                                       | NP   | PA                                       |

| Drug Name                                  | Tier | Drug Restriction |
|--------------------------------------------|------|------------------|
| <b>ANTIDOTES AND OTHER REVERSAL AGENTS</b> |      |                  |
| <b>CHELATING AGENTS - IRON</b>             |      |                  |
| deferasirox 125 mg dispersible tablet      | NP   | PA; SP           |
| deferasirox 180 mg oral granules in packet | NP   | PA; SP           |
| deferasirox 180 mg tablet                  | NP   | PA; SP           |
| deferasirox 250 mg dispersible tablet      | NP   | PA; SP           |
| deferasirox 360 mg oral granules in packet | NP   | PA; SP           |
| deferasirox 360 mg tablet                  | NP   | PA; SP           |
| deferasirox 500 mg dispersible tablet      | NP   | PA; SP           |
| deferasirox 90 mg oral granules in packet  | NP   | PA; SP           |
| deferasirox 90 mg tablet                   | NP   | PA; SP           |
| deferiprone 500 mg tablet                  | NP   | PA; SP           |
| Exjade 125 mg dispersible tablet           | NP   | PA; SP           |
| Exjade 250 mg dispersible tablet           | NP   | PA; SP           |
| Exjade 500 mg dispersible tablet           | NP   | PA; SP           |

| Drug Name                                                  | Tier | Drug Restriction |
|------------------------------------------------------------|------|------------------|
| Ferriprox (2 times a day) 1,000 mg tablet                  | NP   | PA; SP           |
| Ferriprox 1,000 mg tablet                                  | NP   | PA; SP           |
| Ferriprox 100 mg/mL oral solution                          | NP   | PA; SP           |
| Ferriprox 500 mg tablet                                    | NP   | PA; SP           |
| Jadenu 180 mg tablet                                       | NP   | PA; SP           |
| Jadenu 360 mg tablet                                       | NP   | PA; SP           |
| Jadenu 90 mg tablet                                        | NP   | PA; SP           |
| Jadenu Sprinkle 180 mg oral granules in packet             | NP   | PA; SP           |
| Jadenu Sprinkle 360 mg oral granules in packet             | NP   | PA; SP           |
| Jadenu Sprinkle 90 mg oral granules in packet              | NP   | PA; SP           |
| <b>CHELATING AGENTS - LEAD POISONING</b>                   |      |                  |
| Chemet 100 mg capsule                                      | P    |                  |
| <b>MU-OPIOID RECEPTOR ANTAGONISTS, PERIPHERALLY-ACTING</b> |      |                  |
| alvimopan 12 mg capsule                                    | NP   | PA               |
| Entereg 12 mg capsule                                      | NP   | PA               |

| Drug Name                                          | Tier | Drug Restriction |
|----------------------------------------------------|------|------------------|
| Movantik 12.5 mg tablet                            | NP   | PA               |
| Movantik 25 mg tablet                              | NP   | PA               |
| Relistor 12 mg/0.6 mL subcutaneous solution        | NP   | PA               |
| Relistor 12 mg/0.6 mL subcutaneous syringe         | NP   | PA               |
| Relistor 150 mg tablet                             | NP   | PA               |
| Relistor 8 mg/0.4 mL subcutaneous syringe          | NP   | PA               |
| Symproic 0.2 mg tablet                             | NP   | PA               |
| <b>OPIOID REVERSAL AGENTS - OPIOID ANTAGONISTS</b> |      |                  |
| naloxone 0.4 mg/mL injection solution              | P    |                  |
| naloxone 0.4 mg/mL injection syringe               | P    |                  |
| naloxone 1 mg/mL injection syringe                 | P    |                  |
| naltrexone 50 mg tablet                            | P    |                  |
| Narcan 4 mg/actuation nasal spray                  | P    |                  |
| <b>ANTI-INFECTIVE AGENTS</b>                       |      |                  |
| <b>AMEBICIDES</b>                                  |      |                  |

| Drug Name                                                              | Tier | Drug Restriction                              |
|------------------------------------------------------------------------|------|-----------------------------------------------|
| paromomycin 250 mg capsule                                             | P    |                                               |
| <b>AMINOGLYCOSIDE ANTIBIOTIC</b>                                       |      |                                               |
| amikacin 1,000 mg/4 mL injection solution                              | P    | QL(QL (Limit 14 days supply(ies) per claim )) |
| amikacin 500 mg/2 mL injection solution                                | P    | QL(QL (Limit 14 days supply(ies) per claim )) |
| Arikayce 590 mg/8.4 mL suspension for inhalation via nebulization      | NP   | PA; SP                                        |
| gentamicin 100 mg/100 mL in sodium chloride(iso) intravenous piggyback | P    | QL(QL (Limit 14 days supply(ies) per claim )) |
| gentamicin 100 mg/50 mL in sodium chloride(iso) intravenous piggyback  | P    | QL(QL (Limit 14 days supply(ies) per claim )) |
| gentamicin 120 mg/100 mL in sodium chloride(iso) intravenous piggyback | P    | QL(QL (Limit 14 days supply(ies) per claim )) |
| gentamicin 20 mg/2 mL injection solution                               | P    | QL(QL (Limit 14 days supply(ies) per claim )) |
| gentamicin 40 mg/mL injection solution                                 | P    | QL(QL (Limit 14 days supply(ies) per claim )) |

| Drug Name                                                             | Tier | Drug Restriction                              |
|-----------------------------------------------------------------------|------|-----------------------------------------------|
| gentamicin 60 mg/50 mL in sodium chloride(iso) intravenous piggyback  | P    | QL(QL (Limit 14 days supply(ies) per claim )) |
| gentamicin 80 mg/100 mL in sodium chloride(iso) intravenous piggyback | P    | QL(QL (Limit 14 days supply(ies) per claim )) |
| gentamicin 80 mg/50 mL in sodium chloride(iso) intravenous piggyback  | P    | QL(QL (Limit 14 days supply(ies) per claim )) |
| gentamicin sulfate (pediatric) (PF) 20 mg/2 mL injection solution     | P    | QL(QL (Limit 14 days supply(ies) per claim )) |
| gentamicin sulfate (PF) 100 mg/10 mL intravenous solution             | P    | QL(QL (Limit 14 days supply(ies) per claim )) |
| gentamicin sulfate (PF) 60 mg/6 mL intravenous solution               | P    | QL(QL (Limit 14 days supply(ies) per claim )) |
| neomycin 500 mg tablet                                                | P    |                                               |
| tobramycin 1.2 gram solution for injection                            | P    | QL(QL (Limit 14 days supply(ies) per claim )) |
| tobramycin 10 mg/mL injection solution                                | P    | QL(QL (Limit 14 days supply(ies) per claim )) |

| Drug Name                                | Tier | Drug Restriction                              |
|------------------------------------------|------|-----------------------------------------------|
| tobramycin 40 mg/mL injection solution   | P    | QL(QL (Limit 14 days supply(ies) per claim )) |
| AMINOPENICILLIN ANTIBIOTIC               |      |                                               |
| amoxicillin 125 mg chewable tablet       | P    |                                               |
| amoxicillin 125 mg/5 mL oral suspension  | P    |                                               |
| amoxicillin 200 mg/5 mL oral suspension  | P    |                                               |
| amoxicillin 250 mg capsule               | P    |                                               |
| amoxicillin 250 mg chewable tablet       | P    |                                               |
| amoxicillin 250 mg/5 mL oral suspension  | P    |                                               |
| amoxicillin 400 mg/5 mL oral suspension  | P    |                                               |
| amoxicillin 500 mg capsule               | P    |                                               |
| amoxicillin 500 mg tablet                | P    |                                               |
| amoxicillin 875 mg tablet                | P    |                                               |
| ampicillin 1 gram intravenous solution   | P    | QL(QL (Limit 14 days supply(ies) per claim )) |
| ampicillin 1 gram solution for injection | P    | QL(QL (Limit 14 days supply(ies) per claim )) |

| Drug Name                                                                 | Tier | Drug Restriction                              |
|---------------------------------------------------------------------------|------|-----------------------------------------------|
| ampicillin 10 gram solution for injection                                 | P    | QL(QL (Limit 14 days supply(ies) per claim )) |
| ampicillin 125 mg solution for injection                                  | P    | QL(QL (Limit 14 days supply(ies) per claim )) |
| ampicillin 2 gram intravenous solution                                    | P    | QL(QL (Limit 14 days supply(ies) per claim )) |
| ampicillin 2 gram solution for injection                                  | P    | QL(QL (Limit 14 days supply(ies) per claim )) |
| ampicillin 250 mg solution for injection                                  | P    | QL(QL (Limit 14 days supply(ies) per claim )) |
| ampicillin 500 mg capsule                                                 | P    |                                               |
| ampicillin 500 mg solution for injection                                  | P    | QL(QL (Limit 14 days supply(ies) per claim )) |
| <b>AMINOPENICILLIN ANTIBIOTIC - BETA-LACTAMASE INHIBITOR COMBINATIONS</b> |      |                                               |
| amoxicillin 200 mg-potassium clavulanate 28.5 mg chewable tablet          | P    | QL(Allowed 20 per Rx)                         |
| amoxicillin 200 mg-potassium clavulanate 28.5 mg/5 mL oral suspension     | P    | QL(Allowed 100 per Rx)                        |
| amoxicillin 250 mg-potassium clavulanate 125 mg tablet                    | P    | QL(Allowed 30 per Rx)                         |

| Drug Name                                                              | Tier | Drug Restriction                              |
|------------------------------------------------------------------------|------|-----------------------------------------------|
| amoxicillin 250 mg-potassium clavulanate 62.5 mg/5 mL oral suspension  | P    | QL(Allowed 150 per Rx)                        |
| amoxicillin 400 mg-potassium clavulanate 57 mg chewable tablet         | P    | QL(Allowed 20 per Rx)                         |
| amoxicillin 400 mg-potassium clavulanate 57 mg/5 mL oral suspension    | P    | QL(Allowed 200 per Rx)                        |
| amoxicillin 500 mg-potassium clavulanate 125 mg tablet                 | P    | QL(Allowed 20 per Rx)                         |
| amoxicillin 600 mg-potassium clavulanate 42.9 mg/5 mL oral suspension  | P    | QL(Allowed 400 per Rx)                        |
| amoxicillin 875 mg-potassium clavulanate 125 mg tablet                 | P    | QL(Allowed 20 per Rx)                         |
| amoxicillin-potassium clavulanate 1,000 mg-62.5 mg tablet,ext.rel 12hr | NP   | PA; QL(QL Overtime: Allowed 40 over 30 days)  |
| ampicillin-sulbactam 1.5 gram intravenous solution                     | P    | QL(QL (Limit 14 days supply(ies) per claim )) |
| ampicillin-sulbactam 1.5 gram solution for injection                   | P    | QL(QL (Limit 14 days supply(ies) per claim )) |

| Drug Name                                              | Tier | Drug Restriction                                                       |
|--------------------------------------------------------|------|------------------------------------------------------------------------|
| ampicillin-sulbactam 15 gram solution for injection    | P    | QL(QL (Limit 14 days supply(ies) per claim ))                          |
| ampicillin-sulbactam 3 gram intravenous solution       | P    | QL(QL (Limit 14 days supply(ies) per claim ))                          |
| ampicillin-sulbactam 3 gram solution for injection     | P    | QL(QL (Limit 14 days supply(ies) per claim ))                          |
| Augmentin 125 mg-31.25 mg/5 mL oral suspension         | P    |                                                                        |
| Augmentin 250 mg-62.5 mg/5 mL oral suspension          | P    | QL(Allowed 150 per Rx)                                                 |
| Unasyn 1.5 gram solution for injection                 | P    | QL(QL (Limit 14 days supply(ies) per claim ));<br>Use Generic Products |
| Unasyn 15 gram solution for injection                  | P    | QL(QL (Limit 14 days supply(ies) per claim ));<br>Use Generic Products |
| Unasyn 3 gram solution for injection                   | P    | QL(QL (Limit 14 days supply(ies) per claim ));<br>Use Generic Products |
| <b>ANTHELMINTIC AGENTS - BENZIMIDAZOLE DERIVATIVES</b> |      |                                                                        |
| albendazole 200 mg tablet                              | NP   | PA                                                                     |
| Albenza 200 mg tablet                                  | NP   | PA                                                                     |
| Egaten 250 mg tablet                                   | NP   | PA                                                                     |

| Drug Name                                                       | Tier | Drug Restriction                            |
|-----------------------------------------------------------------|------|---------------------------------------------|
| Emverm 100 mg chewable tablet                                   | NP   | PA; QL(QL Overtime: Allowed 1 over 20 days) |
| <b>ANTHELMINTIC AGENTS - MACROCYCLIC LACTONES</b>               |      |                                             |
| ivermectin 3 mg tablet                                          | NP   | PA                                          |
| Stromectol 3 mg tablet                                          | NP   | PA                                          |
| <b>ANTHELMINTIC AGENTS OTHER</b>                                |      |                                             |
| Biltricide 600 mg tablet                                        | NP   | PA                                          |
| praziquantel 600 mg tablet                                      | P    |                                             |
| <b>ANTIBACTERIAL FOLATE ANTAGONIST - OTHER COMBINATIONS</b>     |      |                                             |
| Bactrim 400 mg-80 mg tablet                                     | NP   | PA                                          |
| Bactrim DS 800 mg-160 mg tablet                                 | NP   | PA                                          |
| sulfamethoxazole 200 mg-trimethoprim 40 mg/5 mL oral suspension | P    |                                             |
| sulfamethoxazole 400 mg-trimethoprim 80 mg tablet               | P    |                                             |
| sulfamethoxazole 800 mg-trimethoprim 160 mg tablet              | P    |                                             |
| Sulfatrim 200 mg-40 mg/5 mL oral suspension                     | P    |                                             |
| <b>ANTIBACTERIAL FOLATE ANTAGONIST OTHERS</b>                   |      |                                             |



| Drug Name                                                | Tier | Drug Restriction                                               |
|----------------------------------------------------------|------|----------------------------------------------------------------|
| trimethoprim 100 mg tablet                               | P    |                                                                |
| ANTIFUNGAL - ALLYLAMINES                                 |      |                                                                |
| terbinafine HCl 250 mg tablet                            | P    | QL(Allowed 1 per 1 day, QL Overtime: Allowed 90 over 120 days) |
| ANTIFUNGAL - AMPHOTERIC POLYENE MACROLIDES               |      |                                                                |
| nystatin 500,000 unit tablet                             | P    | QL(Allowed 6 per 1 day)                                        |
| ANTIFUNGAL - FLUORINATED PYRIMIDINE-TYPE AGENTS          |      |                                                                |
| Ancobon 250 mg capsule                                   | NP   | PA                                                             |
| Ancobon 500 mg capsule                                   | NP   | PA                                                             |
| flucytosine 250 mg capsule                               | NP   | PA                                                             |
| flucytosine 500 mg capsule                               | NP   | PA                                                             |
| ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS (ECHINOCANDINS) |      |                                                                |
| micafungin 100 mg intravenous solution                   | P    | QL(QL (Limit 14 days supply(ies) per claim ))                  |
| micafungin 50 mg intravenous solution                    | P    | QL(QL (Limit 14 days supply(ies) per claim ))                  |
| Mycamine 100 mg intravenous solution                     | P    | QL(QL (Limit 14 days supply(ies) per claim ))                  |
| Mycamine 50 mg intravenous solution                      | P    | QL(QL (Limit 14 days supply(ies) per claim ))                  |
| ANTIFUNGAL - IMIDAZOLES                                  |      |                                                                |
| ketoconazole 200 mg tablet                               | P    |                                                                |

| Drug Name                                                              | Tier | Drug Restriction                              |
|------------------------------------------------------------------------|------|-----------------------------------------------|
| Oravig 50 mg buccal tablet                                             | NP   | PA                                            |
| ANTIFUNGAL - TRIAZOLES                                                 |      |                                               |
| Cresemba 186 mg capsule                                                | NP   | PA                                            |
| Diflucan 10 mg/mL oral suspension                                      | NP   | PA; QL(Allowed 70 per Rx)                     |
| Diflucan 100 mg tablet                                                 | NP   | PA; QL(Allowed 1 per 1 day)                   |
| Diflucan 150 mg tablet                                                 | NP   | PA; QL(Allowed 2 per Rx)                      |
| Diflucan 200 mg tablet                                                 | NP   | PA; QL(Allowed 2 per 1 day)                   |
| Diflucan 40 mg/mL oral suspension                                      | NP   | PA; QL(Allowed 70 per Rx)                     |
| Diflucan 50 mg tablet                                                  | NP   | PA; QL(Allowed 7 per Rx)                      |
| fluconazole 10 mg/mL oral suspension                                   | P    | QL(Allowed 70 per Rx)                         |
| fluconazole 100 mg tablet                                              | P    | QL(Allowed 1 per 1 day)                       |
| fluconazole 100 mg/50 mL in sodium chloride(iso) intravenous piggyback | P    | QL(QL (Limit 14 days supply(ies) per claim )) |
| fluconazole 150 mg tablet                                              | P    | QL(Allowed 2 per Rx)                          |
| fluconazole 200 mg tablet                                              | P    | QL(Allowed 2 per 1 day)                       |

| Drug Name                                                              | Tier | Drug Restriction                              |
|------------------------------------------------------------------------|------|-----------------------------------------------|
| fluconazole 200 mg/100 mL in dextrose (iso-osm) intravenous piggyback  | P    | QL(QL (Limit 14 days supply(ies) per claim )) |
| fluconazole 200 mg/100 mL in sod. chloride (iso) intravenous piggyback | P    | QL(QL (Limit 14 days supply(ies) per claim )) |
| fluconazole 40 mg/mL oral suspension                                   | P    | QL(Allowed 70 per Rx)                         |
| fluconazole 400 mg/200 mL in dextrose (iso-osm) intravenous piggyback  | P    | QL(QL (Limit 14 days supply(ies) per claim )) |
| fluconazole 400 mg/200 mL in sod. chloride(iso) intravenous piggyback  | P    | QL(QL (Limit 14 days supply(ies) per claim )) |
| fluconazole 50 mg tablet                                               | P    | QL(Allowed 7 per Rx)                          |
| itraconazole 10 mg/mL oral solution                                    | NP   | PA                                            |
| itraconazole 100 mg capsule                                            | NP   | PA; QL(Allowed 1 per 1 day)                   |
| Noxafil 100 mg tablet,delayed release                                  | NP   | PA                                            |
| Noxafil 200 mg/5 mL (40 mg/mL) oral suspension                         | NP   | PA                                            |

| Drug Name                                           | Tier | Drug Restriction            |
|-----------------------------------------------------|------|-----------------------------|
| posaconazole 100 mg tablet,delayed release          | NP   | PA                          |
| Sporanox 10 mg/mL oral solution                     | NP   | PA                          |
| Sporanox 100 mg capsule                             | NP   | PA; QL(Allowed 1 per 1 day) |
| Sporanox Pulsepak 100 mg capsule                    | NP   | PA; QL(Allowed 1 per 1 day) |
| Tolsura 65 mg oral solid dispersion capsule         | NP   | PA                          |
| Vfend 200 mg tablet                                 | NP   | PA                          |
| Vfend 200 mg/5 mL (40 mg/mL) oral suspension        | NP   | PA                          |
| Vfend 50 mg tablet                                  | NP   | PA                          |
| voriconazole 200 mg tablet                          | NP   | PA                          |
| voriconazole 200 mg/5 mL (40 mg/mL) oral suspension | NP   | PA                          |
| voriconazole 50 mg tablet                           | NP   | PA                          |
| ANTIFUNGAL OTHER                                    |      |                             |
| griseofulvin microsize 125 mg/5 mL oral suspension  | P    |                             |
| griseofulvin microsize 500 mg tablet                | P    |                             |

| Drug Name                                             | Tier | Drug Restriction          |
|-------------------------------------------------------|------|---------------------------|
| griseofulvin ultramicrosize 125 mg tablet             | P    |                           |
| griseofulvin ultramicrosize 250 mg tablet             | P    |                           |
| <b>ANTILEPROTIC - IMMUNOMODULATORS</b>                |      |                           |
| Thalomid 100 mg capsule                               | NP   | PA; SP                    |
| Thalomid 150 mg capsule                               | NP   | PA; SP                    |
| Thalomid 200 mg capsule                               | NP   | PA; SP                    |
| Thalomid 50 mg capsule                                | NP   | PA; SP                    |
| <b>ANTILEPROTIC - SULFONE AGENTS</b>                  |      |                           |
| dapsone 100 mg tablet                                 | P    |                           |
| dapsone 25 mg tablet                                  | P    |                           |
| <b>ANTIMALARIAL COMBINATIONS</b>                      |      |                           |
| atovaquone 250 mg-proguanil 100 mg tablet             | P    |                           |
| atovaquone-proguanil (pediatric) 62.5 mg-25 mg tablet | P    |                           |
| Coartem 20 mg-120 mg tablet                           | NP   | PA; QL(Allowed 24 per Rx) |
| Malarone 250 mg-100 mg tablet                         | NP   | PA                        |

| Drug Name                                                | Tier | Drug Restriction                            |
|----------------------------------------------------------|------|---------------------------------------------|
| Malarone Pediatric 62.5 mg-25 mg tablet                  | NP   | PA                                          |
| <b>ANTIMALARIALS</b>                                     |      |                                             |
| chloroquine 250 mg tablet                                | P    | QL(Allowed 2 per 1 day)                     |
| chloroquine 500 mg tablet                                | P    | QL(QL Overtime: Allowed 8 over 56 days)     |
| Daraprim 25 mg tablet                                    | NP   | PA; SP                                      |
| hydroxychloroquine 200 mg tablet                         | P    | MT                                          |
| Krintafel 150 mg tablet                                  | NP   | PA; QL(QL Overtime: Allowed 2 over 30 days) |
| mefloquine 250 mg tablet                                 | P    |                                             |
| primaquine 26.3 mg tablet                                | P    |                                             |
| pyrimethamine 25 mg tablet                               | NP   | PA; SP                                      |
| Quaalun 324 mg capsule                                   | NP   | PA                                          |
| quinine 324 mg capsule                                   | NP   | PA                                          |
| <b>ANTIPROTOZOAL AGENTS - NITROFURAN DERIVATIVES</b>     |      |                                             |
| Lampit 120 mg tablet                                     | NP   | PA                                          |
| Lampit 30 mg tablet                                      | NP   | PA                                          |
| <b>ANTIPROTOZOAL AGENTS - NITROIMIDAZOLE DERIVATIVES</b> |      |                                             |

| Drug Name                                                                   | Tier | Drug Restriction                                                       |
|-----------------------------------------------------------------------------|------|------------------------------------------------------------------------|
| benznidazole 100 mg tablet                                                  | NP   | PA; SP                                                                 |
| benznidazole 12.5 mg tablet                                                 | NP   | PA; SP                                                                 |
| <b>ANTIPROTOZOAL AGENTS - OTHER</b>                                         |      |                                                                        |
| atovaquone 750 mg/5 mL oral suspension                                      | P    |                                                                        |
| Mepron 750 mg/5 mL oral suspension                                          | NP   | PA                                                                     |
| <b>ANTIPROTOZOAL AGENTS (ANTIPARASITIC) - 5-NITROTHIAZOLYL DERIVATIVES</b>  |      |                                                                        |
| nitazoxanide 500 mg tablet                                                  | NP   | PA                                                                     |
| <b>ANTIPROTOZOAL-ANTIBACTERIAL 1ST GENERATION 2-METHYL-5-NITROIMIDAZOLE</b> |      |                                                                        |
| Flagyl 250 mg tablet                                                        | NP   | PA                                                                     |
| Flagyl 375 mg capsule                                                       | NP   | PA                                                                     |
| Flagyl 500 mg tablet                                                        | NP   | PA                                                                     |
| Metro I.V. 500 mg/100 mL intravenous piggyback                              | P    | QL(QL (Limit 14 days supply(ies) per claim ));<br>Use Generic Products |
| metronidazole 250 mg tablet                                                 | P    |                                                                        |
| metronidazole 375 mg capsule                                                | NP   | PA                                                                     |
| metronidazole 500 mg tablet                                                 | P    |                                                                        |

| Drug Name                                                                   | Tier | Drug Restriction                              |
|-----------------------------------------------------------------------------|------|-----------------------------------------------|
| metronidazole 500 mg/100 mL-sodium chloride(iso) intravenous piggyback      | P    | QL(QL (Limit 14 days supply(ies) per claim )) |
| <b>ANTIPROTOZOAL-ANTIBACTERIAL 2ND GENERATION 2-METHYL-5-NITROIMIDAZOLE</b> |      |                                               |
| Solosec 2 gram oral DR granules in packet                                   | NP   | PA                                            |
| tinidazole 250 mg tablet                                                    | NP   | PA                                            |
| tinidazole 500 mg tablet                                                    | NP   | PA                                            |
| <b>ANTIRETROVIRAL - ANTI-CD4 DOMAIN 2 MONOCLONAL ANTIBODY</b>               |      |                                               |
| Trogarzo 200 mg/1.33 mL (150 mg/mL) intravenous solution                    | P    | PA; SP                                        |
| <b>ANTIRETROVIRAL - CCR5 CO-RECEPTOR ANTAGONIST</b>                         |      |                                               |
| Selzentry 150 mg tablet                                                     | NP   | PA; QL(Allowed 2 per 1 day)                   |
| Selzentry 20 mg/mL oral solution                                            | NP   | PA; QL(Allowed 35 per 1 day)                  |
| Selzentry 25 mg tablet                                                      | NP   | PA; QL(Allowed 2 per 1 day)                   |
| Selzentry 300 mg tablet                                                     | NP   | PA; QL(Allowed 4 per 1 day)                   |
| Selzentry 75 mg tablet                                                      | NP   | PA; QL(Allowed 2 per 1 day)                   |
| <b>ANTIRETROVIRAL - CD4 ATTACHMENT INHIBITORS</b>                           |      |                                               |

| Drug Name                                                          | Tier | Drug Restriction            |
|--------------------------------------------------------------------|------|-----------------------------|
| Rukobia 600 mg tablet,extended release                             | NP   | PA                          |
| <b>ANTIRETROVIRAL - HIV-1 FUSION INHIBITORS</b>                    |      |                             |
| Fuzeon 90 mg subcutaneous solution                                 | NP   | PA; SP                      |
| <b>ANTIRETROVIRAL - HIV-1 INTEGRASE STRAND TRANSFER INHIBITORS</b> |      |                             |
| Isentress 100 mg chewable tablet                                   | P    | QL(Allowed 6 per 1 day)     |
| Isentress 100 mg oral powder packet                                | P    | QL(Allowed 2 per 1 day)     |
| Isentress 25 mg chewable tablet                                    | P    | QL(Allowed 12 per 1 day)    |
| Isentress 400 mg tablet                                            | P    | QL(Allowed 2 per 1 day)     |
| Isentress HD 600 mg tablet                                         | P    | QL(Allowed 2 per 1 day)     |
| Tivicay 10 mg tablet                                               | P    |                             |
| Tivicay 25 mg tablet                                               | P    |                             |
| Tivicay 50 mg tablet                                               | P    |                             |
| Tivicay PD 5 mg tablet for oral suspension                         | P    |                             |
| <b>ANTIRETROVIRAL - INTEGRASE INHIBITOR AND NNRTI COMBINATIONS</b> |      |                             |
| Juluca 50 mg-25 mg tablet                                          | NP   | PA; QL(Allowed 1 per 1 day) |
| <b>ANTIRETROVIRAL - INTEGRASE INHIBITOR AND NRTI COMBINATIONS</b>  |      |                             |

| Drug Name                                                                  | Tier | Drug Restriction            |
|----------------------------------------------------------------------------|------|-----------------------------|
| Dovato 50 mg-300 mg tablet                                                 | P    |                             |
| <b>ANTIRETROVIRAL - NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIB (NNRTI)</b> |      |                             |
| Edurant 25 mg tablet                                                       | P    | QL(Allowed 1 per 1 day)     |
| efavirenz 200 mg capsule                                                   | P    | QL(Allowed 1 per 1 day)     |
| efavirenz 50 mg capsule                                                    | P    | QL(Allowed 2 per 1 day)     |
| efavirenz 600 mg tablet                                                    | P    | QL(Allowed 1 per 1 day)     |
| Intelence 100 mg tablet                                                    | P    | QL(Allowed 4 per 1 day)     |
| Intelence 200 mg tablet                                                    | P    | QL(Allowed 2 per 1 day)     |
| Intelence 25 mg tablet                                                     | P    | QL(Allowed 4 per 1 day)     |
| nevirapine 200 mg tablet                                                   | P    | QL(Allowed 2 per 1 day)     |
| nevirapine 50 mg/5 mL oral suspension                                      | P    | QL(Allowed 40 per 1 day)    |
| nevirapine ER 100 mg tablet,extended release 24 hr                         | P    | QL(Allowed 3 per 1 day)     |
| nevirapine ER 400 mg tablet,extended release 24 hr                         | P    | QL(Allowed 1 per 1 day)     |
| Pifeltro 100 mg tablet                                                     | NP   | PA; QL(Allowed 1 per 1 day) |
| Sustiva 200 mg capsule                                                     | P    | QL(Allowed 1 per 1 day)     |

| Drug Name                                                                  | Tier | Drug Restriction            |
|----------------------------------------------------------------------------|------|-----------------------------|
| Sustiva 50 mg capsule                                                      | P    | QL(Allowed 2 per 1 day)     |
| Sustiva 600 mg tablet                                                      | P    | QL(Allowed 1 per 1 day)     |
| Viramune 200 mg tablet                                                     | NP   | PA; QL(Allowed 2 per 1 day) |
| Viramune 50 mg/5 mL oral suspension                                        | P    |                             |
| Viramune XR 400 mg tablet,extended release                                 | NP   | PA; QL(Allowed 1 per 1 day) |
| <b>ANTIRETROVIRAL - NUCLEOSIDE AND NUCLEOTIDE ANALOG RTIS COMBINATIONS</b> |      |                             |
| Cimduo 300 mg-300 mg tablet                                                | NP   | PA; QL(Allowed 1 per 1 day) |
| Descovy 200 mg-25 mg tablet                                                | P    | QL(Allowed 1 per 1 day)     |
| emtricitabine 200 mg-tenofovir disoproxil fumarate 300 mg tablet           | P    | QL(Allowed 1 per 1 day)     |
| Temixys 300 mg-300 mg tablet                                               | NP   | PA                          |
| Truvada 100 mg-150 mg tablet                                               | P    |                             |
| Truvada 133 mg-200 mg tablet                                               | P    |                             |
| Truvada 167 mg-250 mg tablet                                               | P    |                             |
| Truvada 200 mg-300 mg tablet                                               | P    | QL(Allowed 1 per 1 day)     |
| <b>ANTIRETROVIRAL - NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI)</b> |      |                             |

| Drug Name                                 | Tier | Drug Restriction             |
|-------------------------------------------|------|------------------------------|
| abacavir 20 mg/mL oral solution           | P    | QL(Allowed 30 per 1 day)     |
| abacavir 300 mg tablet                    | P    | QL(Allowed 2 per 1 day)      |
| didanosine 250 mg capsule,delayed release | P    | QL(Allowed 1 per 1 day)      |
| didanosine 400 mg capsule,delayed release | P    | QL(Allowed 1 per 1 day)      |
| emtricitabine 200 mg capsule              | P    | QL(Allowed 1 per 1 day)      |
| Emtriva 10 mg/mL oral solution            | P    | QL(Allowed 24 per 1 day)     |
| Emtriva 200 mg capsule                    | P    | QL(Allowed 1 per 1 day)      |
| Epivir 10 mg/mL oral solution             | NP   | PA; QL(Allowed 30 per 1 day) |
| Epivir 150 mg tablet                      | NP   | PA; QL(Allowed 2 per 1 day)  |
| Epivir 300 mg tablet                      | NP   | PA; QL(Allowed 1 per 1 day)  |
| lamivudine 10 mg/mL oral solution         | P    | QL(Allowed 30 per 1 day)     |
| lamivudine 150 mg tablet                  | P    | QL(Allowed 2 per 1 day)      |
| lamivudine 300 mg tablet                  | P    | QL(Allowed 1 per 1 day)      |
| Retrovir 10 mg/mL oral syrup              | NP   | PA; QL(Allowed 60 per 1 day) |

| Drug Name                                                   | Tier | Drug Restriction            |
|-------------------------------------------------------------|------|-----------------------------|
| Retrovir 100 mg capsule                                     | NP   | PA; QL(Allowed 6 per 1 day) |
| stavudine 15 mg capsule                                     | P    | QL(Allowed 2 per 1 day)     |
| stavudine 20 mg capsule                                     | P    | QL(Allowed 2 per 1 day)     |
| stavudine 30 mg capsule                                     | P    | QL(Allowed 2 per 1 day)     |
| stavudine 40 mg capsule                                     | P    | QL(Allowed 2 per 1 day)     |
| Videx 2 gram Pediatric 10 mg/mL (Final Conc.) oral solution | P    | QL(Allowed 20 per 1 day)    |
| Videx EC 125 mg capsule,delayed release                     | NP   | PA; QL(Allowed 1 per 1 day) |
| Videx EC 200 mg capsule,delayed release                     | NP   | PA; QL(Allowed 1 per 1 day) |
| Videx EC 250 mg capsule,delayed release                     | NP   | PA; QL(Allowed 1 per 1 day) |
| Videx EC 400 mg capsule,delayed release                     | NP   | PA; QL(Allowed 1 per 1 day) |
| Ziagen 20 mg/mL oral solution                               | P    | QL(Allowed 30 per 1 day)    |
| Ziagen 300 mg tablet                                        | NP   | PA; QL(Allowed 2 per 1 day) |
| zidovudine 10 mg/mL oral syrup                              | P    | QL(Allowed 60 per 1 day)    |
| zidovudine 100 mg capsule                                   | P    | QL(Allowed 6 per 1 day)     |

| Drug Name                                                                    | Tier | Drug Restriction                |
|------------------------------------------------------------------------------|------|---------------------------------|
| zidovudine 300 mg tablet                                                     | P    | QL(Allowed 2 per 1 day)         |
| <b>ANTIRETROVIRAL - NUCLEOTIDE ANALOG REVERSE TRANSCRIPTASE INHIBITORS</b>   |      |                                 |
| tenofovir disoproxil fumarate 300 mg tablet                                  | P    | QL(Allowed 1 per 1 day)         |
| Viread 150 mg tablet                                                         | P    | QL(Allowed 1 per 1 day)         |
| Viread 200 mg tablet                                                         | P    | QL(Allowed 1 per 1 day)         |
| Viread 250 mg tablet                                                         | P    | QL(Allowed 1 per 1 day)         |
| Viread 300 mg tablet                                                         | P    | QL(Allowed 1 per 1 day)         |
| Viread 40 mg/scoop (40 mg/gram) oral powder                                  | P    | QL(Allowed 8 per 1 day)         |
| <b>ANTIRETROVIRAL COMBINATIONS - PROTEASE INHIBITORS</b>                     |      |                                 |
| Kaletra 100 mg-25 mg tablet                                                  | P    | QL(Allowed 4 per 1 day)         |
| Kaletra 200 mg-50 mg tablet                                                  | P    | QL(Allowed 6 per 1 day)         |
| Kaletra 400 mg-100 mg/5 mL oral solution                                     | NP   | PA; QL(Allowed 10.67 per 1 day) |
| lopinavir-ritonavir 400 mg-100 mg/5 mL oral solution                         | P    | QL(Allowed 10.67 per 1 day)     |
| <b>ANTIRETROVIRAL- NUCLEOSIDE AND NUCLEOTIDE ANALOGS,PROTEASE INHIBITORS</b> |      |                                 |
| Symtuza 800 mg-150 mg-200 mg-10 mg tablet                                    | NP   | PA; QL(Allowed 1 per 1 day)     |

| Drug Name                                                                     | Tier | Drug Restriction            |
|-------------------------------------------------------------------------------|------|-----------------------------|
| <b>ANTIRETROVIRAL-INTEGRASE INHIBITOR,NUCLEOSIDE AND NUCLEOTIDE RTIS COMB</b> |      |                             |
| Biktarvy 50 mg-200 mg-25 mg tablet                                            | P    | QL(Allowed 1 per 1 day)     |
| Genvoya 150 mg-150 mg-200 mg-10 mg tablet                                     | P    | QL(Allowed 1 per 1 day)     |
| Stribild 150 mg-150 mg-200 mg-300 mg tablet                                   | NP   | PA; QL(Allowed 1 per 1 day) |
| <b>ANTIRETROVIRAL-NUCLEOSIDE ANALOGS AND INTEGRASE INHIBITOR COMBINATIONS</b> |      |                             |
| Triumeq 600 mg-50 mg-300 mg tablet                                            | P    |                             |
| <b>ANTIRETROVIRAL-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI) COMB</b> |      |                             |
| abacavir 300 mg-lamivudine 150 mg-zidovudine 300 mg tablet                    | P    | QL(Allowed 2 per 1 day)     |
| abacavir 600 mg-lamivudine 300 mg tablet                                      | P    | QL(Allowed 1 per 1 day)     |
| Combivir 150 mg-300 mg tablet                                                 | NP   | PA; QL(Allowed 2 per 1 day) |
| Epzicom 600 mg-300 mg tablet                                                  | NP   | PA; QL(Allowed 1 per 1 day) |
| lamivudine 150 mg-zidovudine 300 mg tablet                                    | P    | QL(Allowed 2 per 1 day)     |
| Trizivir 300 mg-150 mg-300 mg tablet                                          | NP   | PA; QL(Allowed 2 per 1 day) |
| <b>ANTIRETROVIRAL-NUCLEOSIDE, NUCLEOTIDE ANALOGS AND NON-NUCLEOSIDE RTI</b>   |      |                             |

| Drug Name                                                              | Tier | Drug Restriction            |
|------------------------------------------------------------------------|------|-----------------------------|
| Atripla 600 mg-200 mg-300 mg tablet                                    | P    | QL(Allowed 1 per 1 day)     |
| Complera 200 mg-25 mg-300 mg tablet                                    | P    | QL(Allowed 1 per 1 day)     |
| Delstrigo 100 mg-300 mg-300 mg tablet                                  | P    | QL(Allowed 1 per 1 day)     |
| efavirenz 400 mg-lamivudine 300 mg-tenofovir disoproxil 300 mg tablet  | NP   | PA                          |
| efavirenz 600 mg-emtricitabine 200 mg-tenofovir disoprox 300 mg tablet | P    | QL(Allowed 1 per 1 day)     |
| efavirenz 600 mg-lamivudine 300 mg-tenofovir disoproxil 300 mg tablet  | NP   | PA; QL(Allowed 1 per 1 day) |
| Odefsey 200 mg-25 mg-25 mg tablet                                      | P    | QL(Allowed 1 per 1 day)     |
| Symfi 600 mg-300 mg-300 mg tablet                                      | P    | QL(Allowed 1 per 1 day)     |
| Symfi Lo 400 mg-300 mg-300 mg tablet                                   | P    |                             |
| <b>ANTITUBERCULAR - AMINO BENZOIC ACID ANALOGS</b>                     |      |                             |
| Paser 4 gram granules delayed-release packet                           | NP   | PA                          |
| <b>ANTITUBERCULAR - D-ALANINE ANALOGS</b>                              |      |                             |
| cycloserine 250 mg capsule                                             | P    |                             |



| Drug Name                                             | Tier | Drug Restriction |
|-------------------------------------------------------|------|------------------|
| <b>ANTITUBERCULAR - DIARYLQUINOLINE ANTIBIOTICS</b>   |      |                  |
| Sirturo 100 mg tablet                                 | NP   | PA               |
| Sirturo 20 mg tablet                                  | NP   | PA               |
| <b>ANTITUBERCULAR - ISONICOTINIC ACID DERIVATIVES</b> |      |                  |
| isoniazid 100 mg tablet                               | P    | MT               |
| isoniazid 300 mg tablet                               | P    | MT               |
| isoniazid 50 mg/5 mL oral solution                    | P    | MT               |
| <b>ANTITUBERCULAR - NIACINAMIDE DERIVATIVES</b>       |      |                  |
| pyrazinamide 500 mg tablet                            | P    |                  |
| <b>ANTITUBERCULAR - NITROIMIDAZOLE DERIVATIVES</b>    |      |                  |
| pretomanid 200 mg tablet                              | NP   | PA               |
| <b>ANTITUBERCULAR - RIFAMYCIN AND DERIVATIVES</b>     |      |                  |
| Mycobutin 150 mg capsule                              | NP   | PA               |
| Priftin 150 mg tablet                                 | NP   | PA               |
| rifabutin 150 mg capsule                              | P    |                  |
| rifampin 150 mg capsule                               | P    |                  |
| rifampin 300 mg capsule                               | P    |                  |
| <b>ANTITUBERCULAR AGENTS OTHER</b>                    |      |                  |
| ethambutol 100 mg tablet                              | P    | MT               |

| Drug Name                                       | Tier | Drug Restriction                                                       |
|-------------------------------------------------|------|------------------------------------------------------------------------|
| ethambutol 400 mg tablet                        | P    | MT                                                                     |
| Myambutol 400 mg tablet                         | NP   | PA; MT                                                                 |
| Trecator 250 mg tablet                          | P    |                                                                        |
| <b>CARBAPENEM ANTIBIOTIC COMBINATIONS</b>       |      |                                                                        |
| imipenem-cilastatin 250 mg intravenous solution | P    | QL(QL (Limit 14 days supply(ies) per claim ))                          |
| imipenem-cilastatin 500 mg intravenous solution | P    | QL(QL (Limit 14 days supply(ies) per claim ))                          |
| Primaxin 250 mg intravenous solution            | P    | QL(QL (Limit 14 days supply(ies) per claim ));<br>Use Generic Products |
| Primaxin 500 mg intravenous solution            | P    | QL(QL (Limit 14 days supply(ies) per claim ));<br>Use Generic Products |
| <b>CARBAPENEM ANTIBIOTICS (THIENAMYCINS)</b>    |      |                                                                        |
| Doribax 250 mg intravenous solution             | P    | QL(QL (Limit 14 days supply(ies) per claim ))                          |
| Doribax 500 mg intravenous solution             | P    | QL(QL (Limit 14 days supply(ies) per claim ))                          |
| doripenem 250 mg intravenous solution           | P    | QL(QL (Limit 14 days supply(ies) per claim ))                          |
| doripenem 500 mg intravenous solution           | P    | QL(QL (Limit 14 days supply(ies) per claim ))                          |
| ertapenem 1 gram solution for injection         | P    | QL(QL (Limit 14 days supply(ies) per claim ));<br>SP                   |

| Drug Name                                                                 | Tier | Drug Restriction                                                        |
|---------------------------------------------------------------------------|------|-------------------------------------------------------------------------|
| Invanz 1 gram intravenous solution                                        | P    | QL(QL (Limit 14 days supply(ies) per claim ))                           |
| Invanz 1 gram solution for injection                                      | P    | QL(QL (Limit 14 days supply(ies) per claim )); SP; Use Generic Products |
| meropenem 1 gram intravenous solution                                     | P    | QL(QL (Limit 14 days supply(ies) per claim ))                           |
| meropenem 1 gram/50 mL in 0.9% sodium chloride intravenous piggyback      | P    | QL(QL (Limit 14 days supply(ies) per claim ))                           |
| meropenem 500 mg intravenous solution                                     | P    | QL(QL (Limit 14 days supply(ies) per claim ))                           |
| meropenem 500 mg/50 mL in 0.9% sodium chloride intravenous piggyback      | P    | QL(QL (Limit 14 days supply(ies) per claim ))                           |
| Merrem 1 gram intravenous solution                                        | P    | QL(QL (Limit 14 days supply(ies) per claim )); Use Generic Products     |
| Merrem 500 mg intravenous solution                                        | P    | QL(QL (Limit 14 days supply(ies) per claim )); Use Generic Products     |
| <b>CEPHALOSPORIN ANTIBIOTIC AND BETA-LACTAMASE INHIBITOR COMBINATIONS</b> |      |                                                                         |
| Avycaz 2.5 gram intravenous solution                                      | P    | QL(QL (Limit 14 days supply(ies) per claim ))                           |
| <b>CEPHALOSPORIN ANTIBIOTICS - 1ST GENERATION</b>                         |      |                                                                         |
| cefadroxil 1 gram tablet                                                  | P    |                                                                         |

| Drug Name                                                              | Tier | Drug Restriction                              |
|------------------------------------------------------------------------|------|-----------------------------------------------|
| cefadroxil 250 mg/5 mL oral suspension                                 | P    |                                               |
| cefadroxil 500 mg capsule                                              | P    |                                               |
| cefadroxil 500 mg/5 mL oral suspension                                 | P    |                                               |
| cefazolin 1 gram intravenous solution                                  | P    | QL(QL (Limit 14 days supply(ies) per claim )) |
| cefazolin 1 gram solution for injection                                | P    | QL(QL (Limit 14 days supply(ies) per claim )) |
| cefazolin 1 gram/10 mL in 0.9 % sodium chloride intravenous syringe    | P    | QL(QL (Limit 14 days supply(ies) per claim )) |
| cefazolin 1 gram/10 mL in sterile water intravenous syringe            | P    | QL(QL (Limit 14 days supply(ies) per claim )) |
| cefazolin 1 gram/50 mL in dextrose (iso-osmotic) intravenous piggyback | P    | QL(QL (Limit 14 days supply(ies) per claim )) |
| cefazolin 10 gram solution for injection                               | P    | QL(QL (Limit 14 days supply(ies) per claim )) |
| cefazolin 100 gram solution for injection                              | P    | QL(QL (Limit 14 days supply(ies) per claim )) |

| Drug Name                                                              | Tier | Drug Restriction                              |
|------------------------------------------------------------------------|------|-----------------------------------------------|
| cefazolin 2 gram/10 mL in 0.9 % sodium chloride intravenous syringe    | P    | QL(QL (Limit 14 days supply(ies) per claim )) |
| cefazolin 2 gram/100 mL in 0.9 % sodium chloride intravenous solution  | P    | QL(QL (Limit 14 days supply(ies) per claim )) |
| cefazolin 2 gram/100 mL in dextrose(iso-osmotic) intravenous piggyback | P    | QL(QL (Limit 14 days supply(ies) per claim )) |
| cefazolin 2 gram/20 mL in sterile water intravenous syringe            | P    | QL(QL (Limit 14 days supply(ies) per claim )) |
| cefazolin 2 gram/50 mL in 0.9 % sodium chloride intravenous piggyback  | P    | QL(QL (Limit 14 days supply(ies) per claim )) |
| cefazolin 2 gram/50 mL in dextrose (iso-osmotic) intravenous piggyback | P    | QL(QL (Limit 14 days supply(ies) per claim )) |
| cefazolin 2 gram/50 mL in dextrose 5 % intravenous piggyback           | P    | QL(QL (Limit 14 days supply(ies) per claim )) |
| cefazolin 20 gram solution for injection                               | P    | QL(QL (Limit 14 days supply(ies) per claim )) |

| Drug Name                                                              | Tier | Drug Restriction                              |
|------------------------------------------------------------------------|------|-----------------------------------------------|
| cefazolin 3 gram/100 mL in 0.9 % sodium chloride intravenous piggyback | P    | QL(QL (Limit 14 days supply(ies) per claim )) |
| cefazolin 300 g solution for injection                                 | P    | QL(QL (Limit 14 days supply(ies) per claim )) |
| cefazolin 500 mg solution for injection                                | P    | QL(QL (Limit 14 days supply(ies) per claim )) |
| cephalexin 125 mg/5 mL oral suspension                                 | P    |                                               |
| cephalexin 250 mg capsule                                              | P    |                                               |
| cephalexin 250 mg tablet                                               | P    |                                               |
| cephalexin 250 mg/5 mL oral suspension                                 | P    |                                               |
| cephalexin 500 mg capsule                                              | P    |                                               |
| cephalexin 500 mg tablet                                               | P    |                                               |
| cephalexin 750 mg capsule                                              | P    |                                               |
| Keflex 250 mg capsule                                                  | NP   | PA                                            |
| Keflex 500 mg capsule                                                  | NP   | PA                                            |
| Keflex 750 mg capsule                                                  | NP   | PA                                            |

| Drug Name                                                             | Tier | Drug Restriction                              |
|-----------------------------------------------------------------------|------|-----------------------------------------------|
| <b>CEPHALOSPORIN ANTIBIOTICS - 2ND GENERATION</b>                     |      |                                               |
| cefaclor 125 mg/5 mL oral suspension                                  | P    |                                               |
| cefaclor 250 mg capsule                                               | P    |                                               |
| cefaclor 250 mg/5 mL oral suspension                                  | P    |                                               |
| cefaclor 375 mg/5 mL oral suspension                                  | P    |                                               |
| cefaclor 500 mg capsule                                               | P    |                                               |
| cefaclor ER 500 mg tablet, extended release, 12 hr                    | NP   | PA                                            |
| cefoxitin 1 gram intravenous solution                                 | P    | QL(QL (Limit 14 days supply(ies) per claim )) |
| cefoxitin 1 gram/50 mL in dextrose, iso-osmotic intravenous piggyback | P    | QL(QL (Limit 14 days supply(ies) per claim )) |
| cefoxitin 10 gram intravenous solution                                | P    | QL(QL (Limit 14 days supply(ies) per claim )) |
| cefoxitin 2 gram intravenous solution                                 | P    | QL(QL (Limit 14 days supply(ies) per claim )) |
| cefoxitin 2 gram/50 mL in dextrose(iso-osmotic) intravenous piggyback | P    | QL(QL (Limit 14 days supply(ies) per claim )) |
| cefprozil 125 mg/5 mL oral suspension                                 | P    | QL(Allowed 200 per Rx)                        |

| Drug Name                                         | Tier | Drug Restriction          |
|---------------------------------------------------|------|---------------------------|
| cefprozil 250 mg tablet                           | NP   | PA; QL(Allowed 20 per Rx) |
| cefprozil 250 mg/5 mL oral suspension             | P    | QL(Allowed 100 per Rx)    |
| cefprozil 500 mg tablet                           | NP   | PA; QL(Allowed 20 per Rx) |
| cefuroxime axetil 250 mg tablet                   | P    | QL(Allowed 20 per Rx)     |
| cefuroxime axetil 500 mg tablet                   | P    | QL(Allowed 20 per Rx)     |
| <b>CEPHALOSPORIN ANTIBIOTICS - 3RD GENERATION</b> |      |                           |
| cefdinir 125 mg/5 mL oral suspension              | P    | QL(Allowed 100 per Rx)    |
| cefdinir 250 mg/5 mL oral suspension              | P    | QL(Allowed 100 per Rx)    |
| cefdinir 300 mg capsule                           | P    | QL(Allowed 20 per Rx)     |
| cefixime 100 mg/5 mL oral suspension              | NP   | PA                        |
| cefixime 200 mg/5 mL oral suspension              | NP   | PA                        |
| cefixime 400 mg capsule                           | P    |                           |
| cefpodoxime 100 mg tablet                         | NP   | PA                        |
| cefpodoxime 100 mg/5 mL oral suspension           | NP   | PA                        |
| cefpodoxime 200 mg tablet                         | NP   | PA                        |

| Drug Name                                                              | Tier | Drug Restriction                              |
|------------------------------------------------------------------------|------|-----------------------------------------------|
| cefepodoxime 50 mg/5 mL oral suspension                                | NP   | PA                                            |
| ceftazidime 1 gram solution for injection                              | P    | QL(QL (Limit 14 days supply(ies) per claim )) |
| ceftazidime 1 gram/50 mL in dextrose 5 % intravenous piggyback         | P    | QL(QL (Limit 14 days supply(ies) per claim )) |
| ceftazidime 2 gram solution for injection                              | P    | QL(QL (Limit 14 days supply(ies) per claim )) |
| ceftazidime 2 gram/50 mL in dextrose 5 % intravenous piggyback         | P    | QL(QL (Limit 14 days supply(ies) per claim )) |
| ceftazidime 6 gram solution for injection                              | P    | QL(QL (Limit 14 days supply(ies) per claim )) |
| ceftriaxone 1 gram intravenous solution                                | P    | QL(QL (Limit 14 days supply(ies) per claim )) |
| ceftriaxone 1 gram solution for injection                              | P    | QL(QL (Limit 14 days supply(ies) per claim )) |
| ceftriaxone 1 gram/50 mL in dextrose (iso-osmot) intravenous piggyback | P    | QL(QL (Limit 14 days supply(ies) per claim )) |
| ceftriaxone 10 gram solution for injection                             | P    | QL(QL (Limit 14 days supply(ies) per claim )) |

| Drug Name                                                            | Tier | Drug Restriction                                                       |
|----------------------------------------------------------------------|------|------------------------------------------------------------------------|
| ceftriaxone 100 gram solution for injection                          | P    | QL(QL (Limit 14 days supply(ies) per claim ))                          |
| ceftriaxone 2 gram intravenous solution                              | P    | QL(QL (Limit 14 days supply(ies) per claim ))                          |
| ceftriaxone 2 gram solution for injection                            | P    | QL(QL (Limit 14 days supply(ies) per claim ))                          |
| ceftriaxone 2 gram/50 mL in dextrose (iso-osm) intravenous piggyback | P    | QL(QL (Limit 14 days supply(ies) per claim ))                          |
| ceftriaxone 250 mg solution for injection                            | P    | QL(QL (Limit 14 days supply(ies) per claim ))                          |
| ceftriaxone 500 mg solution for injection                            | P    | QL(QL (Limit 14 days supply(ies) per claim ))                          |
| Fortaz 1 gram intravenous solution                                   | P    | QL(QL (Limit 14 days supply(ies) per claim ))                          |
| Fortaz 1 gram solution for injection                                 | P    | QL(QL (Limit 14 days supply(ies) per claim ));<br>Use Generic Products |
| Fortaz 1 gram/50 mL in dextrose 5 % intravenous piggyback            | P    | QL(QL (Limit 14 days supply(ies) per claim ))                          |
| Fortaz 2 gram solution for injection                                 | P    | QL(QL (Limit 14 days supply(ies) per claim ));<br>Use Generic Products |
| Fortaz 2 gram/50 mL in dextrose 5 % intravenous piggyback            | P    | QL(QL (Limit 14 days supply(ies) per claim ))                          |

| Drug Name                                         | Tier | Drug Restriction                                                       |
|---------------------------------------------------|------|------------------------------------------------------------------------|
| Suprax 100 mg chewable tablet                     | NP   | PA                                                                     |
| Suprax 100 mg/5 mL oral suspension                | NP   | PA                                                                     |
| Suprax 200 mg chewable tablet                     | NP   | PA                                                                     |
| Suprax 200 mg/5 mL oral suspension                | NP   | PA                                                                     |
| Suprax 400 mg capsule                             | P    |                                                                        |
| Suprax 500 mg/5 mL oral suspension                | NP   | PA                                                                     |
| Tazicef 1 gram intravenous solution               | P    | QL(QL (Limit 14 days supply(ies) per claim ))                          |
| Tazicef 1 gram solution for injection             | P    | QL(QL (Limit 14 days supply(ies) per claim ));<br>Use Generic Products |
| Tazicef 2 gram intravenous solution               | P    | QL(QL (Limit 14 days supply(ies) per claim ))                          |
| Tazicef 2 gram solution for injection             | P    | QL(QL (Limit 14 days supply(ies) per claim ));<br>Use Generic Products |
| Tazicef 6 gram solution for injection             | P    | QL(QL (Limit 14 days supply(ies) per claim ));<br>Use Generic Products |
| <b>CEPHALOSPORIN ANTIBIOTICS - 4TH GENERATION</b> |      |                                                                        |
| cefepime 1 gram solution for injection            | P    | QL(QL (Limit 14 days supply(ies) per claim ))                          |

| Drug Name                                                              | Tier | Drug Restriction                                                       |
|------------------------------------------------------------------------|------|------------------------------------------------------------------------|
| cefepime 1 gram/50 mL in dextrose (iso-osmotic) intravenous piggyback  | P    | QL(QL (Limit 14 days supply(ies) per claim ))                          |
| cefepime 1 gram/50 mL in dextrose 5 % intravenous piggyback            | P    | QL(QL (Limit 14 days supply(ies) per claim ))                          |
| cefepime 2 gram solution for injection                                 | P    | QL(QL (Limit 14 days supply(ies) per claim ))                          |
| cefepime 2 gram/100 mL in dextrose (iso-osmotic) intravenous piggyback | P    | QL(QL (Limit 14 days supply(ies) per claim ))                          |
| cefepime 2 gram/50 mL in dextrose 5 % intravenous piggyback            | P    | QL(QL (Limit 14 days supply(ies) per claim ))                          |
| Maxipime 1 gram intravenous solution                                   | P    | QL(QL (Limit 14 days supply(ies) per claim ))                          |
| Maxipime 1 gram solution for injection                                 | P    | QL(QL (Limit 14 days supply(ies) per claim ));<br>Use Generic Products |
| Maxipime 2 gram intravenous solution                                   | P    | QL(QL (Limit 14 days supply(ies) per claim ))                          |
| Maxipime 2 gram solution for injection                                 | P    | QL(QL (Limit 14 days supply(ies) per claim ));<br>Use Generic Products |
| <b>CMV ANTIVIRAL AGENT - NUCLEOSIDE ANALOGS</b>                        |      |                                                                        |

| Drug Name                                                 | Tier | Drug Restriction                                                    |
|-----------------------------------------------------------|------|---------------------------------------------------------------------|
| Valcyte 450 mg tablet                                     | NP   | PA; QL(Allowed 2 per 1 day)                                         |
| Valcyte 50 mg/mL oral solution                            | NP   | PA                                                                  |
| valganciclovir 450 mg tablet                              | P    | QL(Allowed 2 per 1 day)                                             |
| valganciclovir 50 mg/mL oral solution                     | NP   | PA                                                                  |
| <b>CMV ANTIVIRAL AGENT - TERMINASE COMPLEX INHIBITORS</b> |      |                                                                     |
| Prevymis 240 mg tablet                                    | NP   | PA; SP                                                              |
| Prevymis 480 mg tablet                                    | NP   | PA; SP                                                              |
| <b>FLUOROQUINOLONE ANTIBIOTICS</b>                        |      |                                                                     |
| Avelox 400 mg tablet                                      | NP   | PA                                                                  |
| Baxdela 450 mg tablet                                     | NP   | PA                                                                  |
| Cipro 250 mg tablet                                       | NP   | PA                                                                  |
| Cipro 250 mg/5 mL oral suspension                         | NP   | PA                                                                  |
| Cipro 400 mg/200 mL in dextrose 5 % intravenous piggyback | P    | QL(QL (Limit 14 days supply(ies) per claim )); Use Generic Products |
| Cipro 500 mg tablet                                       | NP   | PA                                                                  |
| Cipro 500 mg/5 mL oral suspension                         | NP   | PA                                                                  |

| Drug Name                                                         | Tier | Drug Restriction                              |
|-------------------------------------------------------------------|------|-----------------------------------------------|
| ciprofloxacin 100 mg tablet                                       | P    | QL(Allowed 6 per Rx)                          |
| ciprofloxacin 200 mg/100 mL in 5 % dextrose intravenous piggyback | P    | QL(QL (Limit 14 days supply(ies) per claim )) |
| ciprofloxacin 200 mg/20 mL intravenous solution                   | P    | QL(QL (Limit 14 days supply(ies) per claim )) |
| ciprofloxacin 250 mg tablet                                       | P    |                                               |
| ciprofloxacin 250 mg/5 mL oral suspension                         | P    |                                               |
| ciprofloxacin 400 mg/200 mL in 5 % dextrose intravenous piggyback | P    | QL(QL (Limit 14 days supply(ies) per claim )) |
| ciprofloxacin 400 mg/40 mL intravenous solution                   | P    | QL(QL (Limit 14 days supply(ies) per claim )) |
| ciprofloxacin 500 mg tablet                                       | P    |                                               |
| ciprofloxacin 500 mg/5 mL oral suspension                         | P    |                                               |
| ciprofloxacin 750 mg tablet                                       | P    |                                               |
| levofloxacin 25 mg/mL intravenous solution                        | P    | QL(QL (Limit 14 days supply(ies) per claim )) |

| Drug Name                                                        | Tier | Drug Restriction                                                       |
|------------------------------------------------------------------|------|------------------------------------------------------------------------|
| levofloxacin 250 mg tablet                                       | P    | QL(Allowed 1 per 1 day); QL(QL (Limit 14 days supply(ies) per claim )) |
| levofloxacin 250 mg/10 mL oral solution                          | P    |                                                                        |
| levofloxacin 250 mg/50 mL in 5 % dextrose intravenous piggyback  | P    | QL(QL (Limit 14 days supply(ies) per claim ))                          |
| levofloxacin 500 mg tablet                                       | P    | QL(Allowed 1 per 1 day); QL(QL (Limit 14 days supply(ies) per claim )) |
| levofloxacin 500 mg/100 mL in 5 % dextrose intravenous piggyback | P    | QL(QL (Limit 14 days supply(ies) per claim ))                          |
| levofloxacin 750 mg tablet                                       | P    | QL(Allowed 1 per 1 day); QL(QL (Limit 14 days supply(ies) per claim )) |
| levofloxacin 750 mg/150 mL in 5 % dextrose intravenous piggyback | P    | QL(QL (Limit 14 days supply(ies) per claim ))                          |
| moxifloxacin 400 mg tablet                                       | NP   | PA                                                                     |
| ofloxacin 300 mg tablet                                          | NP   | PA                                                                     |
| ofloxacin 400 mg tablet                                          | NP   | PA; QL(Allowed 56 per Rx)                                              |
| <b>GLYCOPEPTIDE ANTIBIOTICS</b>                                  |      |                                                                        |
| Firvanq 25 mg/mL oral solution                                   | NP   | PA; QL(Allowed 300 per Rx)                                             |

| Drug Name                                                    | Tier | Drug Restriction            |
|--------------------------------------------------------------|------|-----------------------------|
| Firvanq 50 mg/mL oral solution                               | NP   | PA                          |
| Vancocin 125 mg capsule                                      | NP   | PA; QL(Allowed 4 per 1 day) |
| Vancocin 250 mg capsule                                      | NP   | PA; QL(Allowed 8 per 1 day) |
| vancomycin 125 mg capsule                                    | P    | QL(Allowed 4 per 1 day)     |
| vancomycin 250 mg capsule                                    | P    | QL(Allowed 8 per 1 day)     |
| vancomycin 50 mg/mL oral solution                            | P    |                             |
| <b>HEPATITIS B TREATMENT- NUCLEOSIDE ANALOGS (ANTIVIRAL)</b> |      |                             |
| Baraclude 0.05 mg/mL oral solution                           | NP   | PA                          |
| Baraclude 0.5 mg tablet                                      | NP   | PA                          |
| Baraclude 1 mg tablet                                        | NP   | PA                          |
| entecavir 0.5 mg tablet                                      | P    |                             |
| entecavir 1 mg tablet                                        | P    |                             |
| Epivir HBV 100 mg tablet                                     | NP   | PA                          |
| Epivir HBV 25 mg/5 mL (5 mg/mL) oral solution                | NP   | PA                          |



| Drug Name                                                                     | Tier | Drug Restriction                |
|-------------------------------------------------------------------------------|------|---------------------------------|
| lamivudine 100 mg tablet                                                      | NP   | PA                              |
| <b>HEPATITIS B TREATMENT- NUCLEOTIDE ANALOGS (ANTIVIRAL)</b>                  |      |                                 |
| adefovir 10 mg tablet                                                         | NP   | PA                              |
| Hepsera 10 mg tablet                                                          | NP   | PA                              |
| Vemlidy 25 mg tablet                                                          | NP   | PA; SP                          |
| <b>HEPATITIS C - INTERFERONS</b>                                              |      |                                 |
| Pegasys 180 mcg/0.5 mL subcutaneous syringe                                   | NP   | PA; SP                          |
| Pegasys 180 mcg/mL subcutaneous solution                                      | NP   | PA; SP                          |
| PegIntron 50 mcg/0.5 mL subcutaneous kit                                      | P    | PA; SP                          |
| <b>HEPATITIS C - NS5A INHIBITOR AND NS3/4A PROTEASE INHIBITOR COMBINATION</b> |      |                                 |
| Mavyret 100 mg-40 mg tablet                                                   | P    | PA; QL(Allowed 3 per 1 day); SP |
| Zepatier 50 mg-100 mg tablet                                                  | NP   | PA; SP                          |
| <b>HEPATITIS C - NS5A, NS3/4A PROTEASE, NUCLEO.NS5B POLYMERASE INHIB COMB</b> |      |                                 |
| Vosevi 400 mg-100 mg-100 mg tablet                                            | NP   | PA; SP                          |
| <b>HEPATITIS C - NS5B POLYMERASE AND NS5A INHIBITOR COMBINATIONS</b>          |      |                                 |
| Epclusa 200 mg-50 mg tablet                                                   | NP   | PA; SP                          |

| Drug Name                                                            | Tier | Drug Restriction |
|----------------------------------------------------------------------|------|------------------|
| Epclusa 400 mg-100 mg tablet                                         | NP   | PA; SP           |
| Harvoni 33.75 mg-150 mg oral pellets in packet                       | NP   | PA; SP           |
| Harvoni 45 mg-200 mg oral pellets in packet                          | NP   | PA; SP           |
| Harvoni 45 mg-200 mg tablet                                          | NP   | PA; SP           |
| Harvoni 90 mg-400 mg tablet                                          | NP   | PA; SP           |
| ledipasvir 90 mg-sofosbuvir 400 mg tablet                            | NP   | PA; SP           |
| sofosbuvir 400 mg-velpatasvir 100 mg tablet                          | P    | PA; SP           |
| <b>HEPATITIS C - NUCLEOS(T)IDE ANALOG NS5B POLYMERASE INHIBITORS</b> |      |                  |
| Sovaldi 150 mg oral pellets in packet                                | NP   | PA; SP           |
| Sovaldi 200 mg oral pellets in packet                                | NP   | PA; SP           |
| Sovaldi 200 mg tablet                                                | NP   | PA; SP           |
| Sovaldi 400 mg tablet                                                | NP   | PA; SP           |
| <b>HEPATITIS C - NUCLEOSIDE ANALOGS</b>                              |      |                  |
| Moderiba Dose Pack 400 mg (7)-400 mg (7) tablets                     | NP   | PA               |

| Drug Name                                                         | Tier | Drug Restriction |
|-------------------------------------------------------------------|------|------------------|
| Moderiba Dose Pack 600 mg (7)-600 mg (7) tablets                  | NP   | PA               |
| Ribasphere 200 mg capsule                                         | P    | SP               |
| Ribasphere 200 mg tablet                                          | P    | SP               |
| Ribasphere 600 mg tablet                                          | P    | SP               |
| Ribasphere RibaPak 200 mg (28)-400 mg (28) tablets in a dose pack | NP   | PA               |
| Ribasphere RibaPak 200 mg (7)-400 mg (7) tablets in a dose pack   | NP   | PA               |
| Ribasphere RibaPak 400 mg (28)-400 mg (28) tablets in a dose pack | NP   | PA               |
| Ribasphere RibaPak 400 mg (7)-400 mg (7) tablets in a dose pack   | NP   | PA               |
| Ribasphere RibaPak 600 mg (28)-400 mg (28) tablets in a dose pack | NP   | PA               |

| Drug Name                                                                    | Tier | Drug Restriction                          |
|------------------------------------------------------------------------------|------|-------------------------------------------|
| Ribasphere RibaPak 600 mg (28)-600 mg (28) tablets in a dose pack            | NP   | PA                                        |
| Ribasphere RibaPak 600 mg (7)-400 mg (7) tablets in a dose pack              | NP   | PA                                        |
| Ribasphere RibaPak 600 mg (7)-600 mg (7) tablets in a dose pack              | NP   | PA                                        |
| ribavirin 200 mg capsule                                                     | P    | SP                                        |
| ribavirin 200 mg tablet                                                      | P    | SP                                        |
| <b>HEPATITIS C- NS5A, NS3/4A PROTEASE AND NON-NUCLEO.NS5B POLY INH. COMB</b> |      |                                           |
| Viekira Pak 12.5 mg-75 mg-50 mg/250 mg tablets in a dose pack                | NP   | PA; SP                                    |
| <b>HERPES ANTIVIRAL AGENT - PURINE ANALOGS</b>                               |      |                                           |
| acyclovir 200 mg capsule                                                     | P    | QL(QL Overtime: Allowed 50 over 30 days)  |
| acyclovir 200 mg/5 mL oral suspension                                        | P    | QL(QL Overtime: Allowed 400 over 30 days) |
| acyclovir 400 mg tablet                                                      | P    | QL(Allowed 3 per 1 day)                   |
| acyclovir 800 mg tablet                                                      | P    | QL(QL Overtime: Allowed 50 over 30 days)  |
| Sitavig 50 mg buccal tablet                                                  | NP   | PA                                        |

| Drug Name                                                    | Tier | Drug Restriction                                                           |
|--------------------------------------------------------------|------|----------------------------------------------------------------------------|
| valacyclovir 1 gram tablet                                   | P    | QL(QL Overtime: Allowed 42 over 21 days)                                   |
| valacyclovir 500 mg tablet                                   | P    | QL(Allowed 2 per 1 day)                                                    |
| Valtrex 1 gram tablet                                        | NP   | PA; QL(QL Overtime: Allowed 42 over 21 days)                               |
| Valtrex 500 mg tablet                                        | NP   | PA; QL(Allowed 2 per 1 day)                                                |
| Zovirax 200 mg/5 mL oral suspension                          | NP   | PA; QL(QL Overtime: Allowed 400 over 30 days)                              |
| <b>HERPES ANTIVIRAL AGENT - THYMIDINE ANALOGS</b>            |      |                                                                            |
| famciclovir 125 mg tablet                                    | NP   | PA                                                                         |
| famciclovir 250 mg tablet                                    | NP   | PA                                                                         |
| famciclovir 500 mg tablet                                    | NP   | PA                                                                         |
| <b>INFLUENZA ANTIVIRAL AGENTS - NEURAMINIDASE INHIBITORS</b> |      |                                                                            |
| oseltamivir 30 mg capsule                                    | P    | QL(QL Overtime: Allowed 20 over 30 days)                                   |
| oseltamivir 45 mg capsule                                    | P    | QL(QL Overtime: Allowed 10 over 30 days)                                   |
| oseltamivir 6 mg/mL oral suspension                          | P    | QL(QL Overtime: Allowed 120 over 30 days)                                  |
| oseltamivir 75 mg capsule                                    | P    | QL(QL Overtime: Allowed 10 over 30 days); QL(Limit 1 fill(s) per 180 days) |
| Relenza Diskhaler 5 mg/actuation powder for inhalation       | P    | QL(Allowed 20 per Rx)                                                      |

| Drug Name                                                     | Tier | Drug Restriction                                                               |
|---------------------------------------------------------------|------|--------------------------------------------------------------------------------|
| Tamiflu 30 mg capsule                                         | NP   | PA; QL(QL Overtime: Allowed 20 over 30 days)                                   |
| Tamiflu 45 mg capsule                                         | NP   | PA; QL(QL Overtime: Allowed 10 over 30 days)                                   |
| Tamiflu 6 mg/mL oral suspension                               | NP   | PA; QL(QL Overtime: Allowed 120 over 30 days)                                  |
| Tamiflu 75 mg capsule                                         | NP   | PA; QL(QL Overtime: Allowed 10 over 30 days); QL(Limit 1 fill(s) per 180 days) |
| <b>INFLUENZA ANTIVIRAL AGENTS - PA ENDONUCLEASE INHIBITOR</b> |      |                                                                                |
| Xofluza 20 mg tablet                                          | NP   | PA                                                                             |
| Xofluza 40 mg tablet                                          | NP   | PA                                                                             |
| <b>INFLUENZA-A ANTIVIRAL AGENTS</b>                           |      |                                                                                |
| Flumadine 100 mg tablet                                       | NP   | PA                                                                             |
| rimantadine 100 mg tablet                                     | NP   | PA                                                                             |
| <b>LINCOSAMIDE ANTIBIOTICS</b>                                |      |                                                                                |
|                                                               | P    | QL(Allowed 300 per Rx)                                                         |
| Cleocin 150 mg/mL injection solution                          | P    | QL(QL (Limit 14 days supply(ies) per claim )); Use Generic Products            |
| Cleocin 300 mg/2 mL intravenous solution                      | P    | QL(QL (Limit 14 days supply(ies) per claim ))                                  |
| Cleocin 300 mg/50 mL in 5 % dextrose intravenous piggyback    | P    | QL(QL (Limit 14 days supply(ies) per claim )); Use Generic Products            |

| Drug Name                                                  | Tier | Drug Restriction                                                       |
|------------------------------------------------------------|------|------------------------------------------------------------------------|
| Cleocin 600 mg/4 mL intravenous solution                   | P    | QL(QL (Limit 14 days supply(ies) per claim ))                          |
| Cleocin 600 mg/50 mL in 5 % dextrose intravenous piggyback | P    | QL(QL (Limit 14 days supply(ies) per claim ));<br>Use Generic Products |
| Cleocin 900 mg/50 mL in 5 % dextrose intravenous piggyback | P    | QL(QL (Limit 14 days supply(ies) per claim ));<br>Use Generic Products |
| Cleocin 900 mg/6 mL intravenous solution                   | P    | QL(QL (Limit 14 days supply(ies) per claim ))                          |
| Cleocin HCl 150 mg capsule                                 | NP   | PA                                                                     |
| Cleocin HCl 300 mg capsule                                 | NP   | PA                                                                     |
| Cleocin HCl 75 mg capsule                                  | NP   | PA                                                                     |
| Cleocin Pediatric 75 mg/5 mL oral solution                 | NP   | PA; QL(Allowed 300 per Rx)                                             |
| Clin Single Use 150 mg/mL injection kit                    | P    | QL(QL (Limit 14 days supply(ies) per claim ))                          |
| clindamycin 150 mg/mL injection solution                   | P    | QL(QL (Limit 14 days supply(ies) per claim ))                          |
| clindamycin 300 mg/2 mL intravenous solution               | P    | QL(QL (Limit 14 days supply(ies) per claim ))                          |

| Drug Name                                                              | Tier | Drug Restriction                              |
|------------------------------------------------------------------------|------|-----------------------------------------------|
| clindamycin 300 mg/50 mL in 0.9% sodium chloride intravenous piggyback | P    | QL(QL (Limit 14 days supply(ies) per claim )) |
| clindamycin 300 mg/50 mL in 5 % dextrose intravenous piggyback         | P    | QL(QL (Limit 14 days supply(ies) per claim )) |
| clindamycin 600 mg/4 mL intravenous solution                           | P    | QL(QL (Limit 14 days supply(ies) per claim )) |
| clindamycin 600 mg/50 mL in 0.9% sodium chloride intravenous piggyback | P    | QL(QL (Limit 14 days supply(ies) per claim )) |
| clindamycin 600 mg/50 mL in 5 % dextrose intravenous piggyback         | P    | QL(QL (Limit 14 days supply(ies) per claim )) |
| clindamycin 900 mg/50 mL in 0.9% sodium chloride intravenous piggyback | P    | QL(QL (Limit 14 days supply(ies) per claim )) |
| clindamycin 900 mg/50 mL in 5 % dextrose intravenous piggyback         | P    | QL(QL (Limit 14 days supply(ies) per claim )) |
| clindamycin 900 mg/6 mL intravenous solution                           | P    | QL(QL (Limit 14 days supply(ies) per claim )) |
| clindamycin HCl 150 mg capsule                                         | P    |                                               |

| Drug Name                                            | Tier | Drug Restriction                           |
|------------------------------------------------------|------|--------------------------------------------|
| clindamycin HCl<br>300 mg capsule                    | P    |                                            |
| clindamycin HCl<br>75 mg capsule                     | P    |                                            |
| Clindamycin<br>Pediatric 75 mg/5<br>mL oral solution | P    | QL(Allowed 300 per Rx)                     |
| <b>MACROLIDE ANTIBIOTICS</b>                         |      |                                            |
| azithromycin 1<br>gram oral packet                   | P    | QL(Allowed 2 per Rx)                       |
| azithromycin 100<br>mg/5 mL oral<br>suspension       | P    | QL(Allowed 15 per Rx)                      |
| azithromycin 200<br>mg/5 mL oral<br>suspension       | P    | QL(Allowed 60 per Rx)                      |
| azithromycin 250<br>mg tablet                        | P    | QL(Allowed 6 per Rx)                       |
| azithromycin 500<br>mg tablet                        | P    | QL(Allowed 4 per 1 day)                    |
| azithromycin 600<br>mg tablet                        | P    | QL(QL Overtime:<br>Allowed 8 over 28 days) |
| clarithromycin 125<br>mg/5 mL oral<br>suspension     | P    | QL(Allowed 100 per Rx)                     |
| clarithromycin 250<br>mg tablet                      | P    | QL(Allowed 28 per Rx)                      |
| clarithromycin 250<br>mg/5 mL oral<br>suspension     | P    | QL(Allowed 200 per Rx)                     |
| clarithromycin 500<br>mg tablet                      | P    | QL(Allowed 28 per Rx)                      |

| Drug Name                                                       | Tier | Drug Restriction      |
|-----------------------------------------------------------------|------|-----------------------|
| clarithromycin ER<br>500 mg<br>tablet,extended<br>release 24 hr | P    | QL(Allowed 14 per Rx) |
| Dificid 200 mg<br>tablet                                        | NP   | PA                    |
| Dificid 40 mg/mL<br>oral suspension                             | NP   | PA                    |
| E.E.S. 400 mg<br>tablet                                         | P    |                       |
| E.E.S. Granules<br>200 mg/5 mL oral<br>suspension               | P    |                       |
| EryPed 200 200<br>mg/5 mL oral<br>suspension                    | P    |                       |
| EryPed 400 mg/5<br>mL oral suspension                           | P    |                       |
| Ery-Tab 250 mg<br>tablet,delayed<br>release                     | P    |                       |
| Ery-Tab 333 mg<br>tablet,delayed<br>release                     | P    |                       |
| Ery-Tab 500 mg<br>tablet,delayed<br>release                     | P    |                       |
| Erythrocin (as<br>stearate) 250 mg<br>tablet                    | P    |                       |
| erythromycin 250<br>mg capsule,delayed<br>release               | P    |                       |
| erythromycin 250<br>mg tablet                                   | P    |                       |

| Drug Name                                                          | Tier | Drug Restriction          |
|--------------------------------------------------------------------|------|---------------------------|
| erythromycin 250 mg tablet, delayed release                        | P    |                           |
| erythromycin 333 mg tablet, delayed release                        | P    |                           |
| erythromycin 500 mg tablet                                         | P    |                           |
| erythromycin 500 mg tablet, delayed release                        | P    |                           |
| erythromycin ethylsuccinate 200 mg/5 mL oral powder for suspension | P    |                           |
| erythromycin ethylsuccinate 400 mg tablet                          | P    |                           |
| erythromycin ethylsuccinate 400 mg/5 mL oral powder for suspension | P    |                           |
| PCE 333 mg particles in tablet                                     | P    |                           |
| PCE 500 mg particles in tablet                                     | P    |                           |
| Zithromax 1 gram oral packet                                       | P    |                           |
| Zithromax 100 mg/5 mL oral suspension                              | NP   | PA; QL(Allowed 15 per Rx) |
| Zithromax 200 mg/5 mL oral suspension                              | NP   | PA; QL(Allowed 60 per Rx) |

| Drug Name                                  | Tier | Drug Restriction                                                    |
|--------------------------------------------|------|---------------------------------------------------------------------|
| Zithromax 250 mg tablet                    | NP   | PA; QL(Allowed 6 per Rx)                                            |
| Zithromax 500 mg tablet                    | NP   | PA; QL(Allowed 4 per 1 day)                                         |
| Zithromax TRI-PAK 500 mg tablet            | NP   | PA; QL(Allowed 4 per 1 day)                                         |
| Zithromax Z-Pak 250 mg tablet              | NP   | PA; QL(Allowed 6 per Rx)                                            |
| MISC ANTI-INFECTIVE                        |      |                                                                     |
| Nebupent 300 mg solution for inhalation    | P    |                                                                     |
| pentamidine 300 mg solution for inhalation | P    |                                                                     |
| MONOBACTAM ANTIBIOTICS                     |      |                                                                     |
| Azactam 1 gram solution for injection      | P    | QL(QL (Limit 14 days supply(ies) per claim )); Use Generic Products |
| Azactam 2 gram solution for injection      | P    | QL(QL (Limit 14 days supply(ies) per claim )); Use Generic Products |
| aztreonam 1 gram solution for injection    | P    | QL(QL (Limit 14 days supply(ies) per claim ))                       |
| aztreonam 2 gram solution for injection    | P    | QL(QL (Limit 14 days supply(ies) per claim ))                       |
| OXAZOLIDINONE ANTIBIOTICS                  |      |                                                                     |
| linezolid 100 mg/5 mL oral suspension      | NP   | PA                                                                  |
| linezolid 600 mg tablet                    | NP   | PA                                                                  |

| Drug Name                                                            | Tier | Drug Restriction                              |
|----------------------------------------------------------------------|------|-----------------------------------------------|
| Sivextro 200 mg tablet                                               | NP   | PA; QL(Allowed 6 per Rx)                      |
| Zyvox 100 mg/5 mL oral suspension                                    | NP   | PA                                            |
| Zyvox 600 mg tablet                                                  | NP   | PA                                            |
| <b>PENICILLIN ANTIBIOTIC - NATURAL</b>                               |      |                                               |
| Bicillin L-A 1,200,000 unit/2 mL intramuscular syringe               | P    | QL(QL (Limit 14 days supply(ies) per claim )) |
| Bicillin L-A 2,400,000 unit/4 mL intramuscular syringe               | P    | QL(QL (Limit 14 days supply(ies) per claim )) |
| Bicillin L-A 600,000 unit/mL intramuscular syringe                   | P    | QL(QL (Limit 14 days supply(ies) per claim )) |
| penicillin G benzathine 600,000 unit/mL intramuscular syringe        | P    |                                               |
| penicillin G pot 1 million unit/50 mL-dextrose intravenous piggyback | P    | QL(QL (Limit 14 days supply(ies) per claim )) |
| penicillin G pot 2 million unit/50 mL-dextrose intravenous piggyback | P    | QL(QL (Limit 14 days supply(ies) per claim )) |

| Drug Name                                                            | Tier | Drug Restriction                              |
|----------------------------------------------------------------------|------|-----------------------------------------------|
| penicillin G pot 3 million unit/50 mL-dextrose intravenous piggyback | P    | QL(QL (Limit 14 days supply(ies) per claim )) |
| penicillin G potassium 20 million unit solution for injection        | P    | QL(QL (Limit 14 days supply(ies) per claim )) |
| penicillin G potassium 5 million unit solution for injection         | P    | QL(QL (Limit 14 days supply(ies) per claim )) |
| penicillin G procaine 1.2 million unit/2 mL intramuscular syringe    | P    | QL(QL (Limit 14 days supply(ies) per claim )) |
| penicillin G procaine 600,000 unit/mL intramuscular syringe          | P    | QL(QL (Limit 14 days supply(ies) per claim )) |
| penicillin G sodium 5 million unit solution for injection            | P    | QL(QL (Limit 14 days supply(ies) per claim )) |
| penicillin V potassium 125 mg/5 mL oral solution                     | P    |                                               |
| penicillin V potassium 250 mg tablet                                 | P    |                                               |
| penicillin V potassium 250 mg/5 mL oral solution                     | P    |                                               |

| Drug Name                                                                     | Tier | Drug Restriction                                                       |
|-------------------------------------------------------------------------------|------|------------------------------------------------------------------------|
| penicillin V potassium 500 mg tablet                                          | P    |                                                                        |
| Pfizerpen-G 20 million unit solution for injection                            | P    | QL(QL (Limit 14 days supply(ies) per claim ));<br>Use Generic Products |
| Pfizerpen-G 5 million unit solution for injection                             | P    | QL(QL (Limit 14 days supply(ies) per claim ));<br>Use Generic Products |
| <b>PENICILLIN ANTIBIOTIC - PENICILLINASE-RESISTANT</b>                        |      |                                                                        |
| dicloxacillin 250 mg capsule                                                  | P    |                                                                        |
| dicloxacillin 500 mg capsule                                                  | P    |                                                                        |
| <b>PENICILLIN ANTIBIOTIC, EXTENDED-SPECTRUM AND BETA-LACTAMASE INHIB COMB</b> |      |                                                                        |
| piperacillin-tazobactam 13.5 gram intravenous solution                        | P    | QL(QL (Limit 14 days supply(ies) per claim ))                          |
| piperacillin-tazobactam 2.25 gram intravenous solution                        | P    | QL(QL (Limit 14 days supply(ies) per claim ))                          |
| piperacillin-tazobactam 3.375 gram intravenous solution                       | P    | QL(QL (Limit 14 days supply(ies) per claim ))                          |
| piperacillin-tazobactam 4.5 gram intravenous solution                         | P    | QL(QL (Limit 14 days supply(ies) per claim ))                          |
| piperacillin-tazobactam 40.5 gram intravenous solution                        | P    | QL(QL (Limit 14 days supply(ies) per claim ))                          |

| Drug Name                                                              | Tier | Drug Restriction                                                       |
|------------------------------------------------------------------------|------|------------------------------------------------------------------------|
| Zosyn 2.25 gram intravenous solution                                   | P    | QL(QL (Limit 14 days supply(ies) per claim ));<br>Use Generic Products |
| Zosyn 2.25 gram/50 mL in dextrose (iso-osmotic) intravenous piggyback  | P    | QL(QL (Limit 14 days supply(ies) per claim ))                          |
| Zosyn 3.375 gram intravenous solution                                  | P    | QL(QL (Limit 14 days supply(ies) per claim ));<br>Use Generic Products |
| Zosyn 3.375 gram/50 mL in dextrose (iso-osmotic) intravenous piggyback | P    | QL(QL (Limit 14 days supply(ies) per claim ))                          |
| Zosyn 4.5 gram intravenous solution                                    | P    | QL(QL (Limit 14 days supply(ies) per claim ));<br>Use Generic Products |
| Zosyn 4.5 gram/100 mL in dextrose (iso-osmotic) intravenous piggyback  | P    | QL(QL (Limit 14 days supply(ies) per claim ))                          |
| Zosyn 40.5 gram intravenous solution                                   | P    | QL(QL (Limit 14 days supply(ies) per claim ));<br>Use Generic Products |
| <b>PENICILLIN NATURAL ANTIBIOTIC COMBINATIONS - EXTENDED RELEASE</b>   |      |                                                                        |
| Bicillin C-R 1,200,000 unit/2 mL intramuscular syringe                 | P    | QL(QL (Limit 14 days supply(ies) per claim ))                          |



| Drug Name                                                                  | Tier | Drug Restriction                                 |
|----------------------------------------------------------------------------|------|--------------------------------------------------|
| Bicillin C-R<br>900,000 unit-300k<br>unit/2 mL<br>intramuscular<br>syringe | P    | QL(QL (Limit 14 days<br>supply(ies) per claim )) |
| <b>PLEUROMUTILIN ANTIBIOTICS</b>                                           |      |                                                  |
| Xenleta 600 mg<br>tablet                                                   | NP   | PA; SP                                           |
| <b>PROTEASE INHIBITORS (NON-PEPTIDIC)<br/>ANTIRETROVIRAL</b>               |      |                                                  |
| Aptivus (with<br>vitamin E) 100<br>mg/mL oral<br>solution                  | P    | ST; QL(Allowed 10 per 1<br>day)                  |
| Aptivus 250 mg<br>capsule                                                  | P    | ST; QL(Allowed 4 per 1<br>day)                   |
| Prezcobix 800 mg-<br>150 mg tablet                                         | NP   | PA; QL(Allowed 1 per 1<br>day)                   |
| Prezista 100<br>mg/mL oral<br>suspension                                   | P    | ST; QL(Allowed 12 per 1<br>day)                  |
| Prezista 150 mg<br>tablet                                                  | P    | ST; QL(Allowed 3 per 1<br>day)                   |
| Prezista 600 mg<br>tablet                                                  | P    | ST; QL(Allowed 2 per 1<br>day)                   |
| Prezista 75 mg<br>tablet                                                   | P    | ST; QL(Allowed 2 per 1<br>day)                   |
| Prezista 800 mg<br>tablet                                                  | P    | ST; QL(Allowed 1 per 1<br>day)                   |
| <b>PROTEASE INHIBITORS (PEPTIDIC) ANTIRETROVIRAL</b>                       |      |                                                  |
| atazanavir 150 mg<br>capsule                                               | P    | QL(Allowed 2 per 1 day)                          |
| atazanavir 200 mg<br>capsule                                               | P    | QL(Allowed 2 per 1 day)                          |

| Drug Name                           | Tier | Drug Restriction               |
|-------------------------------------|------|--------------------------------|
| atazanavir 300 mg<br>capsule        | P    | QL(Allowed 2 per 1 day)        |
| Crixivan 200 mg<br>capsule          | P    | QL(Allowed 9 per 1 day)        |
| Crixivan 400 mg<br>capsule          | P    | QL(Allowed 6 per 1 day)        |
| Evotaz 300 mg-150<br>mg tablet      | NP   | PA; QL(Allowed 1 per 1<br>day) |
| fosamprenavir 700<br>mg tablet      | P    | QL(Allowed 4 per 1 day)        |
| Invirase 500 mg<br>tablet           | P    | ST; QL(Allowed 4 per 1<br>day) |
| Lexiva 50 mg/mL<br>oral suspension  | P    | QL(Allowed 56 per 1<br>day)    |
| Lexiva 700 mg<br>tablet             | P    | QL(Allowed 4 per 1 day)        |
| Norvir 100 mg oral<br>powder packet | P    |                                |
| Norvir 100 mg<br>tablet             | P    | QL(Allowed 12 per 1<br>day)    |
| Norvir 80 mg/mL<br>oral solution    | P    | QL(Allowed 15 per 1<br>day)    |
| Reyataz 150 mg<br>capsule           | P    | QL(Allowed 2 per 1 day)        |
| Reyataz 200 mg<br>capsule           | P    | QL(Allowed 2 per 1 day)        |
| Reyataz 300 mg<br>capsule           | P    | QL(Allowed 2 per 1 day)        |
| Reyataz 50 mg oral<br>powder packet | P    | QL(Allowed 6 per 1 day)        |

| Drug Name                                                 | Tier | Drug Restriction         |
|-----------------------------------------------------------|------|--------------------------|
| ritonavir 100 mg tablet                                   | P    | QL(Allowed 12 per 1 day) |
| Viracept 250 mg tablet                                    | P    | QL(Allowed 9 per 1 day)  |
| Viracept 625 mg tablet                                    | P    | QL(Allowed 4 per 1 day)  |
| <b>RESPIRATORY SYNCYTIAL VIRUS (RSV) ANTIVIRAL AGENTS</b> |      |                          |
| ribavirin 6 gram solution for inhalation                  | P    |                          |
| Virazole 6 gram solution for inhalation                   | NP   | PA                       |
| <b>RIFAMYCINS AND RELATED DERIVATIVE ANTIBIOTICS</b>      |      |                          |
| Xifaxan 200 mg tablet                                     | NP   | PA                       |
| Xifaxan 550 mg tablet                                     | NP   | PA                       |
| <b>SULFONAMIDE ANTIBIOTIC</b>                             |      |                          |
| sulfadiazine 500 mg tablet                                | P    |                          |
| <b>TETRACYCLINE ANTIBIOTICS</b>                           |      |                          |
| demeclocycline 150 mg tablet                              | P    |                          |
| demeclocycline 300 mg tablet                              | P    |                          |
| Doryx 200 mg tablet, delayed release                      | NP   | PA                       |
| Doryx 50 mg tablet, delayed release                       | NP   | PA                       |

| Drug Name                                                  | Tier | Drug Restriction                                                    |
|------------------------------------------------------------|------|---------------------------------------------------------------------|
| Doryx 80 mg tablet, delayed release                        | NP   | PA                                                                  |
| Doryx MPC 120 mg tablet, delayed release                   | NP   | PA                                                                  |
| Doxy-100 100 mg intravenous solution                       | P    | QL(QL (Limit 14 days supply(ies) per claim )); Use Generic Products |
| doxycycline hyclate 100 mg capsule                         | P    |                                                                     |
| doxycycline hyclate 100 mg intravenous powder for solution | P    | QL(QL (Limit 14 days supply(ies) per claim ))                       |
| doxycycline hyclate 100 mg tablet                          | P    |                                                                     |
| doxycycline hyclate 100 mg tablet, delayed release         | NP   | PA                                                                  |
| doxycycline hyclate 150 mg tablet                          | P    |                                                                     |
| doxycycline hyclate 150 mg tablet, delayed release         | NP   | PA                                                                  |
| doxycycline hyclate 200 mg tablet, delayed release         | NP   | PA                                                                  |
| doxycycline hyclate 50 mg capsule                          | P    |                                                                     |

| Drug Name                                          | Tier | Drug Restriction |
|----------------------------------------------------|------|------------------|
| doxycycline hyclate 50 mg tablet, delayed release  | NP   | PA               |
| doxycycline hyclate 75 mg tablet                   | P    |                  |
| doxycycline hyclate 75 mg tablet, delayed release  | NP   | PA               |
| doxycycline hyclate 80 mg tablet, delayed release  | NP   | PA               |
| doxycycline monohydrate 100 mg capsule             | P    |                  |
| doxycycline monohydrate 100 mg tablet              | P    |                  |
| doxycycline monohydrate 150 mg capsule             | P    |                  |
| doxycycline monohydrate 150 mg tablet              | P    |                  |
| doxycycline monohydrate 25 mg/5 mL oral suspension | P    |                  |
| doxycycline monohydrate 50 mg capsule              | P    |                  |
| doxycycline monohydrate 50 mg tablet               | P    |                  |

| Drug Name                                            | Tier | Drug Restriction |
|------------------------------------------------------|------|------------------|
| doxycycline monohydrate 75 mg capsule                | P    |                  |
| doxycycline monohydrate 75 mg tablet                 | P    |                  |
| Minocin 75 mg capsule                                | NP   | PA               |
| minocycline 100 mg capsule                           | P    |                  |
| minocycline 100 mg tablet                            | P    |                  |
| minocycline 50 mg capsule                            | P    |                  |
| minocycline 50 mg tablet                             | P    |                  |
| minocycline 75 mg capsule                            | P    |                  |
| minocycline 75 mg tablet                             | P    |                  |
| minocycline ER 105 mg tablet, extended release 24 hr | NP   | PA               |
| minocycline ER 115 mg tablet, extended release 24 hr | NP   | PA               |
| minocycline ER 135 mg tablet, extended release 24 hr | NP   | PA               |
| minocycline ER 45 mg tablet, extended release 24 hr  | NP   | PA               |

| Drug Name                                          | Tier | Drug Restriction |
|----------------------------------------------------|------|------------------|
| minocycline ER 55 mg tablet,extended release 24 hr | NP   | PA               |
| minocycline ER 65 mg tablet,extended release 24 hr | NP   | PA               |
| minocycline ER 80 mg tablet,extended release 24 hr | NP   | PA               |
| minocycline ER 90 mg tablet,extended release 24 hr | NP   | PA               |
| Minolira ER 105 mg tablet, extended release        | NP   | PA               |
| Minolira ER 135 mg tablet, extended release        | NP   | PA               |
| Morgidox 100 mg capsule                            | P    |                  |
| Morgidox 1x 50 50 mg kit                           | NP   | PA               |
| Morgidox 1x100 100 mg kit                          | NP   | PA               |
| Morgidox 2x100 100 mg kit                          | NP   | PA               |
| Morgidox 50 mg capsule                             | P    |                  |
| Nuzyra 150 mg tablet                               | NP   | PA               |
| Solodyn 105 mg tablet,extended release             | NP   | PA               |

| Drug Name                                                              | Tier | Drug Restriction |
|------------------------------------------------------------------------|------|------------------|
| Solodyn 115 mg tablet,extended release                                 | NP   | PA               |
| Solodyn 55 mg tablet,extended release                                  | NP   | PA               |
| Solodyn 65 mg tablet,extended release                                  | NP   | PA               |
| Solodyn 80 mg tablet,extended release                                  | NP   | PA               |
| tetracycline 250 mg capsule                                            | P    |                  |
| tetracycline 500 mg capsule                                            | P    |                  |
| Vibramycin 100 mg capsule                                              | NP   | PA               |
| Vibramycin 25 mg/5 mL oral suspension                                  | NP   | PA               |
| Vibramycin 50 mg/5 mL oral syrup                                       | P    |                  |
| Ximino 135 mg capsule, extended release                                | NP   | PA               |
| Ximino 45 mg capsule, extended release                                 | NP   | PA               |
| Ximino 90 mg capsule, extended release                                 | NP   | PA               |
| ANTINEOPLASTICS                                                        |      |                  |
| ANTINEOPLASTIC-EPIDERM.GROWTH FACTOR-EGFR (ERBB1),HER-2 (ERBB2)R.INHIB |      |                  |

| Drug Name                                                             | Tier | Drug Restriction |
|-----------------------------------------------------------------------|------|------------------|
| lapatinib 250 mg tablet                                               | NP   | PA; SP           |
| Tykerb 250 mg tablet                                                  | NP   | PA; SP           |
| <b>ANTINEOPLASTIC - 1ST GENERATION EGFR TYROSINE KINASE INHIBITOR</b> |      |                  |
| erlotinib 100 mg tablet                                               | P    | SP               |
| erlotinib 150 mg tablet                                               | P    | SP               |
| erlotinib 25 mg tablet                                                | P    | SP               |
| Iressa 250 mg tablet                                                  | P    | SP               |
| Tarceva 100 mg tablet                                                 | NP   | PA; SP           |
| Tarceva 150 mg tablet                                                 | NP   | PA; SP           |
| Tarceva 25 mg tablet                                                  | NP   | PA; SP           |
| <b>ANTINEOPLASTIC - 2ND GENERATION EGFR TYROSINE KINASE INHIBITOR</b> |      |                  |
| Gilotrif 20 mg tablet                                                 | NP   | PA; SP           |
| Gilotrif 30 mg tablet                                                 | NP   | PA; SP           |
| Gilotrif 40 mg tablet                                                 | NP   | PA; SP           |
| Nerlynx 40 mg tablet                                                  | NP   | PA; SP           |
| Vizimpro 15 mg tablet                                                 | NP   | PA; SP           |

| Drug Name                                                             | Tier | Drug Restriction |
|-----------------------------------------------------------------------|------|------------------|
| Vizimpro 30 mg tablet                                                 | NP   | PA; SP           |
| Vizimpro 45 mg tablet                                                 | NP   | PA; SP           |
| <b>ANTINEOPLASTIC - 3RD GENERATION EGFR TYROSINE KINASE INHIBITOR</b> |      |                  |
| Tagrisso 40 mg tablet                                                 | NP   | PA; SP           |
| Tagrisso 80 mg tablet                                                 | NP   | PA; SP           |
| <b>ANTINEOPLASTIC - ALKYLATING AGENT - ALKYL SULFONATES</b>           |      |                  |
| Myleran 2 mg tablet                                                   | P    |                  |
| <b>ANTINEOPLASTIC - ALKYLATING AGENT - METHYLHYDRAZINES</b>           |      |                  |
| Matulane 50 mg capsule                                                | P    | SP               |
| <b>ANTINEOPLASTIC - ALKYLATING AGENT - NITROGEN MUSTARDS</b>          |      |                  |
| Alkeran 2 mg tablet                                                   | NP   | PA               |
| cyclophosphamide 25 mg capsule                                        | P    |                  |
| cyclophosphamide 50 mg capsule                                        | P    |                  |
| Leukeran 2 mg tablet                                                  | P    |                  |
| melphalan 2 mg tablet                                                 | P    |                  |
| <b>ANTINEOPLASTIC - ALKYLATING AGENT - NITROSOUREAS</b>               |      |                  |
| Gleostine 10 mg capsule                                               | P    |                  |

| Drug Name                                                           | Tier | Drug Restriction                |
|---------------------------------------------------------------------|------|---------------------------------|
| Gleostine 100 mg capsule                                            | P    |                                 |
| Gleostine 40 mg capsule                                             | P    |                                 |
| Gleostine 5 mg capsule                                              | P    |                                 |
| <b>ANTINEOPLASTIC - ALKYLATING AGENT - TRIAZENES</b>                |      |                                 |
| Temodar 100 mg capsule                                              | NP   | PA; SP                          |
| Temodar 140 mg capsule                                              | NP   | PA; SP                          |
| Temodar 180 mg capsule                                              | NP   | PA; QL(Allowed 2 per 1 day); SP |
| Temodar 20 mg capsule                                               | NP   | PA; SP                          |
| Temodar 250 mg capsule                                              | NP   | PA; QL(Allowed 2 per 1 day); SP |
| temozolomide 100 mg capsule                                         | P    | SP                              |
| temozolomide 140 mg capsule                                         | P    | SP                              |
| temozolomide 180 mg capsule                                         | P    | QL(Allowed 2 per 1 day); SP     |
| temozolomide 20 mg capsule                                          | P    | SP                              |
| temozolomide 250 mg capsule                                         | P    | QL(Allowed 2 per 1 day); SP     |
| temozolomide 5 mg capsule                                           | P    | SP                              |
| <b>ANTINEOPLASTIC - ANAPLASTIC LYMPHOMA KINASE (ALK) INHIBITORS</b> |      |                                 |

| Drug Name                                             | Tier | Drug Restriction            |
|-------------------------------------------------------|------|-----------------------------|
| Alecensa 150 mg capsule                               | NP   | PA; SP                      |
| Alunbrig 180 mg tablet                                | NP   | PA; SP                      |
| Alunbrig 30 mg tablet                                 | NP   | PA; SP                      |
| Alunbrig 90 mg (7)-180 mg (23) tablets in a dose pack | NP   | PA; SP                      |
| Alunbrig 90 mg tablet                                 | NP   | PA; SP                      |
| Lorbrena 100 mg tablet                                | NP   | PA; SP                      |
| Lorbrena 25 mg tablet                                 | NP   | PA; SP                      |
| Xalkori 200 mg capsule                                | NP   | PA; SP                      |
| Xalkori 250 mg capsule                                | NP   | PA; SP                      |
| Zykadia 150 mg tablet                                 | NP   | PA; SP                      |
| <b>ANTINEOPLASTIC - ANTIADRENALS</b>                  |      |                             |
| Lysodren 500 mg tablet                                | P    | SP                          |
| <b>ANTINEOPLASTIC - ANTIANDROGENS</b>                 |      |                             |
| abiraterone 250 mg tablet                             | P    | SP                          |
| bicalutamide 50 mg tablet                             | P    | QL(Allowed 1 per 1 day)     |
| Casodex 50 mg tablet                                  | NP   | PA; QL(Allowed 1 per 1 day) |

| Drug Name                                            | Tier | Drug Restriction |
|------------------------------------------------------|------|------------------|
| Erleada 60 mg tablet                                 | NP   | PA; SP           |
| flutamide 125 mg capsule                             | P    |                  |
| nilutamide 150 mg tablet                             | P    |                  |
| Nubeqa 300 mg tablet                                 | NP   | PA; SP           |
| Xtandi 40 mg capsule                                 | NP   | PA; SP           |
| Yonsa 125 mg tablet                                  | NP   | PA; SP           |
| Zytiga 250 mg tablet                                 | NP   | PA; SP           |
| Zytiga 500 mg tablet                                 | NP   | PA; SP           |
| ANTINEOPLASTIC - ANTIMETABOLITE - FOLIC ACID ANALOGS |      |                  |
| methotrexate sodium 2.5 mg tablet                    | P    | MT               |
| Trexall 10 mg tablet                                 | P    |                  |
| Trexall 15 mg tablet                                 | P    |                  |
| Trexall 5 mg tablet                                  | P    |                  |
| Trexall 7.5 mg tablet                                | P    |                  |
| Xatmep 2.5 mg/mL oral solution                       | NP   | PA               |
| ANTINEOPLASTIC - ANTIMETABOLITE - PURINE ANALOGS     |      |                  |

| Drug Name                                                         | Tier | Drug Restriction |
|-------------------------------------------------------------------|------|------------------|
| mercaptopurine 50 mg tablet                                       | P    |                  |
| Purixan 20 mg/mL oral suspension                                  | NP   | PA               |
| Tabloid 40 mg tablet                                              | P    | SP               |
| ANTINEOPLASTIC - ANTIMETABOLITE - PYRIMIDINE ANALOGS              |      |                  |
| capecitabine 150 mg tablet                                        | NP   | PA; SP           |
| capecitabine 500 mg tablet                                        | NP   | PA; SP           |
| Onureg 200 mg tablet                                              | NP   | PA; SP           |
| Onureg 300 mg tablet                                              | NP   | PA; SP           |
| Xeloda 150 mg tablet                                              | NP   | PA; SP           |
| Xeloda 500 mg tablet                                              | NP   | PA; SP           |
| ANTINEOPLASTIC - ANTIMETABOLITE - UREA DERIVATIVES                |      |                  |
| Hydrea 500 mg capsule                                             | NP   | PA               |
| hydroxyurea 500 mg capsule                                        | P    |                  |
| ANTINEOPLASTIC - ANTIMETABOLITES - PYRIMIDINE ANALOG COMBINATIONS |      |                  |
| Lonsurf 15 mg-6.14 mg tablet                                      | NP   | PA; SP           |
| Lonsurf 20 mg-8.19 mg tablet                                      | NP   | PA; SP           |
| ANTINEOPLASTIC - AROMATASE INHIBITORS                             |      |                  |

| Drug Name                                                         | Tier | Drug Restriction |
|-------------------------------------------------------------------|------|------------------|
| anastrozole 1 mg tablet                                           | P    | MT               |
| Arimidex 1 mg tablet                                              | NP   | PA; MT           |
| Aromasin 25 mg tablet                                             | NP   | PA               |
| exemestane 25 mg tablet                                           | P    |                  |
| Femara 2.5 mg tablet                                              | NP   | PA; MT           |
| letrozole 2.5 mg tablet                                           | P    | MT               |
| <b>ANTINEOPLASTIC - B-CELL LYMPHOMA-2 (BCL-2) INHIBITORS</b>      |      |                  |
| Venclexta 10 mg tablet                                            | NP   | PA; SP           |
| Venclexta 100 mg tablet                                           | NP   | PA; SP           |
| Venclexta 50 mg tablet                                            | NP   | PA; SP           |
| Venclexta Starting Pack 10 mg-50 mg-100 mg tablets in a dose pack | NP   | PA; SP           |
| <b>ANTINEOPLASTIC - BRAF KINASE INHIBITORS</b>                    |      |                  |
| Braftovi 75 mg capsule                                            | NP   | PA; SP           |
| Tafinlar 50 mg capsule                                            | NP   | PA; SP           |
| Tafinlar 75 mg capsule                                            | NP   | PA; SP           |
| Zelboraf 240 mg tablet                                            | NP   | PA; SP           |

| Drug Name                                                            | Tier | Drug Restriction |
|----------------------------------------------------------------------|------|------------------|
| <b>ANTINEOPLASTIC - BRUTON'S TYROSINE KINASE (BTK) INHIBITOR</b>     |      |                  |
| Brukinsa 80 mg capsule                                               | NP   | PA; SP           |
| Calquence 100 mg capsule                                             | NP   | PA; SP           |
| Imbruvica 140 mg capsule                                             | NP   | PA; SP           |
| Imbruvica 140 mg tablet                                              | NP   | PA; SP           |
| Imbruvica 280 mg tablet                                              | NP   | PA; SP           |
| Imbruvica 420 mg tablet                                              | NP   | PA; SP           |
| Imbruvica 560 mg tablet                                              | NP   | PA; SP           |
| Imbruvica 70 mg capsule                                              | NP   | PA; SP           |
| <b>ANTINEOPLASTIC - CYCLIN-DEPENDENT KINASE (CDK) 4/6 INHIBITORS</b> |      |                  |
| Ibrance 100 mg capsule                                               | NP   | PA; SP           |
| Ibrance 100 mg tablet                                                | NP   | PA; SP           |
| Ibrance 125 mg capsule                                               | NP   | PA; SP           |
| Ibrance 125 mg tablet                                                | NP   | PA; SP           |
| Ibrance 75 mg capsule                                                | NP   | PA; SP           |
| Ibrance 75 mg tablet                                                 | NP   | PA; SP           |



| Drug Name                                                            | Tier | Drug Restriction |
|----------------------------------------------------------------------|------|------------------|
| Kisqali 200 mg/day (200 mg x 1) tablet                               | NP   | PA; SP           |
| Kisqali 400 mg/day (200 mg x 2) tablet                               | NP   | PA; SP           |
| Kisqali 600 mg/day (200 mg x 3) tablet                               | NP   | PA; SP           |
| Verzenio 100 mg tablet                                               | NP   | PA; SP           |
| Verzenio 150 mg tablet                                               | NP   | PA; SP           |
| Verzenio 200 mg tablet                                               | NP   | PA; SP           |
| Verzenio 50 mg tablet                                                | NP   | PA; SP           |
| ANTINEOPLASTIC - EPIDERMAL GROWTH FACTOR RECEPTOR-2 (HER2) INHIBITOR |      |                  |
| Tukysa 150 mg tablet                                                 | NP   | PA; SP           |
| Tukysa 50 mg tablet                                                  | NP   | PA; SP           |
| ANTINEOPLASTIC - EPIPODOPHYLLOTOXINS                                 |      |                  |
| etoposide 50 mg capsule                                              | P    | SP               |
| ANTINEOPLASTIC - ESTROGENS                                           |      |                  |
| Emcyt 140 mg capsule                                                 | P    | SP               |
| ANTINEOPLASTIC - EXPORTIN-1 (XPO1) INHIBITORS                        |      |                  |
| Xpovio 100 mg/week (20 mg x 5) tablet                                | NP   | PA; SP           |
| Xpovio 40 mg twice weekly (80 mg/week) (20 mg x 4) tablet            | NP   | PA; SP           |

| Drug Name                                                              | Tier | Drug Restriction |
|------------------------------------------------------------------------|------|------------------|
| Xpovio 40 mg/week (20 mg x 2) tablet                                   | NP   | PA; SP           |
| Xpovio 60 mg twice weekly (120 mg/week) (20 mg x 6) tablet             | NP   | PA; SP           |
| Xpovio 60 mg/week (20 mg x 3) tablet                                   | NP   | PA; SP           |
| Xpovio 80 mg twice weekly (160 mg/week) (20 mg x 8) tablet             | NP   | PA; SP           |
| Xpovio 80 mg/week (20 mg x 4) tablet                                   | NP   | PA; SP           |
| ANTINEOPLASTIC - EZH2 HISTONE METHYLTRANSFERASE (HMT) INHIBITOR        |      |                  |
| Tazverik 200 mg tablet                                                 | NP   | PA; SP           |
| ANTINEOPLASTIC - FIBROBLAST GROWTH FACTOR RECEPTOR (FGFR) KINASE INHIB |      |                  |
| Balversa 3 mg tablet                                                   | NP   | PA; SP           |
| Balversa 4 mg tablet                                                   | NP   | PA; SP           |
| Balversa 5 mg tablet                                                   | NP   | PA; SP           |
| Pemazyre 13.5 mg tablet                                                | NP   | PA; SP           |
| Pemazyre 4.5 mg tablet                                                 | NP   | PA; SP           |
| Pemazyre 9 mg tablet                                                   | NP   | PA; SP           |

| Drug Name                                                            | Tier | Drug Restriction |
|----------------------------------------------------------------------|------|------------------|
| <b>ANTINEOPLASTIC - FMS-LIKE TYROSINE KINASE 3 (FLT3) INHIBITORS</b> |      |                  |
| Xospata 40 mg tablet                                                 | NP   | PA; SP           |
| <b>ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITOR</b>                   |      |                  |
| Daurismo 100 mg tablet                                               | NP   | PA; SP           |
| Daurismo 25 mg tablet                                                | NP   | PA; SP           |
| Erivedge 150 mg capsule                                              | P    | SP               |
| Odomzo 200 mg capsule                                                | NP   | PA; SP           |
| <b>ANTINEOPLASTIC - HISTONE DEACETYLASE (HDAC) INHIBITORS</b>        |      |                  |
| Farydak 10 mg capsule                                                | NP   | PA; SP           |
| Farydak 15 mg capsule                                                | NP   | PA; SP           |
| Farydak 20 mg capsule                                                | NP   | PA; SP           |
| Zolinza 100 mg capsule                                               | NP   | PA; SP           |
| <b>ANTINEOPLASTIC - JANUS KINASE (JAK) INHIBITORS</b>                |      |                  |
| Jakafi 10 mg tablet                                                  | P    | SP               |
| Jakafi 15 mg tablet                                                  | P    | SP               |
| Jakafi 20 mg tablet                                                  | P    | SP               |
| Jakafi 25 mg tablet                                                  | P    | SP               |

| Drug Name                                                                     | Tier | Drug Restriction |
|-------------------------------------------------------------------------------|------|------------------|
| Jakafi 5 mg tablet                                                            | P    | SP               |
| <b>ANTINEOPLASTIC - JANUS KINASE(JAK),FMS-LIKE TYROSINE KINASE(FLT) INHIB</b> |      |                  |
| Inrebic 100 mg capsule                                                        | NP   | PA; SP           |
| <b>ANTINEOPLASTIC - KINASE INHIBITOR AND AROMATASE INHIBITOR COMBINATION</b>  |      |                  |
| Kisqali Femara Co-Pack 200 mg/day(200 mg x 1)-2.5 mg tablet                   | NP   | PA; SP           |
| Kisqali Femara Co-Pack 400 mg/day(200 mg x 2)-2.5 mg tablet                   | NP   | PA; SP           |
| Kisqali Femara Co-Pack 600 mg/day(200 mg x 3)-2.5 mg tablet                   | NP   | PA; SP           |
| <b>ANTINEOPLASTIC - MAST CELL STABILIZERS</b>                                 |      |                  |
| cromolyn 100 mg/5 mL oral concentrate                                         | P    |                  |
| Gastrocrom 100 mg/5 mL oral concentrate                                       | NP   | PA               |
| <b>ANTINEOPLASTIC - MEK1 AND MEK2 KINASE INHIBITORS</b>                       |      |                  |
| Cotellic 20 mg tablet                                                         | NP   | PA; SP           |
| Koselugo 10 mg capsule                                                        | NP   | PA; SP           |
| Koselugo 25 mg capsule                                                        | NP   | PA; SP           |
| Mekinist 0.5 mg tablet                                                        | NP   | PA; SP           |

| Drug Name                                        | Tier | Drug Restriction |
|--------------------------------------------------|------|------------------|
| Mekinist 2 mg tablet                             | NP   | PA; SP           |
| Mektovi 15 mg tablet                             | NP   | PA; SP           |
| <b>ANTINEOPLASTIC - MTOR KINASE INHIBITORS</b>   |      |                  |
| Afinitor 10 mg tablet                            | NP   | PA; SP           |
| Afinitor 2.5 mg tablet                           | NP   | PA; SP           |
| Afinitor 5 mg tablet                             | NP   | PA; SP           |
| Afinitor 7.5 mg tablet                           | NP   | PA; SP           |
| Afinitor Disperz 2 mg tablet for oral suspension | NP   | PA; SP           |
| Afinitor Disperz 3 mg tablet for oral suspension | NP   | PA; SP           |
| Afinitor Disperz 5 mg tablet for oral suspension | NP   | PA; SP           |
| everolimus (antineoplastic) 2.5 mg tablet        | NP   | PA; SP           |
| everolimus (antineoplastic) 5 mg tablet          | NP   | PA; SP           |
| everolimus (antineoplastic) 7.5 mg tablet        | NP   | PA; SP           |
| <b>ANTINEOPLASTIC - MULTIKINASE INHIBITORS</b>   |      |                  |
| Cabometyx 20 mg tablet                           | NP   | PA; SP           |

| Drug Name                                                                    | Tier | Drug Restriction |
|------------------------------------------------------------------------------|------|------------------|
| Cabometyx 40 mg tablet                                                       | NP   | PA; SP           |
| Cabometyx 60 mg tablet                                                       | NP   | PA; SP           |
| Cometriq 100 mg/day (80 mg x 1-20 mg x 1) capsules                           | NP   | PA; SP           |
| Cometriq 140 mg/day (80 mg x 1-20 mg x 3) capsules                           | NP   | PA; SP           |
| Cometriq 60 mg/day (20 mg x 3/day) capsules                                  | NP   | PA; SP           |
| Iclusig 15 mg tablet                                                         | NP   | PA; SP           |
| Iclusig 45 mg tablet                                                         | NP   | PA; SP           |
| Nexavar 200 mg tablet                                                        | P    | SP               |
| Stivarga 40 mg tablet                                                        | NP   | PA; SP           |
| <b>ANTINEOPLASTIC - MUTANT ISOCITRATE DEHYDROGENASE 1 (MIDH1) INHIBITORS</b> |      |                  |
| Tibsovo 250 mg tablet                                                        | NP   | PA; SP           |
| <b>ANTINEOPLASTIC - MUTANT ISOCITRATE DEHYDROGENASE 2 (MIDH2) INHIBITORS</b> |      |                  |
| Idhifa 100 mg tablet                                                         | NP   | PA; SP           |
| Idhifa 50 mg tablet                                                          | NP   | PA; SP           |
| <b>ANTINEOPLASTIC - PHOSPHATIDYLINOSITOL 3-KINASE (PI3K) INHIBITORS</b>      |      |                  |

| Drug Name                                                              | Tier | Drug Restriction |
|------------------------------------------------------------------------|------|------------------|
| Copiktra 15 mg capsule                                                 | NP   | PA; SP           |
| Copiktra 25 mg capsule                                                 | NP   | PA; SP           |
| Zydelig 100 mg tablet                                                  | NP   | PA; SP           |
| Zydelig 150 mg tablet                                                  | NP   | PA; SP           |
| <b>ANTINEOPLASTIC - PI3K-ALPHA INHIBITORS</b>                          |      |                  |
| Piqray 200 mg/day (200 mg x 1) tablet                                  | NP   | PA; SP           |
| Piqray 250 mg/day (200 mg x 1-50 mg x 1) tablet                        | NP   | PA; SP           |
| Piqray 300 mg/day (150 mg x 2) tablet                                  | NP   | PA; SP           |
| <b>ANTINEOPLASTIC - POLY (ADP-RIBOSE) POLYMERASE (PARP) INHIBITORS</b> |      |                  |
| Lynparza 100 mg tablet                                                 | NP   | PA; SP           |
| Lynparza 150 mg tablet                                                 | NP   | PA; SP           |
| Rubraca 200 mg tablet                                                  | NP   | PA; SP           |
| Rubraca 250 mg tablet                                                  | NP   | PA; SP           |
| Rubraca 300 mg tablet                                                  | NP   | PA; SP           |
| Talzenna 0.25 mg capsule                                               | NP   | PA; SP           |
| Talzenna 1 mg capsule                                                  | NP   | PA; SP           |

| Drug Name                                                  | Tier | Drug Restriction |
|------------------------------------------------------------|------|------------------|
| ZeJula 100 mg capsule                                      | NP   | PA; SP           |
| <b>ANTINEOPLASTIC - PROGESTINS</b>                         |      |                  |
| megestrol 20 mg tablet                                     | P    |                  |
| megestrol 40 mg tablet                                     | P    |                  |
| <b>ANTINEOPLASTIC - PROTEASOME ENZYME INHIBITORS</b>       |      |                  |
| Ninlaro 2.3 mg capsule                                     | NP   | PA; SP           |
| Ninlaro 3 mg capsule                                       | NP   | PA; SP           |
| Ninlaro 4 mg capsule                                       | NP   | PA; SP           |
| <b>ANTINEOPLASTIC - PROTEIN-TYROSINE KINASE INHIBITORS</b> |      |                  |
| Ayvakit 100 mg tablet                                      | NP   | PA; SP           |
| Ayvakit 200 mg tablet                                      | NP   | PA; SP           |
| Ayvakit 300 mg tablet                                      | NP   | PA; SP           |
| Bosulif 100 mg tablet                                      | NP   | PA; SP           |
| Bosulif 400 mg tablet                                      | NP   | PA; SP           |
| Bosulif 500 mg tablet                                      | NP   | PA; SP           |
| Caprelsa 100 mg tablet                                     | P    | SP               |
| Caprelsa 300 mg tablet                                     | P    | SP               |

| Drug Name                                              | Tier | Drug Restriction |
|--------------------------------------------------------|------|------------------|
| Gleevec 100 mg tablet                                  | NP   | PA; SP           |
| Gleevec 400 mg tablet                                  | NP   | PA; SP           |
| imatinib 100 mg tablet                                 | NP   | PA; SP           |
| imatinib 400 mg tablet                                 | NP   | PA; SP           |
| Inlyta 1 mg tablet                                     | NP   | PA; SP           |
| Inlyta 5 mg tablet                                     | NP   | PA; SP           |
| Lenvima 10 mg/day (10 mg x 1) capsule                  | NP   | PA; SP           |
| Lenvima 12 mg/day (4 mg x 3) capsule                   | NP   | PA; SP           |
| Lenvima 14 mg/day (10 mg x 1-4 mg x 1) capsule         | NP   | PA; SP           |
| Lenvima 18 mg/day (10 mg x 1 and 4 mg x 2) capsule     | NP   | PA; SP           |
| Lenvima 20 mg/day (10 mg x 2) capsule                  | NP   | PA; SP           |
| Lenvima 24 mg per day (10 mg x 2 and 4 mg x 1) capsule | NP   | PA; SP           |
| Lenvima 4 mg capsule                                   | NP   | PA; SP           |

| Drug Name                           | Tier | Drug Restriction |
|-------------------------------------|------|------------------|
| Lenvima 8 mg/day (4 mg x 2) capsule | NP   | PA; SP           |
| Qinlock 50 mg tablet                | NP   | PA; SP           |
| Rozlytrek 100 mg capsule            | NP   | PA; SP           |
| Rozlytrek 200 mg capsule            | NP   | PA; SP           |
| Rydapt 25 mg capsule                | NP   | PA; SP           |
| Sprycel 100 mg tablet               | NP   | PA; SP           |
| Sprycel 140 mg tablet               | NP   | PA; SP           |
| Sprycel 20 mg tablet                | NP   | PA; SP           |
| Sprycel 50 mg tablet                | NP   | PA; SP           |
| Sprycel 70 mg tablet                | NP   | PA; SP           |
| Sprycel 80 mg tablet                | NP   | PA; SP           |
| Sutent 12.5 mg capsule              | P    | SP               |
| Sutent 25 mg capsule                | P    | SP               |
| Sutent 37.5 mg capsule              | P    | SP               |
| Sutent 50 mg capsule                | P    | SP               |

| Drug Name                                                              | Tier | Drug Restriction |
|------------------------------------------------------------------------|------|------------------|
| Tabrecta 150 mg tablet                                                 | NP   | PA; SP           |
| Tabrecta 200 mg tablet                                                 | NP   | PA; SP           |
| Tasigna 150 mg capsule                                                 | NP   | PA; SP           |
| Tasigna 200 mg capsule                                                 | NP   | PA; SP           |
| Tasigna 50 mg capsule                                                  | NP   | PA; SP           |
| Turalio 200 mg capsule                                                 | NP   | PA; SP           |
| Votrient 200 mg tablet                                                 | P    | SP               |
| <b>ANTINEOPLASTIC - RETINOIDS</b>                                      |      |                  |
| tretinoin (antineoplastic) 10 mg capsule                               | P    | SP               |
| <b>ANTINEOPLASTIC - SELECTIVE ESTROGEN RECEPTOR MODULATORS (SERMS)</b> |      |                  |
| Fareston 60 mg tablet                                                  | NP   | PA               |
| Soltamox 20 mg/10 mL oral solution                                     | P    |                  |
| tamoxifen 10 mg tablet                                                 | P    | MT               |
| tamoxifen 20 mg tablet                                                 | P    | MT               |
| toremifene 60 mg tablet                                                | P    |                  |
| <b>ANTINEOPLASTIC - SELECTIVE RET KINASE INHIBITOR</b>                 |      |                  |
| Gavreto 100 mg capsule                                                 | NP   | PA; SP           |

| Drug Name                                                      | Tier | Drug Restriction |
|----------------------------------------------------------------|------|------------------|
| Retevmo 40 mg capsule                                          | NP   | PA; SP           |
| Retevmo 80 mg capsule                                          | NP   | PA; SP           |
| <b>ANTINEOPLASTIC - SELECTIVE RETINOID X RECEPTOR AGONISTS</b> |      |                  |
| bexarotene 75 mg capsule                                       | P    | SP               |
| Targetetin 75 mg capsule                                       | NP   | PA; SP           |
| <b>ANTINEOPLASTIC - THALIDOMIDE ANALOGS</b>                    |      |                  |
| Pomalyst 1 mg capsule                                          | NP   | PA; SP           |
| Pomalyst 2 mg capsule                                          | NP   | PA; SP           |
| Pomalyst 3 mg capsule                                          | NP   | PA; SP           |
| Pomalyst 4 mg capsule                                          | NP   | PA; SP           |
| Revlimid 10 mg capsule                                         | NP   | PA; SP           |
| Revlimid 15 mg capsule                                         | NP   | PA; SP           |
| Revlimid 2.5 mg capsule                                        | NP   | PA; SP           |
| Revlimid 20 mg capsule                                         | NP   | PA; SP           |
| Revlimid 25 mg capsule                                         | NP   | PA; SP           |
| Revlimid 5 mg capsule                                          | NP   | PA; SP           |
| <b>ANTINEOPLASTIC - TOPOISOMERASE I INHIBITORS</b>             |      |                  |

| Drug Name                                                                     | Tier | Drug Restriction |
|-------------------------------------------------------------------------------|------|------------------|
| Hycamtin 0.25 mg capsule                                                      | P    | SP               |
| Hycamtin 1 mg capsule                                                         | P    | SP               |
| <b>ANTINEOPLASTIC - TROPOMYOSIN RECEPTOR KINASE (TRK) INHIBITOR</b>           |      |                  |
| Vitrakvi 100 mg capsule                                                       | NP   | PA; SP           |
| Vitrakvi 20 mg/mL oral solution                                               | NP   | PA; SP           |
| Vitrakvi 25 mg capsule                                                        | NP   | PA; SP           |
| <b>ANTINEOPLASTIC-PYRIMIDINE ANALOG AND CYTIDINE DEAMINASE INHIBITOR COMB</b> |      |                  |
| Inqovi 35 mg-100 mg tablet                                                    | NP   | PA; SP           |
| <b>FLUOROURACIL AND RELATED RESCUE AGENTS</b>                                 |      |                  |
| Vistogard 10 gram oral granules in packet                                     | P    |                  |
| <b>METHOTREXATE RESCUE AGENTS</b>                                             |      |                  |
| leucovorin calcium 10 mg tablet                                               | P    |                  |
| leucovorin calcium 15 mg tablet                                               | P    |                  |
| leucovorin calcium 25 mg tablet                                               | P    |                  |
| leucovorin calcium 5 mg tablet                                                | P    |                  |
| <b>URINARY TRACT PROTECTIVE AGENTS USED IN CONJUNCTION WITH CHEMOTHERAPY</b>  |      |                  |
| Mesnex 400 mg tablet                                                          | P    | SP               |
| <b>ANTISEPTICS AND DISINFECTANTS</b>                                          |      |                  |

| Drug Name                                  | Tier | Drug Restriction                                   |
|--------------------------------------------|------|----------------------------------------------------|
| <b>ANTISEPTIC - ALCOHOLS</b>               |      |                                                    |
| Alcohol Prep Pads                          | P    | QL(QL (Limit 90 days supply(ies) per claim )); APA |
| alcohol swabs                              | P    | QL(QL (Limit 90 days supply(ies) per claim )); APA |
| BD Alcohol Swabs                           | P    | QL(QL (Limit 90 days supply(ies) per claim )); APA |
| CareTouch Alcohol Prep Pad topical pads    | P    | QL(QL (Limit 90 days supply(ies) per claim )); APA |
| Curity Alcohol Swabs                       | P    | QL(QL (Limit 90 days supply(ies) per claim )); APA |
| Easy Comfort Alcohol Pad topical pads      | P    | QL(QL (Limit 90 days supply(ies) per claim )); APA |
| Easy Touch Alcohol Prep Pads               | P    | QL(QL (Limit 90 days supply(ies) per claim )); APA |
| inControl Alcohol Pads                     | P    | QL(QL (Limit 90 days supply(ies) per claim )); APA |
| Pure Comfort Alcohol Pads                  | P    | QL(QL (Limit 90 days supply(ies) per claim )); APA |
| Ultilet Alcohol Swab                       | P    | QL(QL (Limit 90 days supply(ies) per claim )); APA |
| Webcol topical pads                        | P    | QL(QL (Limit 90 days supply(ies) per claim )); APA |
| <b>ANTISEPTIC - BIGUANIDES</b>             |      |                                                    |
| Betasept Surgical Scrub 4 % topical liquid | P    |                                                    |
| chlorhexidine gluconate 4 % topical liquid | P    |                                                    |

| Drug Name                                                           | Tier | Drug Restriction            |
|---------------------------------------------------------------------|------|-----------------------------|
| Hibiclens 4 %<br>topical liquid                                     | P    |                             |
| <b>ANTISEPTIC - CHLORINE RELEASING</b>                              |      |                             |
| Hyclodex 0.012 %-<br>0.002 %-0.046 %<br>topical spray               | NP   | PA                          |
| <b>ANTISEPTIC - OTHERS</b>                                          |      |                             |
| Formadon 10 %<br>topical solution<br>with applicator                | P    | QL(Allowed 90 per Rx)       |
| formaldehyde 10 %<br>topical solution<br>with applicator            | P    | QL(Allowed 90 per Rx)       |
| <b>DISINFECTANTS - ALDEHYDES</b>                                    |      |                             |
| Formadon 10 %<br>topical solution                                   | P    | QL(Allowed 90 per Rx)       |
| <b>BIOLOGICALS</b>                                                  |      |                             |
| <b>HEPATITIS A VACCINE - SINGLE AGENTS</b>                          |      |                             |
| Havrix (PF) 1,440<br>ELISA unit/mL<br>intramuscular<br>suspension   | P    | AL(Minimum Age 19<br>Years) |
| Havrix (PF) 1,440<br>ELISA unit/mL<br>intramuscular<br>syringe      | P    | AL(Minimum Age 19<br>Years) |
| Havrix (PF) 720<br>ELISA unit/0.5 mL<br>intramuscular<br>suspension | P    | AL(Minimum Age 19<br>Years) |
| Havrix (PF) 720<br>ELISA unit/0.5 mL<br>intramuscular<br>syringe    | P    | AL(Minimum Age 19<br>Years) |

| Drug Name                                                                | Tier | Drug Restriction            |
|--------------------------------------------------------------------------|------|-----------------------------|
| Vaqta (PF) 25<br>unit/0.5 mL<br>intramuscular<br>suspension              | P    | AL(Minimum Age 19<br>Years) |
| Vaqta (PF) 25<br>unit/0.5 mL<br>intramuscular<br>syringe                 | P    | AL(Minimum Age 19<br>Years) |
| Vaqta (PF) 50<br>unit/mL<br>intramuscular<br>suspension                  | P    | AL(Minimum Age 19<br>Years) |
| Vaqta (PF) 50<br>unit/mL<br>intramuscular<br>syringe                     | P    | AL(Minimum Age 19<br>Years) |
| <b>HEPATITIS B VACCINES - SINGLE AGENTS</b>                              |      |                             |
| Engerix-B (PF) 20<br>mcg/mL<br>intramuscular<br>suspension               | P    | AL(Minimum Age 19<br>Years) |
| Engerix-B (PF) 20<br>mcg/mL<br>intramuscular<br>syringe                  | P    | AL(Minimum Age 19<br>Years) |
| Engerix-B Pediatric<br>(PF) 10 mcg/0.5<br>mL intramuscular<br>suspension | P    | AL(Minimum Age 19<br>Years) |
| Engerix-B Pediatric<br>(PF) 10 mcg/0.5<br>mL intramuscular<br>syringe    | P    | AL(Minimum Age 19<br>Years) |
| Recombivax HB<br>(PF) 10 mcg/mL<br>intramuscular<br>suspension           | P    | AL(Minimum Age 19<br>Years) |



| Drug Name                                                               | Tier | Drug Restriction         |
|-------------------------------------------------------------------------|------|--------------------------|
| Recombivax HB (PF) 10 mcg/mL intramuscular syringe                      | P    | AL(Minimum Age 19 Years) |
| Recombivax HB (PF) 40 mcg/mL intramuscular suspension                   | P    | AL(Minimum Age 19 Years) |
| Recombivax HB (PF) 5 mcg/0.5 mL intramuscular suspension                | P    | AL(Minimum Age 19 Years) |
| Recombivax HB (PF) 5 mcg/0.5 mL intramuscular syringe                   | P    | AL(Minimum Age 19 Years) |
| <b>IMMUNE GLOBULIN - RHO(D)</b>                                         |      |                          |
| HyperRHO S/D 1,500 unit (300 mcg) intramuscular syringe                 | P    | SP                       |
| RhoGAM Ultra-Filtered PLUS 1,500 unit (300 mcg) intramuscular syringe   | P    | SP                       |
| <b>TOXOID VACCINE COMBINATIONS</b>                                      |      |                          |
| Adacel (Tdap Adolesn/Adult)(PF) 2 Lf-(2.5-5-3-5)-5 Lf/0.5 mL IM syringe | P    | AL(Minimum Age 19 Years) |
| Adacel (Tdap Adolesn/Adult)(PF) 2Lf-(2.5-5-3-5mcg)-5 Lf/0.5 mL IM susp  | P    | AL(Minimum Age 19 Years) |

| Drug Name                                                              | Tier | Drug Restriction         |
|------------------------------------------------------------------------|------|--------------------------|
| Boostrix Tdap 2.5 Lf unit-8 mcg-5 Lf/0.5 mL intramuscular suspension   | P    | AL(Minimum Age 19 Years) |
| Boostrix Tdap 2.5 Lf unit-8 mcg-5 Lf/0.5 mL intramuscular syringe      | P    | AL(Minimum Age 19 Years) |
| Infanrix (DTaP) (PF) 25 Lf unit-58 mcg-10 Lf/0.5mL intramuscular susp  | P    | AL(Minimum Age 19 Years) |
| Infanrix (DTaP)(PF) 25 Lf unit-58mcg-10 Lf/0.5mL intramuscular syringe | P    | AL(Minimum Age 19 Years) |
| TDVAX 2 Lf unit-2 Lf unit/0.5 mL intramuscular suspension              | P    | AL(Minimum Age 19 Years) |
| Tenivac (PF) 5 Lf unit-2 Lf unit/0.5 mL intramuscular suspension       | P    | AL(Minimum Age 19 Years) |
| Tenivac (PF) 5 Lf unit-2 Lf unit/0.5 mL intramuscular syringe          | P    | AL(Minimum Age 19 Years) |
| tetanus,diphtheria toxoid ped (PF) 5 Lf unit-25 Lf unit/0.5 mL IM susp | P    | AL(Minimum Age 19 Years) |

| Drug Name                                                              | Tier | Drug Restriction         |
|------------------------------------------------------------------------|------|--------------------------|
| tetanus-diphtheria toxoids-Td 2 Lf unit-2 Lf unit/0.5 mL IM suspension | P    | AL(Minimum Age 19 Years) |
| <b>VACCINE BACTERIAL - GRAM NEGATIVE COCCI</b>                         |      |                          |
| Menactra (PF) 4 mcg/0.5 mL intramuscular solution                      | P    | AL(Minimum Age 19 Years) |
| Menomune - A/C/Y/W-135 (PF) 50 mcg subcutaneous solution               | P    | AL(Minimum Age 19 Years) |
| Menomune - A/C/Y/W-135 50 mcg subcutaneous solution                    | P    | AL(Minimum Age 19 Years) |
| Menveo A-C-Y-W-135-Dip (PF) 10 mcg-5 mcg/0.5 mL intramuscular kit      | P    | AL(Minimum Age 19 Years) |
| <b>VACCINE BACTERIAL - GRAM POSITIVE COCCI</b>                         |      |                          |
| Pneumovax-23 25 mcg/0.5 mL injection solution                          | P    | AL(Minimum Age 19 Years) |
| Pneumovax-23 25 mcg/0.5 mL injection syringe                           | P    | AL(Minimum Age 19 Years) |
| Prevnar 13 (PF) 0.5 mL intramuscular syringe                           | P    | AL(Minimum Age 19 Years) |
| <b>VACCINE BACTERIAL - MENINGOCOCCAL GROUP B VACCINES</b>              |      |                          |
| Bexsero 50 mcg-50 mcg-25 mcg/0.5 mL intramuscular syringe              | P    | AL(Minimum Age 19 Years) |

| Drug Name                                                              | Tier | Drug Restriction                                                   |
|------------------------------------------------------------------------|------|--------------------------------------------------------------------|
| Trumenba 120 mcg/0.5 mL intramuscular syringe                          | P    | AL(Minimum Age 19 Years)                                           |
| <b>VACCINE VIRAL - COVID-19 (SARS-COV-2)</b>                           |      |                                                                    |
| Moderna COVID-19 Vaccine (PF) 100 mcg/0.5 mL intramuscular susp. (EUA) | P    | AL(Minimum Age 18 Years); QL(QL Overtime: Allowed .5 over 21 days) |
| Pfizer-BioNTech COVID-19 Vaccine (PF) 30 mcg/0.3 mL IM suspension(EUA) | P    | AL(Minimum Age 16 Years); QL(QL Overtime: Allowed .3 over 21 days) |
| <b>VACCINE VIRAL - HUMAN PAPILLOMAVIRUS (HPV) VACCINES</b>             |      |                                                                    |
| Cervarix Vaccine (PF) 20 mcg-20 mcg/0.5 mL intramuscular syringe       | P    | AL(Minimum Age 19 Years)                                           |
| Gardasil (PF) 20mcg-40mcg-40mcg-20mcg/0.5mL intramuscular suspension   | P    | AL(Minimum Age 19 Years)                                           |
| Gardasil (PF) 20mcg-40mcg-40mcg-20mcg/0.5mL intramuscular syringe      | P    | AL(Minimum Age 19 Years)                                           |
| Gardasil 9 (PF) 0.5 mL intramuscular suspension                        | P    | AL(Minimum Age 19 Years)                                           |
| Gardasil 9 (PF) 0.5 mL intramuscular syringe                           | P    | AL(Minimum Age 19 Years)                                           |

| Drug Name                                                              | Tier | Drug Restriction                                                                    |
|------------------------------------------------------------------------|------|-------------------------------------------------------------------------------------|
| <b>VACCINE VIRAL - INFLUENZA A AND B</b>                               |      |                                                                                     |
| Afluria Qd 2020-21 (36 mos up)(PF)60 mcg (15 mcg x4)/0.5 mL IM syringe | P    | AL(Minimum Age 10 Years); QL(Allowed 0.5 per Rx); QL(Limit 1 fill(s) per 180 days)  |
| Afluria Qd 2020-21 (6-35 mos)(PF) 30 mcg(7.5 mcgx4)/0.25 mL IM syringe | P    | AL(Minimum Age 10 Years); QL(Allowed 0.25 per Rx); QL(Limit 1 fill(s) per 180 days) |
| Afluria Quad 2020-2021 60 mcg (15 mcg x 4)/0.5 mL intramuscular susp.  | P    | AL(Minimum Age 10 Years); QL(Allowed 0.5 per Rx); QL(Limit 1 fill(s) per 180 days)  |
| Fluad 2020-21 65yr up(PF)45 mcg(15 mcgx3)/0.5 mL intramuscular syringe | P    | AL(Minimum Age 65 Years); QL(Allowed 0.5 per Rx); QL(Limit 1 fill(s) per 180 days)  |
| Fluad Quad 2020-2021(65yr up)(PF) 60 mcg (15 mcg x 4)/0.5mL IM syringe | P    | AL(Minimum Age 65 Years); QL(Allowed 0.5 per Rx); QL(Limit 1 fill(s) per 180 days)  |
| Fluarix Quad 2020-2021 (PF) 60 mcg (15 mcg x 4)/0.5 mL IM syringe      | P    | AL(Minimum Age 10 Years); QL(Allowed 0.5 per Rx); QL(Limit 1 fill(s) per 180 days)  |
| Flublok Quad 2020-2021 (PF) 180 mcg (45 mcg x 4)/0.5 mL IM syringe     | P    | AL(Minimum Age 18 Years); QL(Allowed 0.5 per Rx); QL(Limit 1 fill(s) per 180 days)  |
| Flucelvax Quad 2020-2021 (PF) 60 mcg (15 mcg x 4)/0.5 mL IM syringe    | P    | AL(Minimum Age 10 Years); QL(Allowed 0.5 per Rx); QL(Limit 1 fill(s) per 180 days)  |

| Drug Name                                                              | Tier | Drug Restriction                                                                          |
|------------------------------------------------------------------------|------|-------------------------------------------------------------------------------------------|
| Flucelvax Quad 2020-2021 60 mcg (15 mcg x 4)/0.5 mL intramuscular susp | P    | AL(Minimum Age 10 Years); QL(Allowed 0.5 per Rx); QL(Limit 1 fill(s) per 180 days)        |
| Flulaval Quad 2020-2021 (PF) 60 mcg (15 mcg x 4)/0.5 mL IM syringe     | P    | AL(Minimum Age 10 Years); QL(Allowed 0.5 per Rx); QL(Limit 1 fill(s) per 180 days)        |
| Flumist Quad 2020-2021 10exp6.5-7.5 FF unit/0.2 mL nasal spray syringe | P    | AL(Between 10 Years And 49 Years); QL(Allowed 1 per Rx); QL(Limit 1 fill(s) per 180 days) |
| Fluzone High-Dose Quad 2020-21 (PF) 240 mcg/0.7 mL IM syringe          | P    | AL(Minimum Age 65 Years); QL(Allowed 0.7 per Rx); QL(Limit 1 fill(s) per 180 days)        |
| Fluzone Quad 2020-2021 (PF) 60 mcg (15 mcg x 4)/0.5 mL IM suspension   | P    | AL(Minimum Age 10 Years); QL(Allowed 0.5 per Rx); QL(Limit 1 fill(s) per 180 days)        |
| Fluzone Quad 2020-2021 (PF) 60 mcg (15 mcg x 4)/0.5 mL IM syringe      | P    | AL(Minimum Age 10 Years); QL(Allowed 0.5 per Rx); QL(Limit 1 fill(s) per 180 days)        |
| Fluzone Quad 2020-2021 60 mcg (15 mcg x 4)/0.5 mL intramuscular susp.  | P    | AL(Minimum Age 10 Years); QL(Allowed 0.5 per Rx); QL(Limit 1 fill(s) per 180 days)        |
| <b>VACCINE VIRAL - VARICELLA</b>                                       |      |                                                                                           |
| Shingrix (PF) 50 mcg/0.5 mL intramuscular suspension, kit              | P    | AL(Minimum Age 50 Years)                                                                  |

| Drug Name                                                      | Tier | Drug Restriction                |
|----------------------------------------------------------------|------|---------------------------------|
| Varivax (PF) 1,350 unit/0.5 mL subcutaneous suspension         | P    | AL(Minimum Age 19 Years)        |
| Zostavax (PF) 19,400 unit/0.65 mL subcutaneous suspension      | P    | AL(Minimum Age 19 Years)        |
| <b>VACCINE VIRAL COMBINATIONS</b>                              |      |                                 |
| M-M-R II (PF) 1,000-12,500 TCID50/0.5 mL subcutaneous solution | P    | AL(Minimum Age 19 Years)        |
| <b>CARDIOVASCULAR THERAPY AGENTS</b>                           |      |                                 |
| <b>ACE INHIBITOR AND CALCIUM CHANNEL BLOCKER COMBINATIONS</b>  |      |                                 |
| amlodipine 10 mg-benazepril 20 mg capsule                      | P    | QL(Allowed 1 per 1 day); MT     |
| amlodipine 10 mg-benazepril 40 mg capsule                      | P    | QL(Allowed 1 per 1 day); MT     |
| amlodipine 2.5 mg-benazepril 10 mg capsule                     | P    | QL(Allowed 1 per 1 day); MT     |
| amlodipine 5 mg-benazepril 10 mg capsule                       | P    | QL(Allowed 1 per 1 day); MT     |
| amlodipine 5 mg-benazepril 20 mg capsule                       | P    | QL(Allowed 1 per 1 day); MT     |
| amlodipine 5 mg-benazepril 40 mg capsule                       | P    | QL(Allowed 1 per 1 day); MT     |
| Lotrel 10 mg-20 mg capsule                                     | NP   | PA; QL(Allowed 1 per 1 day); MT |

| Drug Name                                                              | Tier | Drug Restriction                |
|------------------------------------------------------------------------|------|---------------------------------|
| Lotrel 10 mg-40 mg capsule                                             | NP   | PA; QL(Allowed 1 per 1 day); MT |
| Lotrel 5 mg-10 mg capsule                                              | NP   | PA; QL(Allowed 1 per 1 day); MT |
| Lotrel 5 mg-20 mg capsule                                              | NP   | PA; QL(Allowed 1 per 1 day); MT |
| Tarka 2 mg-180 mg tablet, extended release                             | NP   | PA                              |
| Tarka 2 mg-240 mg tablet, extended release                             | NP   | PA                              |
| Tarka 4 mg-240 mg tablet, extended release                             | NP   | PA                              |
| trandolapril 1 mg-verapamil ER 240 mg tablet,immed-exten release 24 hr | P    |                                 |
| trandolapril 2 mg-verapamil ER 180 mg tablet,immed-exten release 24 hr | P    |                                 |
| trandolapril 2 mg-verapamil ER 240 mg tablet,immed-exten release 24 hr | P    |                                 |
| trandolapril 4 mg-verapamil ER 240 mg tablet,immed-exten release 24 hr | P    |                                 |
| <b>ACE INHIBITOR AND DIURETIC COMBINATIONS</b>                         |      |                                 |
| Accuretic 10 mg-12.5 mg tablet                                         | NP   | PA; QL(Allowed 3 per 1 day)     |
| Accuretic 20 mg-12.5 mg tablet                                         | NP   | PA; QL(Allowed 4 per 1 day)     |

| Drug Name                                            | Tier | Drug Restriction            |
|------------------------------------------------------|------|-----------------------------|
| Accuretic 20 mg-25 mg tablet                         | NP   | PA; QL(Allowed 2 per 1 day) |
| benazepril 10 mg-hydrochlorothiazid e 12.5 mg tablet | P    | QL(Allowed 1 per 1 day); MT |
| benazepril 20 mg-hydrochlorothiazid e 12.5 mg tablet | P    | QL(Allowed 1 per 1 day); MT |
| benazepril 20 mg-hydrochlorothiazid e 25 mg tablet   | P    | QL(Allowed 1 per 1 day); MT |
| benazepril 5 mg-hydrochlorothiazid e 6.25 mg tablet  | P    | QL(Allowed 1 per 1 day); MT |
| captopril 25 mg-hydrochlorothiazid e 15 mg tablet    | P    | QL(Allowed 2 per 1 day); MT |
| captopril 25 mg-hydrochlorothiazid e 25 mg tablet    | P    | QL(Allowed 2 per 1 day); MT |
| captopril 50 mg-hydrochlorothiazid e 15 mg tablet    | P    | QL(Allowed 2 per 1 day); MT |
| captopril 50 mg-hydrochlorothiazid e 25 mg tablet    | P    | QL(Allowed 2 per 1 day); MT |
| enalapril 10 mg-hydrochlorothiazid e 25 mg tablet    | P    | QL(Allowed 2 per 1 day); MT |
| enalapril 5 mg-hydrochlorothiazid e 12.5 mg tablet   | P    | QL(Allowed 2 per 1 day); MT |
| fosinopril 10 mg-hydrochlorothiazid e 12.5 mg tablet | P    | QL(Allowed 1 per 1 day); MT |

| Drug Name                                            | Tier | Drug Restriction                |
|------------------------------------------------------|------|---------------------------------|
| fosinopril 20 mg-hydrochlorothiazid e 12.5 mg tablet | P    | QL(Allowed 1 per 1 day); MT     |
| lisinopril 10 mg-hydrochlorothiazid e 12.5 mg tablet | P    | MT                              |
| lisinopril 20 mg-hydrochlorothiazid e 12.5 mg tablet | P    | MT                              |
| lisinopril 20 mg-hydrochlorothiazid e 25 mg tablet   | P    | MT                              |
| Lotensin HCT 10 mg-12.5 mg tablet                    | NP   | PA; QL(Allowed 1 per 1 day); MT |
| Lotensin HCT 20 mg-12.5 mg tablet                    | NP   | PA; QL(Allowed 1 per 1 day); MT |
| Lotensin HCT 20 mg-25 mg tablet                      | NP   | PA; QL(Allowed 1 per 1 day); MT |
| quinapril 10 mg-hydrochlorothiazid e 12.5 mg tablet  | P    | QL(Allowed 3 per 1 day)         |
| quinapril 20 mg-hydrochlorothiazid e 12.5 mg tablet  | P    | QL(Allowed 4 per 1 day)         |
| quinapril 20 mg-hydrochlorothiazid e 25 mg tablet    | P    | QL(Allowed 2 per 1 day)         |
| Vaseretic 10 mg-25 mg tablet                         | NP   | PA; QL(Allowed 2 per 1 day); MT |
| Zestoretic 10 mg-12.5 mg tablet                      | NP   | PA; MT                          |
| Zestoretic 20 mg-12.5 mg tablet                      | NP   | PA; MT                          |

| Drug Name                     | Tier | Drug Restriction                |
|-------------------------------|------|---------------------------------|
| Zestoretic 20 mg-25 mg tablet | NP   | PA; MT                          |
| ACE INHIBITORS                |      |                                 |
| Accupril 10 mg tablet         | NP   | PA; QL(Allowed 1 per 1 day); MT |
| Accupril 20 mg tablet         | NP   | PA; QL(Allowed 1 per 1 day); MT |
| Accupril 40 mg tablet         | NP   | PA; QL(Allowed 1 per 1 day); MT |
| Accupril 5 mg tablet          | NP   | PA; QL(Allowed 1 per 1 day); MT |
| Altace 1.25 mg capsule        | NP   | PA; QL(Allowed 2 per 1 day); MT |
| Altace 10 mg capsule          | NP   | PA; QL(Allowed 2 per 1 day); MT |
| Altace 2.5 mg capsule         | NP   | PA; QL(Allowed 2 per 1 day); MT |
| Altace 5 mg capsule           | NP   | PA; QL(Allowed 2 per 1 day); MT |
| benazepril 10 mg tablet       | P    | QL(Allowed 1 per 1 day); MT     |
| benazepril 20 mg tablet       | P    | QL(Allowed 1 per 1 day); MT     |
| benazepril 40 mg tablet       | P    | QL(Allowed 2 per 1 day); MT     |
| benazepril 5 mg tablet        | P    | QL(Allowed 1 per 1 day); MT     |
| captopril 100 mg tablet       | P    | QL(Allowed 3 per 1 day)         |
| captopril 12.5 mg tablet      | P    | QL(Allowed 3 per 1 day)         |

| Drug Name                       | Tier | Drug Restriction            |
|---------------------------------|------|-----------------------------|
| captopril 25 mg tablet          | P    | QL(Allowed 3 per 1 day)     |
| captopril 50 mg tablet          | P    | QL(Allowed 3 per 1 day)     |
| enalapril maleate 10 mg tablet  | P    | QL(Allowed 2 per 1 day); MT |
| enalapril maleate 2.5 mg tablet | P    | QL(Allowed 2 per 1 day); MT |
| enalapril maleate 20 mg tablet  | P    | QL(Allowed 2 per 1 day); MT |
| enalapril maleate 5 mg tablet   | P    | QL(Allowed 2 per 1 day); MT |
| Epaned 1 mg/mL oral solution    | NP   | PA                          |
| fosinopril 10 mg tablet         | P    | QL(Allowed 1 per 1 day); MT |
| fosinopril 20 mg tablet         | P    | QL(Allowed 1 per 1 day); MT |
| fosinopril 40 mg tablet         | P    | QL(Allowed 1 per 1 day); MT |
| lisinopril 10 mg tablet         | P    | MT                          |
| lisinopril 2.5 mg tablet        | P    | MT                          |
| lisinopril 20 mg tablet         | P    | MT                          |
| lisinopril 30 mg tablet         | P    | MT                          |
| lisinopril 40 mg tablet         | P    | MT                          |

| Drug Name                        | Tier | Drug Restriction                |
|----------------------------------|------|---------------------------------|
| lisinopril 5 mg tablet           | P    | MT                              |
| Lotensin 10 mg tablet            | NP   | PA; QL(Allowed 1 per 1 day); MT |
| Lotensin 20 mg tablet            | NP   | PA; QL(Allowed 1 per 1 day); MT |
| Lotensin 40 mg tablet            | NP   | PA; QL(Allowed 2 per 1 day); MT |
| moexipril 15 mg tablet           | P    |                                 |
| moexipril 7.5 mg tablet          | P    |                                 |
| perindopril erbumine 2 mg tablet | NP   | PA                              |
| perindopril erbumine 4 mg tablet | NP   | PA                              |
| perindopril erbumine 8 mg tablet | NP   | PA                              |
| Prinivil 20 mg tablet            | NP   | PA; MT                          |
| Qbrelis 1 mg/mL oral solution    | NP   | PA                              |
| quinapril 10 mg tablet           | P    | QL(Allowed 1 per 1 day); MT     |
| quinapril 20 mg tablet           | P    | QL(Allowed 1 per 1 day); MT     |
| quinapril 40 mg tablet           | P    | QL(Allowed 1 per 1 day); MT     |

| Drug Name                | Tier | Drug Restriction                |
|--------------------------|------|---------------------------------|
| quinapril 5 mg tablet    | P    | QL(Allowed 1 per 1 day); MT     |
| ramipril 1.25 mg capsule | P    | QL(Allowed 2 per 1 day); MT     |
| ramipril 10 mg capsule   | P    | QL(Allowed 2 per 1 day); MT     |
| ramipril 2.5 mg capsule  | P    | QL(Allowed 2 per 1 day); MT     |
| ramipril 5 mg capsule    | P    | QL(Allowed 2 per 1 day); MT     |
| trandolapril 1 mg tablet | P    | QL(Allowed 1 per 1 day); MT     |
| trandolapril 2 mg tablet | P    | QL(Allowed 1 per 1 day); MT     |
| trandolapril 4 mg tablet | P    | QL(Allowed 2 per 1 day); MT     |
| Vasotec 10 mg tablet     | NP   | PA; QL(Allowed 2 per 1 day); MT |
| Vasotec 2.5 mg tablet    | NP   | PA; QL(Allowed 2 per 1 day); MT |
| Vasotec 20 mg tablet     | NP   | PA; QL(Allowed 2 per 1 day); MT |
| Vasotec 5 mg tablet      | NP   | PA; QL(Allowed 2 per 1 day); MT |
| Zestril 10 mg tablet     | NP   | PA; MT                          |
| Zestril 2.5 mg tablet    | NP   | PA; MT                          |
| Zestril 20 mg tablet     | NP   | PA; MT                          |

| Drug Name                                                         | Tier | Drug Restriction            |
|-------------------------------------------------------------------|------|-----------------------------|
| Zestril 30 mg tablet                                              | NP   | PA; MT                      |
| Zestril 40 mg tablet                                              | NP   | PA; MT                      |
| Zestril 5 mg tablet                                               | NP   | PA; MT                      |
| <b>ALPHA-BETA BLOCKERS</b>                                        |      |                             |
| carvedilol 12.5 mg tablet                                         | P    | QL(Allowed 3 per 1 day); MT |
| carvedilol 25 mg tablet                                           | P    | QL(Allowed 4 per 1 day); MT |
| carvedilol 3.125 mg tablet                                        | P    | QL(Allowed 3 per 1 day); MT |
| carvedilol 6.25 mg tablet                                         | P    | QL(Allowed 3 per 1 day); MT |
| carvedilol phosphate ER 10 mg capsule,ext.release2 4hr multiphase | NP   | PA; QL(Allowed 1 per 1 day) |
| carvedilol phosphate ER 20 mg capsule,ext.release2 4hr multiphase | NP   | PA; QL(Allowed 1 per 1 day) |
| carvedilol phosphate ER 40 mg capsule,ext.release2 4hr multiphase | NP   | PA; QL(Allowed 1 per 1 day) |
| carvedilol phosphate ER 80 mg capsule,ext.release2 4hr multiphase | NP   | PA; QL(Allowed 1 per 1 day) |

| Drug Name                                                                  | Tier | Drug Restriction                |
|----------------------------------------------------------------------------|------|---------------------------------|
| Coreg 12.5 mg tablet                                                       | NP   | PA; QL(Allowed 3 per 1 day); MT |
| Coreg 25 mg tablet                                                         | NP   | PA; QL(Allowed 4 per 1 day); MT |
| Coreg 3.125 mg tablet                                                      | NP   | PA; QL(Allowed 3 per 1 day); MT |
| Coreg 6.25 mg tablet                                                       | NP   | PA; QL(Allowed 3 per 1 day); MT |
| Coreg CR 10 mg capsule, extended release                                   | NP   | PA; QL(Allowed 1 per 1 day)     |
| Coreg CR 20 mg capsule, extended release                                   | NP   | PA; QL(Allowed 1 per 1 day)     |
| Coreg CR 40 mg capsule, extended release                                   | NP   | PA; QL(Allowed 1 per 1 day)     |
| Coreg CR 80 mg capsule, extended release                                   | NP   | PA; QL(Allowed 1 per 1 day)     |
| labetalol 100 mg tablet                                                    | P    | QL(Allowed 3 per 1 day); MT     |
| labetalol 200 mg tablet                                                    | P    | QL(Allowed 6 per 1 day); MT     |
| labetalol 300 mg tablet                                                    | P    | QL(Allowed 8 per 1 day); MT     |
| <b>ANGIOTENSIN II RECEPTOR BLOCKER (ARB)-CALCIUM CHANNEL BLOCKER COMB.</b> |      |                                 |
| amlodipine 10 mg-olmesartan 20 mg tablet                                   | NP   | ST                              |
| amlodipine 10 mg-olmesartan 40 mg tablet                                   | NP   | ST                              |



| Drug Name                                | Tier | Drug Restriction |
|------------------------------------------|------|------------------|
| amlodipine 10 mg-valsartan 160 mg tablet | NP   | ST               |
| amlodipine 10 mg-valsartan 320 mg tablet | NP   | ST               |
| amlodipine 5 mg-olmesartan 20 mg tablet  | NP   | ST               |
| amlodipine 5 mg-olmesartan 40 mg tablet  | NP   | ST               |
| amlodipine 5 mg-valsartan 160 mg tablet  | NP   | ST               |
| amlodipine 5 mg-valsartan 320 mg tablet  | NP   | ST               |
| Azor 10 mg-20 mg tablet                  | NP   | ST               |
| Azor 10 mg-40 mg tablet                  | NP   | ST               |
| Azor 5 mg-20 mg tablet                   | NP   | ST               |
| Azor 5 mg-40 mg tablet                   | NP   | ST               |
| Exforge 10 mg-160 mg tablet              | NP   | ST               |
| Exforge 10 mg-320 mg tablet              | NP   | ST               |
| Exforge 5 mg-160 mg tablet               | NP   | ST               |
| Exforge 5 mg-320 mg tablet               | NP   | ST               |

| Drug Name                                                              | Tier | Drug Restriction |
|------------------------------------------------------------------------|------|------------------|
| telmisartan 40 mg-amlodipine 10 mg tablet                              | NP   | PA               |
| telmisartan 40 mg-amlodipine 5 mg tablet                               | NP   | PA               |
| telmisartan 80 mg-amlodipine 10 mg tablet                              | NP   | PA               |
| telmisartan 80 mg-amlodipine 5 mg tablet                               | NP   | PA               |
| ANGIOTENSIN II RECEPTOR BLOCKER (ARB)-CALCIUM CHANNEL BLOCKER-DIURETIC |      |                  |
| amlodipine 10 mg-valsartan 160 mg-hydrochlorothiazid e 12.5 mg tablet  | NP   | ST               |
| amlodipine 10 mg-valsartan 160 mg-hydrochlorothiazid e 25 mg tablet    | NP   | ST               |
| amlodipine 10 mg-valsartan 320 mg-hydrochlorothiazid e 25 mg tablet    | NP   | ST               |
| amlodipine 5 mg-valsartan 160 mg-hydrochlorothiazid e 12.5 mg tablet   | NP   | ST               |
| amlodipine 5 mg-valsartan 160 mg-hydrochlorothiazid e 25 mg tablet     | NP   | ST               |
| Exforge HCT 10 mg-160 mg-12.5 mg tablet                                | NP   | ST               |

| Drug Name                                                            | Tier | Drug Restriction |
|----------------------------------------------------------------------|------|------------------|
| Exforge HCT 10 mg-160 mg-25 mg tablet                                | NP   | ST               |
| Exforge HCT 10 mg-320 mg-25 mg tablet                                | NP   | ST               |
| Exforge HCT 5 mg-160 mg-12.5 mg tablet                               | NP   | ST               |
| Exforge HCT 5 mg-160 mg-25 mg tablet                                 | NP   | ST               |
| olmesartan 20 mg-amlodipine 5 mg-hydrochlorothiazide 12.5 mg tablet  | NP   | ST               |
| olmesartan 40 mg-amlodipine 10 mg-hydrochlorothiazide 12.5 mg tablet | NP   | ST               |
| olmesartan 40 mg-amlodipine 10 mg-hydrochlorothiazide 25 mg tablet   | NP   | ST               |
| olmesartan 40 mg-amlodipine 5 mg-hydrochlorothiazide 12.5 mg tablet  | NP   | ST               |
| olmesartan 40 mg-amlodipine 5 mg-hydrochlorothiazide 25 mg tablet    | NP   | ST               |
| Tribenzor 20 mg-5 mg-12.5 mg tablet                                  | NP   | ST               |
| Tribenzor 40 mg-10 mg-12.5 mg tablet                                 | NP   | ST               |

| Drug Name                                                   | Tier | Drug Restriction                |
|-------------------------------------------------------------|------|---------------------------------|
| Tribenzor 40 mg-10 mg-25 mg tablet                          | NP   | ST                              |
| Tribenzor 40 mg-5 mg-12.5 mg tablet                         | NP   | ST                              |
| Tribenzor 40 mg-5 mg-25 mg tablet                           | NP   | ST                              |
| ANGIOTENSIN II RECEPTOR BLOCKER (ARB)-DIURETIC COMBINATIONS |      |                                 |
| Atacand HCT 16 mg-12.5 mg tablet                            | NP   | PA                              |
| Atacand HCT 32 mg-12.5 mg tablet                            | NP   | PA                              |
| Atacand HCT 32 mg-25 mg tablet                              | NP   | PA                              |
| Avalide 150 mg-12.5 mg tablet                               | NP   | PA; QL(Allowed 1 per 1 day); MT |
| Avalide 300 mg-12.5 mg tablet                               | NP   | PA; QL(Allowed 1 per 1 day); MT |
| Benicar HCT 20 mg-12.5 mg tablet                            | NP   | ST                              |
| Benicar HCT 40 mg-12.5 mg tablet                            | NP   | ST                              |
| Benicar HCT 40 mg-25 mg tablet                              | NP   | ST                              |
| candesartan 16 mg-hydrochlorothiazide 12.5 mg tablet        | NP   | PA                              |
| candesartan 32 mg-hydrochlorothiazide 12.5 mg tablet        | NP   | PA                              |
| candesartan 32 mg-hydrochlorothiazide 25 mg tablet          | NP   | PA                              |

| Drug Name                                             | Tier | Drug Restriction                |
|-------------------------------------------------------|------|---------------------------------|
| Diovan HCT 160 mg-12.5 mg tablet                      | NP   | PA; QL(Allowed 1 per 1 day); MT |
| Diovan HCT 160 mg-25 mg tablet                        | NP   | PA; QL(Allowed 1 per 1 day); MT |
| Diovan HCT 320 mg-12.5 mg tablet                      | NP   | PA; QL(Allowed 1 per 1 day); MT |
| Diovan HCT 320 mg-25 mg tablet                        | NP   | PA; QL(Allowed 1 per 1 day); MT |
| Diovan HCT 80 mg-12.5 mg tablet                       | NP   | PA; QL(Allowed 1 per 1 day); MT |
| Edarbyclor 40 mg-12.5 mg tablet                       | NP   | PA                              |
| Edarbyclor 40 mg-25 mg tablet                         | NP   | PA                              |
| Hyzaar 100 mg-12.5 mg tablet                          | NP   | PA; QL(Allowed 1 per 1 day); MT |
| Hyzaar 100 mg-25 mg tablet                            | NP   | PA; QL(Allowed 1 per 1 day); MT |
| Hyzaar 50 mg-12.5 mg tablet                           | NP   | PA; QL(Allowed 1 per 1 day); MT |
| irbesartan 150 mg-hydrochlorothiazid e 12.5 mg tablet | P    | QL(Allowed 1 per 1 day); MT     |
| irbesartan 300 mg-hydrochlorothiazid e 12.5 mg tablet | P    | QL(Allowed 1 per 1 day); MT     |
| losartan 100 mg-hydrochlorothiazid e 12.5 mg tablet   | P    | QL(Allowed 1 per 1 day); MT     |
| losartan 100 mg-hydrochlorothiazid e 25 mg tablet     | P    | QL(Allowed 1 per 1 day); MT     |

| Drug Name                                             | Tier | Drug Restriction            |
|-------------------------------------------------------|------|-----------------------------|
| losartan 50 mg-hydrochlorothiazid e 12.5 mg tablet    | P    | QL(Allowed 1 per 1 day); MT |
| Micardis HCT 40 mg-12.5 mg tablet                     | NP   | PA; QL(Allowed 1 per 1 day) |
| Micardis HCT 80 mg-12.5 mg tablet                     | NP   | PA; QL(Allowed 1 per 1 day) |
| Micardis HCT 80 mg-25 mg tablet                       | NP   | PA; QL(Allowed 1 per 1 day) |
| olmesartan 20 mg-hydrochlorothiazid e 12.5 mg tablet  | NP   | ST                          |
| olmesartan 40 mg-hydrochlorothiazid e 12.5 mg tablet  | NP   | ST                          |
| olmesartan 40 mg-hydrochlorothiazid e 25 mg tablet    | NP   | ST                          |
| telmisartan 40 mg-hydrochlorothiazid e 12.5 mg tablet | NP   | PA; QL(Allowed 1 per 1 day) |
| telmisartan 80 mg-hydrochlorothiazid e 12.5 mg tablet | NP   | PA; QL(Allowed 1 per 1 day) |
| telmisartan 80 mg-hydrochlorothiazid e 25 mg tablet   | NP   | PA; QL(Allowed 1 per 1 day) |
| valsartan 160 mg-hydrochlorothiazid e 12.5 mg tablet  | P    | QL(Allowed 1 per 1 day); MT |
| valsartan 160 mg-hydrochlorothiazid e 25 mg tablet    | P    | QL(Allowed 1 per 1 day); MT |

| Drug Name                                                                | Tier | Drug Restriction                |
|--------------------------------------------------------------------------|------|---------------------------------|
| valsartan 320 mg-hydrochlorothiazide 12.5 mg tablet                      | P    | QL(Allowed 1 per 1 day); MT     |
| valsartan 320 mg-hydrochlorothiazide 25 mg tablet                        | P    | QL(Allowed 1 per 1 day); MT     |
| valsartan 80 mg-hydrochlorothiazide 12.5 mg tablet                       | P    | QL(Allowed 1 per 1 day); MT     |
| <b>ANGIOTENSIN II RECEPTOR BLOCKER-NEPRILYSIN INHIBITOR COMB. (ARNI)</b> |      |                                 |
| Entresto 24 mg-26 mg tablet                                              | NP   | PA                              |
| Entresto 49 mg-51 mg tablet                                              | NP   | PA                              |
| Entresto 97 mg-103 mg tablet                                             | NP   | PA                              |
| <b>ANGIOTENSIN II RECEPTOR BLOCKERS (ARBs)</b>                           |      |                                 |
| Atacand 16 mg tablet                                                     | NP   | PA                              |
| Atacand 32 mg tablet                                                     | NP   | PA                              |
| Atacand 4 mg tablet                                                      | NP   | PA                              |
| Atacand 8 mg tablet                                                      | NP   | PA                              |
| Avapro 150 mg tablet                                                     | NP   | PA; QL(Allowed 1 per 1 day); MT |
| Avapro 300 mg tablet                                                     | NP   | PA; QL(Allowed 1 per 1 day); MT |
| Avapro 75 mg tablet                                                      | NP   | PA; QL(Allowed 1 per 1 day); MT |

| Drug Name                | Tier | Drug Restriction                |
|--------------------------|------|---------------------------------|
| Benicar 20 mg tablet     | NP   | ST                              |
| Benicar 40 mg tablet     | NP   | ST                              |
| Benicar 5 mg tablet      | NP   | ST                              |
| candesartan 16 mg tablet | NP   | PA                              |
| candesartan 32 mg tablet | NP   | PA                              |
| candesartan 4 mg tablet  | NP   | PA                              |
| candesartan 8 mg tablet  | NP   | PA                              |
| Cozaar 100 mg tablet     | NP   | PA; QL(Allowed 1 per 1 day); MT |
| Cozaar 25 mg tablet      | NP   | PA; QL(Allowed 1 per 1 day); MT |
| Cozaar 50 mg tablet      | NP   | PA; QL(Allowed 1 per 1 day); MT |
| Diovan 160 mg tablet     | NP   | PA; QL(Allowed 1 per 1 day); MT |
| Diovan 320 mg tablet     | NP   | PA; QL(Allowed 1 per 1 day); MT |
| Diovan 40 mg tablet      | NP   | PA; QL(Allowed 1 per 1 day); MT |
| Diovan 80 mg tablet      | NP   | PA; QL(Allowed 1 per 1 day); MT |
| Edarbi 40 mg tablet      | NP   | PA                              |

| Drug Name                | Tier | Drug Restriction            |
|--------------------------|------|-----------------------------|
| Edarbi 80 mg tablet      | NP   | PA                          |
| irbesartan 150 mg tablet | P    | QL(Allowed 1 per 1 day); MT |
| irbesartan 300 mg tablet | P    | QL(Allowed 1 per 1 day); MT |
| irbesartan 75 mg tablet  | P    | QL(Allowed 1 per 1 day); MT |
| losartan 100 mg tablet   | P    | QL(Allowed 1 per 1 day); MT |
| losartan 25 mg tablet    | P    | QL(Allowed 1 per 1 day); MT |
| losartan 50 mg tablet    | P    | QL(Allowed 1 per 1 day); MT |
| Micardis 20 mg tablet    | NP   | PA; QL(Allowed 1 per 1 day) |
| Micardis 40 mg tablet    | NP   | PA; QL(Allowed 1 per 1 day) |
| Micardis 80 mg tablet    | NP   | PA; QL(Allowed 1 per 1 day) |
| olmesartan 20 mg tablet  | NP   | ST                          |
| olmesartan 40 mg tablet  | NP   | ST                          |
| olmesartan 5 mg tablet   | NP   | ST                          |
| telmisartan 20 mg tablet | NP   | PA; QL(Allowed 1 per 1 day) |
| telmisartan 40 mg tablet | NP   | PA; QL(Allowed 1 per 1 day) |

| Drug Name                                             | Tier | Drug Restriction            |
|-------------------------------------------------------|------|-----------------------------|
| telmisartan 80 mg tablet                              | NP   | PA; QL(Allowed 1 per 1 day) |
| valsartan 160 mg tablet                               | P    | QL(Allowed 1 per 1 day); MT |
| valsartan 320 mg tablet                               | P    | QL(Allowed 1 per 1 day); MT |
| valsartan 40 mg tablet                                | P    | QL(Allowed 1 per 1 day); MT |
| valsartan 80 mg tablet                                | P    | QL(Allowed 1 per 1 day); MT |
| <b>ANTIANGINAL - CORONARY VASODILATORS (NITRATES)</b> |      |                             |
| Dilatrate-SR 40 mg capsule, extended release          | P    |                             |
| GoNitro 400 mcg sublingual powder in a packet         | NP   | PA                          |
| Isordil 40 mg tablet                                  | NP   | PA                          |
| Isordil Titradose 5 mg tablet                         | NP   | PA; MT                      |
| isosorbide dinitrate 10 mg tablet                     | P    | MT                          |
| isosorbide dinitrate 20 mg tablet                     | P    | MT                          |
| isosorbide dinitrate 30 mg tablet                     | P    | MT                          |
| isosorbide dinitrate 40 mg tablet                     | P    |                             |
| isosorbide dinitrate 5 mg tablet                      | P    | MT                          |

| Drug Name                                                      | Tier | Drug Restriction            |
|----------------------------------------------------------------|------|-----------------------------|
| isosorbide mononitrate 10 mg tablet                            | P    | QL(Allowed 2 per 1 day); MT |
| isosorbide mononitrate 20 mg tablet                            | P    | QL(Allowed 2 per 1 day); MT |
| isosorbide mononitrate ER 120 mg tablet,extended release 24 hr | P    | QL(Allowed 1 per 1 day); MT |
| isosorbide mononitrate ER 30 mg tablet,extended release 24 hr  | P    | QL(Allowed 1 per 1 day); MT |
| isosorbide mononitrate ER 60 mg tablet,extended release 24 hr  | P    | QL(Allowed 1 per 1 day); MT |
| Minitran 0.1 mg/hr transdermal 24 hour patch                   | P    | MT                          |
| Minitran 0.2 mg/hr transdermal 24 hour patch                   | P    | MT                          |
| Minitran 0.4 mg/hr transdermal 24 hour patch                   | P    | MT                          |
| Minitran 0.6 mg/hr transdermal 24 hour patch                   | P    | MT                          |
| Nitro-Bid 2 % transdermal ointment                             | P    |                             |
| Nitro-Dur 0.1 mg/hr transdermal 24 hour patch                  | NP   | PA; MT                      |

| Drug Name                                         | Tier | Drug Restriction |
|---------------------------------------------------|------|------------------|
| Nitro-Dur 0.2 mg/hr transdermal 24 hour patch     | NP   | PA; MT           |
| Nitro-Dur 0.3 mg/hr transdermal 24 hour patch     | NP   | PA               |
| Nitro-Dur 0.4 mg/hr transdermal 24 hour patch     | NP   | PA; MT           |
| Nitro-Dur 0.6 mg/hr transdermal 24 hour patch     | NP   | PA; MT           |
| Nitro-Dur 0.8 mg/hr transdermal 24 hour patch     | NP   | PA               |
| nitroglycerin 0.1 mg/hr transdermal 24 hour patch | P    | MT               |
| nitroglycerin 0.2 mg/hr transdermal 24 hour patch | P    | MT               |
| nitroglycerin 0.3 mg sublingual tablet            | P    | MT               |
| nitroglycerin 0.4 mg sublingual tablet            | P    | MT               |
| nitroglycerin 0.4 mg/hr transdermal 24 hour patch | P    | MT               |
| nitroglycerin 0.6 mg sublingual tablet            | P    | MT               |
| nitroglycerin 0.6 mg/hr transdermal 24 hour patch | P    | MT               |

| Drug Name                                                    | Tier | Drug Restriction |
|--------------------------------------------------------------|------|------------------|
| nitroglycerin 400 mcg/spray translingual                     | NP   | PA; MT           |
| Nitrolingual 400 mcg/spray                                   | NP   | PA; MT           |
| Nitromist 400 mcg/spray translingual aerosol                 | NP   | PA; MT           |
| Nitrostat 0.3 mg sublingual tablet                           | NP   | PA; MT           |
| Nitrostat 0.4 mg sublingual tablet                           | NP   | PA; MT           |
| Nitrostat 0.6 mg sublingual tablet                           | NP   | PA; MT           |
| <b>ANTIANGINAL AND ANTI-ISCHEMIC AGENTS, NON-HEMODYNAMIC</b> |      |                  |
| Ranexa 1,000 mg tablet,extended release                      | NP   | PA               |
| Ranexa 500 mg tablet,extended release                        | NP   | PA               |
| ranolazine ER 1,000 mg tablet,extended release,12 hr         | NP   | PA               |
| ranolazine ER 500 mg tablet,extended release,12 hr           | NP   | PA               |
| <b>ANTIARRHYTHMIC - CLASS IA</b>                             |      |                  |
| disopyramide phosphate 100 mg capsule                        | P    | MT               |
| disopyramide phosphate 150 mg capsule                        | P    | MT               |

| Drug Name                                             | Tier | Drug Restriction |
|-------------------------------------------------------|------|------------------|
| Norpace 100 mg capsule                                | NP   | PA; MT           |
| Norpace 150 mg capsule                                | NP   | PA; MT           |
| Norpace CR 100 mg capsule,extended release            | P    |                  |
| Norpace CR 150 mg capsule,extended release            | P    |                  |
| quinidine gluconate ER 324 mg tablet,extended release | P    |                  |
| quinidine sulfate 200 mg tablet                       | P    |                  |
| quinidine sulfate 300 mg tablet                       | P    |                  |
| <b>ANTIARRHYTHMIC - CLASS IB</b>                      |      |                  |
| mexiletine 150 mg capsule                             | P    | MT               |
| mexiletine 200 mg capsule                             | P    | MT               |
| mexiletine 250 mg capsule                             | P    | MT               |
| <b>ANTIARRHYTHMIC - CLASS IC</b>                      |      |                  |
| flecainide 100 mg tablet                              | P    | MT               |
| flecainide 150 mg tablet                              | P    | MT               |
| flecainide 50 mg tablet                               | P    | MT               |

| Drug Name                                            | Tier | Drug Restriction                |
|------------------------------------------------------|------|---------------------------------|
| propafenone 150 mg tablet                            | P    | MT                              |
| propafenone 225 mg tablet                            | P    | MT                              |
| propafenone 300 mg tablet                            | P    | MT                              |
| propafenone ER 225 mg capsule,extended release 12 hr | NP   | PA; MT                          |
| propafenone ER 325 mg capsule,extended release 12 hr | NP   | PA; MT                          |
| propafenone ER 425 mg capsule,extended release 12 hr | NP   | PA; MT                          |
| Rythmol SR 225 mg capsule,extended release           | NP   | PA; MT                          |
| Rythmol SR 325 mg capsule,extended release           | NP   | PA; MT                          |
| Rythmol SR 425 mg capsule,extended release           | NP   | PA; MT                          |
| <b>ANTIARRHYTHMIC - CLASS II</b>                     |      |                                 |
| Betapace 120 mg tablet                               | NP   | PA; QL(Allowed 2 per 1 day); MT |
| Betapace 160 mg tablet                               | NP   | PA; QL(Allowed 2 per 1 day); MT |

| Drug Name                 | Tier | Drug Restriction                |
|---------------------------|------|---------------------------------|
| Betapace 80 mg tablet     | NP   | PA; QL(Allowed 2 per 1 day); MT |
| Betapace AF 120 mg tablet | NP   | PA; QL(Allowed 2 per 1 day); MT |
| Betapace AF 160 mg tablet | NP   | PA; QL(Allowed 2 per 1 day); MT |
| Betapace AF 80 mg tablet  | NP   | PA; QL(Allowed 2 per 1 day); MT |
| Sorine 120 mg tablet      | P    | QL(Allowed 2 per 1 day); MT     |
| Sorine 160 mg tablet      | P    | QL(Allowed 2 per 1 day); MT     |
| Sorine 240 mg tablet      | P    | MT                              |
| Sorine 80 mg tablet       | P    | QL(Allowed 2 per 1 day); MT     |
| sotalol 120 mg tablet     | P    | QL(Allowed 2 per 1 day); MT     |
| sotalol 160 mg tablet     | P    | QL(Allowed 2 per 1 day); MT     |
| sotalol 240 mg tablet     | P    | MT                              |
| sotalol 80 mg tablet      | P    | QL(Allowed 2 per 1 day); MT     |
| Sotalol AF 120 mg tablet  | NP   | PA; QL(Allowed 2 per 1 day); MT |
| Sotalol AF 160 mg tablet  | NP   | PA; QL(Allowed 2 per 1 day); MT |
| Sotalol AF 80 mg tablet   | NP   | PA; QL(Allowed 2 per 1 day); MT |



| Drug Name                                               | Tier | Drug Restriction |
|---------------------------------------------------------|------|------------------|
| Sotylize 5 mg/mL oral solution                          | NP   | PA               |
| ANTIARRHYTHMIC - CLASS III                              |      |                  |
| amiodarone 100 mg tablet                                | P    | MT               |
| amiodarone 200 mg tablet                                | P    | MT               |
| amiodarone 400 mg tablet                                | P    | MT               |
| dofetilide 125 mcg capsule                              | P    |                  |
| dofetilide 250 mcg capsule                              | P    |                  |
| dofetilide 500 mcg capsule                              | P    |                  |
| Multaq 400 mg tablet                                    | NP   | PA               |
| Pacerone 100 mg tablet                                  | P    | MT               |
| Pacerone 200 mg tablet                                  | P    | MT               |
| Pacerone 400 mg tablet                                  | P    | MT               |
| Tikosyn 125 mcg capsule                                 | NP   | PA               |
| Tikosyn 250 mcg capsule                                 | NP   | PA               |
| Tikosyn 500 mcg capsule                                 | NP   | PA               |
| ANTIHYPERLIPIDEMIC - ATP-CITRATE LYASE (ACLY) INHIBITOR |      |                  |

| Drug Name                                                      | Tier | Drug Restriction |
|----------------------------------------------------------------|------|------------------|
| Nexletol 180 mg tablet                                         | NP   | PA               |
| ANTIHYPERLIPIDEMIC - BILE ACID SEQUESTRANTS                    |      |                  |
| cholestyramine (with sugar) 4 gram oral powder                 | P    | MT               |
| cholestyramine (with sugar) 4 gram powder for susp in a packet | P    |                  |
| Cholestyramine Light 4 gram oral powder                        | P    | MT               |
| Cholestyramine Light 4 gram powder for susp in a packet        | P    |                  |
| colesevelam 3.75 gram oral powder packet                       | NP   | PA               |
| colesevelam 625 mg tablet                                      | NP   | PA               |
| Colestid 1 gram tablet                                         | NP   | PA; MT           |
| Colestid 5 gram oral granules                                  | NP   | PA; MT           |
| Colestid 5 gram oral packet                                    | NP   | PA; MT           |
| Colestid Flavored 5 gram oral granules                         | NP   | PA; MT           |
| Colestid Flavored 7.5 gram packet                              | NP   | PA; MT           |
| colestipol 1 gram tablet                                       | NP   | PA; MT           |

| Drug Name                                           | Tier | Drug Restriction            |
|-----------------------------------------------------|------|-----------------------------|
| colestipol 5 gram oral granules                     | NP   | PA; MT                      |
| colestipol 5 gram oral packet                       | NP   | PA; MT                      |
| Prevalite 4 gram oral powder                        | P    | MT                          |
| Prevalite 4 gram powder for susp in a packet        | P    |                             |
| Questran 4 gram oral powder                         | NP   | PA; MT                      |
| Questran 4 gram powder for susp in a packet         | NP   | PA                          |
| Questran Light 4 gram oral powder                   | NP   | PA; MT                      |
| WelChol 3.75 gram oral powder packet                | NP   | PA                          |
| WelChol 625 mg tablet                               | NP   | PA                          |
| <b>ANTIHYPERLIPIDEMIC - FIBRIC ACID DERIVATIVES</b> |      |                             |
| Antara 30 mg capsule                                | NP   | PA                          |
| Antara 90 mg capsule                                | NP   | PA                          |
| fenofibrate 120 mg tablet                           | P    |                             |
| fenofibrate 150 mg capsule                          | P    | MT                          |
| fenofibrate 160 mg tablet                           | P    | QL(Allowed 1 per 1 day); MT |

| Drug Name                                                 | Tier | Drug Restriction            |
|-----------------------------------------------------------|------|-----------------------------|
| fenofibrate 40 mg tablet                                  | P    |                             |
| fenofibrate 50 mg capsule                                 | P    | MT                          |
| fenofibrate 54 mg tablet                                  | P    | QL(Allowed 3 per 1 day); MT |
| fenofibrate micronized 130 mg capsule                     | P    |                             |
| fenofibrate micronized 134 mg capsule                     | P    | QL(Allowed 1 per 1 day); MT |
| fenofibrate micronized 200 mg capsule                     | P    | QL(Allowed 1 per 1 day); MT |
| fenofibrate micronized 43 mg capsule                      | P    |                             |
| fenofibrate micronized 67 mg capsule                      | P    | QL(Allowed 2 per 1 day); MT |
| fenofibrate nanocrystallized 145 mg tablet                | P    | MT                          |
| fenofibrate nanocrystallized 48 mg tablet                 | P    | MT                          |
| fenofibric acid (choline) 135 mg capsule, delayed release | P    |                             |
| fenofibric acid (choline) 45 mg capsule, delayed release  | P    |                             |

| Drug Name                                                   | Tier | Drug Restriction                |
|-------------------------------------------------------------|------|---------------------------------|
| fenofibric acid 105 mg tablet                               | NP   | PA                              |
| fenofibric acid 35 mg tablet                                | NP   | PA                              |
| Fenoglide 120 mg tablet                                     | NP   | PA                              |
| Fenoglide 40 mg tablet                                      | NP   | PA                              |
| Fibricor 105 mg tablet                                      | NP   | PA                              |
| Fibricor 35 mg tablet                                       | NP   | PA                              |
| gemfibrozil 600 mg tablet                                   | P    | QL(Allowed 2 per 1 day); MT     |
| Lipofen 150 mg capsule                                      | NP   | PA; MT                          |
| Lipofen 50 mg capsule                                       | NP   | PA; MT                          |
| Lopid 600 mg tablet                                         | NP   | PA; QL(Allowed 2 per 1 day); MT |
| Tricor 145 mg tablet                                        | NP   | PA; MT                          |
| Tricor 48 mg tablet                                         | NP   | PA; MT                          |
| Trilipix 135 mg capsule, delayed release                    | NP   | PA                              |
| Trilipix 45 mg capsule, delayed release                     | NP   | PA                              |
| ANTIHYPERLIPIDEMIC - HMG COA REDUCTASE INHIBITORS (STATINS) |      |                                 |

| Drug Name                               | Tier | Drug Restriction                |
|-----------------------------------------|------|---------------------------------|
| Altoprev 20 mg tablet, extended release | NP   | PA                              |
| Altoprev 40 mg tablet, extended release | NP   | PA                              |
| Altoprev 60 mg tablet, extended release | NP   | PA                              |
| atorvastatin 10 mg tablet               | P    | QL(Allowed 1 per 1 day); MT     |
| atorvastatin 20 mg tablet               | P    | QL(Allowed 1 per 1 day); MT     |
| atorvastatin 40 mg tablet               | P    | QL(Allowed 1 per 1 day); MT     |
| atorvastatin 80 mg tablet               | P    | QL(Allowed 1 per 1 day); MT     |
| Crestor 10 mg tablet                    | NP   | PA; QL(Allowed 1 per 1 day); MT |
| Crestor 20 mg tablet                    | NP   | PA; QL(Allowed 1 per 1 day); MT |
| Crestor 40 mg tablet                    | NP   | PA; QL(Allowed 1 per 1 day); MT |
| Crestor 5 mg tablet                     | NP   | PA; QL(Allowed 1 per 1 day); MT |
| Ezallor Sprinkle 10 mg capsule          | NP   | PA                              |
| Ezallor Sprinkle 20 mg capsule          | NP   | PA                              |
| Ezallor Sprinkle 40 mg capsule          | NP   | PA                              |

| Drug Name                                          | Tier | Drug Restriction                |
|----------------------------------------------------|------|---------------------------------|
| Ezallor Sprinkle 5 mg capsule                      | NP   | PA                              |
| fluvastatin 20 mg capsule                          | NP   | PA                              |
| fluvastatin 40 mg capsule                          | NP   | PA                              |
| fluvastatin ER 80 mg tablet,extended release 24 hr | NP   | PA                              |
| Lescol XL 80 mg tablet,extended release            | NP   | PA                              |
| Lipitor 10 mg tablet                               | NP   | PA; QL(Allowed 1 per 1 day); MT |
| Lipitor 20 mg tablet                               | NP   | PA; QL(Allowed 1 per 1 day); MT |
| Lipitor 40 mg tablet                               | NP   | PA; QL(Allowed 1 per 1 day); MT |
| Lipitor 80 mg tablet                               | NP   | PA; QL(Allowed 1 per 1 day); MT |
| Livalo 1 mg tablet                                 | NP   | PA                              |
| Livalo 2 mg tablet                                 | NP   | PA                              |
| Livalo 4 mg tablet                                 | NP   | PA                              |
| lovastatin 10 mg tablet                            | P    | QL(Allowed 1 per 1 day); MT     |
| lovastatin 20 mg tablet                            | P    | QL(Allowed 1 per 1 day); MT     |
| lovastatin 40 mg tablet                            | P    | QL(Allowed 2 per 1 day); MT     |

| Drug Name                 | Tier | Drug Restriction                |
|---------------------------|------|---------------------------------|
| Pravachol 20 mg tablet    | NP   | PA; QL(Allowed 1 per 1 day); MT |
| Pravachol 40 mg tablet    | NP   | PA; QL(Allowed 1 per 1 day); MT |
| pravastatin 10 mg tablet  | P    | QL(Allowed 1 per 1 day); MT     |
| pravastatin 20 mg tablet  | P    | QL(Allowed 1 per 1 day); MT     |
| pravastatin 40 mg tablet  | P    | QL(Allowed 1 per 1 day); MT     |
| pravastatin 80 mg tablet  | P    | QL(Allowed 1 per 1 day); MT     |
| rosuvastatin 10 mg tablet | P    | QL(Allowed 1 per 1 day); MT     |
| rosuvastatin 20 mg tablet | P    | QL(Allowed 1 per 1 day); MT     |
| rosuvastatin 40 mg tablet | P    | QL(Allowed 1 per 1 day); MT     |
| rosuvastatin 5 mg tablet  | P    | QL(Allowed 1 per 1 day); MT     |
| simvastatin 10 mg tablet  | P    | QL(Allowed 1 per 1 day); MT     |
| simvastatin 20 mg tablet  | P    | QL(Allowed 1 per 1 day); MT     |
| simvastatin 40 mg tablet  | P    | QL(Allowed 1 per 1 day); MT     |
| simvastatin 5 mg tablet   | P    | QL(Allowed 1 per 1 day); MT     |
| simvastatin 80 mg tablet  | P    | QL(Allowed 1 per 1 day); MT     |

| Drug Name                                              | Tier | Drug Restriction                |
|--------------------------------------------------------|------|---------------------------------|
| Zocor 10 mg tablet                                     | NP   | PA; QL(Allowed 1 per 1 day); MT |
| Zocor 20 mg tablet                                     | NP   | PA; QL(Allowed 1 per 1 day); MT |
| Zocor 40 mg tablet                                     | NP   | PA; QL(Allowed 1 per 1 day); MT |
| Zocor 80 mg tablet                                     | NP   | PA; QL(Allowed 1 per 1 day); MT |
| Zypitamag 1 mg tablet                                  | NP   | PA                              |
| Zypitamag 2 mg tablet                                  | NP   | PA                              |
| Zypitamag 4 mg tablet                                  | NP   | PA                              |
| <b>ANTIHYPERLIPIDEMIC - NICOTINIC ACID DERIVATIVES</b> |      |                                 |
| niacin ER 1,000 mg tablet,extended release 24 hr       | NP   | PA                              |
| niacin ER 500 mg tablet,extended release 24 hr         | NP   | PA                              |
| niacin ER 750 mg tablet,extended release 24 hr         | NP   | PA                              |
| Niaspan 1,000 mg tablet,extended release               | NP   | PA                              |
| Niaspan 500 mg tablet,extended release                 | NP   | PA                              |
| Niaspan 750 mg tablet,extended release                 | NP   | PA                              |
| <b>ANTIHYPERLIPIDEMIC - OMEGA-3 FATTY ACID TYPE</b>    |      |                                 |

| Drug Name                                                                     | Tier | Drug Restriction |
|-------------------------------------------------------------------------------|------|------------------|
| icosapent ethyl 1 gram capsule                                                | NP   | PA               |
| Lovaza 1 gram capsule                                                         | NP   | PA               |
| omega-3 acid ethyl esters 1 gram capsule                                      | NP   | PA               |
| Vascepa 0.5 gram capsule                                                      | NP   | PA               |
| Vascepa 1 gram capsule                                                        | NP   | PA               |
| <b>ANTIHYPERLIPIDEMIC - SELECTIVE CHOLESTEROL ABSORPTION INHIBITOR</b>        |      |                  |
| ezetimibe 10 mg tablet                                                        | P    |                  |
| Zetia 10 mg tablet                                                            | NP   | PA               |
| <b>ANTIHYPERLIPIDEMIC- ATP-CITRATE LYASE AND CHOLESTEROL ABSORPTION INHIB</b> |      |                  |
| Nexlizet 180 mg-10 mg tablet                                                  | NP   | PA               |
| <b>ANTIHYPERLIPIDEMIC HMG COA REDUCT INHIB AND CALCIUM CHANNEL BLOCKER</b>    |      |                  |
| amlodipine 10 mg-atorvastatin 10 mg tablet                                    | NP   | PA               |
| amlodipine 10 mg-atorvastatin 20 mg tablet                                    | NP   | PA               |
| amlodipine 10 mg-atorvastatin 40 mg tablet                                    | NP   | PA               |
| amlodipine 10 mg-atorvastatin 80 mg tablet                                    | NP   | PA               |

| Drug Name                                   | Tier | Drug Restriction |
|---------------------------------------------|------|------------------|
| amlodipine 2.5 mg-atorvastatin 10 mg tablet | NP   | PA               |
| amlodipine 2.5 mg-atorvastatin 20 mg tablet | NP   | PA               |
| amlodipine 2.5 mg-atorvastatin 40 mg tablet | NP   | PA               |
| amlodipine 5 mg-atorvastatin 10 mg tablet   | NP   | PA               |
| amlodipine 5 mg-atorvastatin 20 mg tablet   | NP   | PA               |
| amlodipine 5 mg-atorvastatin 40 mg tablet   | NP   | PA               |
| amlodipine 5 mg-atorvastatin 80 mg tablet   | NP   | PA               |
| Caduet 10 mg-10 mg tablet                   | NP   | PA               |
| Caduet 10 mg-20 mg tablet                   | NP   | PA               |
| Caduet 10 mg-40 mg tablet                   | NP   | PA               |
| Caduet 10 mg-80 mg tablet                   | NP   | PA               |
| Caduet 5 mg-10 mg tablet                    | NP   | PA               |
| Caduet 5 mg-20 mg tablet                    | NP   | PA               |

| Drug Name                                                                   | Tier | Drug Restriction |
|-----------------------------------------------------------------------------|------|------------------|
| Caduet 5 mg-40 mg tablet                                                    | NP   | PA               |
| Caduet 5 mg-80 mg tablet                                                    | NP   | PA               |
| <b>ANTIHYPERTENSIVE-HMG COA REDUCT INHIB AND CHOLESTEROL ABSORP INHIBIT</b> |      |                  |
| ezetimibe 10 mg-simvastatin 10 mg tablet                                    | NP   | ST               |
| ezetimibe 10 mg-simvastatin 20 mg tablet                                    | NP   | ST               |
| ezetimibe 10 mg-simvastatin 40 mg tablet                                    | NP   | ST               |
| ezetimibe 10 mg-simvastatin 80 mg tablet                                    | NP   | ST               |
| Vytorin 10 mg-10 mg tablet                                                  | NP   | ST               |
| Vytorin 10 mg-20 mg tablet                                                  | NP   | ST               |
| Vytorin 10 mg-40 mg tablet                                                  | NP   | ST               |
| Vytorin 10 mg-80 mg tablet                                                  | NP   | ST               |
| <b>ANTIHYPERTENSIVE-MICROSOMAL TRIGLYCERIDE TRANSFER PROTEIN (MTP)INHIB</b> |      |                  |
| Juxtapid 10 mg capsule                                                      | NP   | PA; SP           |
| Juxtapid 20 mg capsule                                                      | NP   | PA; SP           |
| Juxtapid 30 mg capsule                                                      | NP   | PA; SP           |

| Drug Name                                                       | Tier | Drug Restriction            |
|-----------------------------------------------------------------|------|-----------------------------|
| Juxtapid 40 mg capsule                                          | NP   | PA; SP                      |
| Juxtapid 5 mg capsule                                           | NP   | PA; SP                      |
| Juxtapid 60 mg capsule                                          | NP   | PA; SP                      |
| <b>ANTI-PCSK9 MONOCLONAL ANTIBODIES</b>                         |      |                             |
| Praluent Pen 150 mg/mL subcutaneous pen injector                | NP   | PA; SP                      |
| Praluent Pen 75 mg/mL subcutaneous pen injector                 | NP   | PA; SP                      |
| Repatha Pushtronex 420 mg/3.5 mL subcutaneous wearable injector | NP   | PA; SP                      |
| Repatha SureClick 140 mg/mL subcutaneous pen injector           | NP   | PA; SP                      |
| Repatha Syringe 140 mg/mL subcutaneous syringe                  | NP   | PA; SP                      |
| <b>BETA BLOCKERS CARDIAC SELECTIVE</b>                          |      |                             |
| atenolol 100 mg tablet                                          | P    | QL(Allowed 2 per 1 day); MT |
| atenolol 25 mg tablet                                           | P    | QL(Allowed 2 per 1 day); MT |
| atenolol 50 mg tablet                                           | P    | QL(Allowed 2 per 1 day); MT |

| Drug Name                                         | Tier | Drug Restriction                  |
|---------------------------------------------------|------|-----------------------------------|
| betaxolol 10 mg tablet                            | P    |                                   |
| betaxolol 20 mg tablet                            | P    |                                   |
| bisoprolol fumarate 10 mg tablet                  | P    | QL(Allowed 1 per 1 day); MT       |
| bisoprolol fumarate 5 mg tablet                   | P    | QL(Allowed 1 per 1 day); MT       |
| Bystolic 10 mg tablet                             | NP   | PA                                |
| Bystolic 2.5 mg tablet                            | NP   | PA                                |
| Bystolic 20 mg tablet                             | NP   | PA                                |
| Bystolic 5 mg tablet                              | NP   | PA                                |
| Kaspargo Sprinkle 100 mg capsule,extended release | NP   | PA                                |
| Kaspargo Sprinkle 200 mg capsule,extended release | NP   | PA                                |
| Kaspargo Sprinkle 25 mg capsule,extended release  | NP   | PA                                |
| Kaspargo Sprinkle 50 mg capsule,extended release  | NP   | PA                                |
| Lopressor 100 mg tablet                           | NP   | PA; QL(Allowed 4.5 per 1 day); MT |

| Drug Name                                                    | Tier | Drug Restriction                |
|--------------------------------------------------------------|------|---------------------------------|
| Lopressor 50 mg tablet                                       | NP   | PA; QL(Allowed 4 per 1 day); MT |
| metoprolol succinate ER 100 mg tablet,extended release 24 hr | P    | QL(Allowed 4 per 1 day); MT     |
| metoprolol succinate ER 200 mg tablet,extended release 24 hr | P    | QL(Allowed 2 per 1 day); MT     |
| metoprolol succinate ER 25 mg tablet,extended release 24 hr  | P    | QL(Allowed 4 per 1 day); MT     |
| metoprolol succinate ER 50 mg tablet,extended release 24 hr  | P    | QL(Allowed 4 per 1 day); MT     |
| metoprolol tartrate 100 mg tablet                            | P    | QL(Allowed 4.5 per 1 day); MT   |
| metoprolol tartrate 25 mg tablet                             | P    | QL(Allowed 4 per 1 day); MT     |
| metoprolol tartrate 37.5 mg tablet                           | P    |                                 |
| metoprolol tartrate 50 mg tablet                             | P    | QL(Allowed 4 per 1 day); MT     |
| metoprolol tartrate 75 mg tablet                             | P    |                                 |
| Tenormin 100 mg tablet                                       | NP   | PA; QL(Allowed 2 per 1 day); MT |
| Tenormin 25 mg tablet                                        | NP   | PA; QL(Allowed 2 per 1 day); MT |
| Tenormin 50 mg tablet                                        | NP   | PA; QL(Allowed 2 per 1 day); MT |

| Drug Name                                                                    | Tier | Drug Restriction                |
|------------------------------------------------------------------------------|------|---------------------------------|
| Toprol XL 100 mg tablet,extended release                                     | NP   | PA; QL(Allowed 4 per 1 day); MT |
| Toprol XL 200 mg tablet,extended release                                     | NP   | PA; QL(Allowed 2 per 1 day); MT |
| Toprol XL 25 mg tablet,extended release                                      | NP   | PA; QL(Allowed 4 per 1 day); MT |
| Toprol XL 50 mg tablet,extended release                                      | NP   | PA; QL(Allowed 4 per 1 day); MT |
| <b>BETA BLOCKERS CARDIAC SELECTIVE, INTRINSIC SYMPATHOMIMETIC ACTIVITY</b>   |      |                                 |
| acebutolol 200 mg capsule                                                    | P    | MT                              |
| acebutolol 400 mg capsule                                                    | P    | MT                              |
| <b>BETA BLOCKERS NON-CARDIAC SELECT., INTRINSIC SYMPATHOMIMETIC ACTIVITY</b> |      |                                 |
| pindolol 10 mg tablet                                                        | P    | MT                              |
| pindolol 5 mg tablet                                                         | P    | MT                              |
| <b>BETA BLOCKERS NON-CARDIAC SELECTIVE</b>                                   |      |                                 |
| Corgard 20 mg tablet                                                         | NP   | PA; QL(Allowed 2 per 1 day); MT |
| Corgard 40 mg tablet                                                         | NP   | PA; QL(Allowed 2 per 1 day); MT |
| Corgard 80 mg tablet                                                         | NP   | PA; QL(Allowed 2 per 1 day); MT |
| Hemangeol 4.28 mg/mL oral solution                                           | P    | PA; SP                          |



| Drug Name                                   | Tier | Drug Restriction                |
|---------------------------------------------|------|---------------------------------|
| Inderal LA 120 mg capsule,extended release  | NP   | PA; QL(Allowed 2 per 1 day); MT |
| Inderal LA 160 mg capsule,extended release  | NP   | PA; QL(Allowed 2 per 1 day); MT |
| Inderal LA 60 mg capsule,extended release   | NP   | PA; QL(Allowed 2 per 1 day); MT |
| Inderal LA 80 mg capsule,extended release   | NP   | PA; QL(Allowed 2 per 1 day); MT |
| Inderal XL 120 mg capsule,extended release  | NP   | PA                              |
| Inderal XL 80 mg capsule,extended release   | NP   | PA                              |
| InnoPran XL 120 mg capsule,extended release | NP   | PA                              |
| InnoPran XL 80 mg capsule,extended release  | NP   | PA                              |
| nadolol 20 mg tablet                        | P    | QL(Allowed 2 per 1 day); MT     |
| nadolol 40 mg tablet                        | P    | QL(Allowed 2 per 1 day); MT     |
| nadolol 80 mg tablet                        | P    | QL(Allowed 2 per 1 day); MT     |
| propranolol 10 mg tablet                    | P    | MT                              |

| Drug Name                                            | Tier | Drug Restriction            |
|------------------------------------------------------|------|-----------------------------|
| propranolol 20 mg tablet                             | P    | MT                          |
| propranolol 20 mg/5 mL (4 mg/mL) oral solution       | P    | MT                          |
| propranolol 40 mg tablet                             | P    | MT                          |
| propranolol 40 mg/5 mL (8 mg/mL) oral solution       | P    | MT                          |
| propranolol 60 mg tablet                             | P    | MT                          |
| propranolol 80 mg tablet                             | P    | MT                          |
| propranolol ER 120 mg capsule,24 hr,extended release | P    | QL(Allowed 2 per 1 day); MT |
| propranolol ER 160 mg capsule,24 hr,extended release | P    | QL(Allowed 2 per 1 day); MT |
| propranolol ER 60 mg capsule,24 hr,extended release  | P    | QL(Allowed 2 per 1 day); MT |
| propranolol ER 80 mg capsule,24 hr,extended release  | P    | QL(Allowed 2 per 1 day); MT |
| timolol 10 mg tablet                                 | P    | MT                          |
| timolol 20 mg tablet                                 | P    | MT                          |
| timolol 5 mg tablet                                  | P    | MT                          |

| Drug Name                                         | Tier | Drug Restriction                |
|---------------------------------------------------|------|---------------------------------|
| <b>BRADYKININ B2 RECEPTOR ANTAGONISTS</b>         |      |                                 |
| Firazyr 30 mg/3 mL subcutaneous syringe           | NP   | PA; SP                          |
| icatibant 30 mg/3 mL subcutaneous syringe         | NP   | PA; SP                          |
| <b>CALCIUM CHANNEL BLOCKERS - BENZOTHAZEPINES</b> |      |                                 |
| Cardizem 120 mg tablet                            | NP   | PA; QL(Allowed 3 per 1 day); MT |
| Cardizem 30 mg tablet                             | NP   | PA; QL(Allowed 3 per 1 day); MT |
| Cardizem 60 mg tablet                             | NP   | PA; QL(Allowed 3 per 1 day); MT |
| Cardizem CD 120 mg capsule,extended release       | NP   | PA; QL(Allowed 1 per 1 day); MT |
| Cardizem CD 180 mg capsule,extended release       | NP   | PA; QL(Allowed 1 per 1 day); MT |
| Cardizem CD 240 mg capsule,extended release       | NP   | PA; QL(Allowed 2 per 1 day); MT |
| Cardizem CD 300 mg capsule,extended release       | NP   | PA; QL(Allowed 1 per 1 day); MT |
| Cardizem CD 360 mg capsule,extended release       | NP   | PA; MT                          |
| Cardizem LA 120 mg tablet,extended release        | NP   | PA                              |

| Drug Name                                  | Tier | Drug Restriction            |
|--------------------------------------------|------|-----------------------------|
| Cardizem LA 180 mg tablet,extended release | NP   | PA; MT                      |
| Cardizem LA 240 mg tablet,extended release | NP   | PA; MT                      |
| Cardizem LA 300 mg tablet,extended release | NP   | PA; MT                      |
| Cardizem LA 360 mg tablet,extended release | NP   | PA; MT                      |
| Cardizem LA 420 mg tablet,extended release | NP   | PA; MT                      |
| Cartia XT 120 mg capsule,extended release  | P    | QL(Allowed 1 per 1 day); MT |
| Cartia XT 180 mg capsule,extended release  | P    | QL(Allowed 1 per 1 day); MT |
| Cartia XT 240 mg capsule,extended release  | P    | QL(Allowed 2 per 1 day); MT |
| Cartia XT 300 mg capsule,extended release  | P    | QL(Allowed 1 per 1 day); MT |
| diltiazem 120 mg tablet                    | P    | QL(Allowed 3 per 1 day); MT |
| diltiazem 30 mg tablet                     | P    | QL(Allowed 3 per 1 day); MT |
| diltiazem 60 mg tablet                     | P    | QL(Allowed 3 per 1 day); MT |
| diltiazem 90 mg tablet                     | P    | QL(Allowed 3 per 1 day); MT |

| Drug Name                                                              | Tier | Drug Restriction            |
|------------------------------------------------------------------------|------|-----------------------------|
| diltiazem CD 120 mg capsule,extended release 24 hr                     | P    | QL(Allowed 1 per 1 day); MT |
| diltiazem CD 180 mg capsule,extended release 24 hr                     | P    | QL(Allowed 1 per 1 day); MT |
| diltiazem CD 240 mg capsule,extended release 24 hr                     | P    | QL(Allowed 2 per 1 day); MT |
| diltiazem CD 300 mg capsule,extended release 24 hr                     | P    | QL(Allowed 1 per 1 day); MT |
| diltiazem CD 360 mg capsule,extended release 24 hr                     | P    | MT                          |
| diltiazem ER (XR/XT) 120 mg capsule,extended release 24 hr, controlled | P    | QL(Allowed 1 per 1 day); MT |
| diltiazem ER (XR/XT) 180 mg capsule,extended release 24 hr, controlled | P    | QL(Allowed 1 per 1 day); MT |
| diltiazem ER (XR/XT) 240 mg capsule,extended release 24 hr, controlled | P    | QL(Allowed 2 per 1 day); MT |
| diltiazem ER 120 mg capsule,24 hr,extended release                     | P    | QL(Allowed 1 per 1 day); MT |

| Drug Name                                          | Tier | Drug Restriction            |
|----------------------------------------------------|------|-----------------------------|
| diltiazem ER 120 mg capsule,extended release 12 hr | P    | QL(Allowed 2 per 1 day); MT |
| diltiazem ER 180 mg capsule,24 hr,extended release | P    | QL(Allowed 1 per 1 day); MT |
| diltiazem ER 180 mg tablet,extended release 24 hr  | P    | MT                          |
| diltiazem ER 240 mg capsule,24 hr,extended release | P    | QL(Allowed 1 per 1 day); MT |
| diltiazem ER 240 mg tablet,extended release 24 hr  | P    | MT                          |
| diltiazem ER 300 mg capsule,24 hr,extended release | P    | QL(Allowed 1 per 1 day); MT |
| diltiazem ER 300 mg tablet,extended release 24 hr  | P    | MT                          |
| diltiazem ER 360 mg capsule,24 hr,extended release | P    | QL(Allowed 1 per 1 day); MT |
| diltiazem ER 360 mg tablet,extended release 24 hr  | P    | MT                          |
| diltiazem ER 420 mg capsule,24 hr,extended release | P    | QL(Allowed 1 per 1 day); MT |
| diltiazem ER 420 mg tablet,extended release 24 hr  | P    | MT                          |

| Drug Name                                         | Tier | Drug Restriction            |
|---------------------------------------------------|------|-----------------------------|
| diltiazem ER 60 mg capsule,extended release 12 hr | P    | QL(Allowed 2 per 1 day); MT |
| diltiazem ER 90 mg capsule,extended release 12 hr | P    | QL(Allowed 2 per 1 day); MT |
| DILT-XR 120 mg capsule, extended release          | P    | QL(Allowed 1 per 1 day); MT |
| DILT-XR 180 mg capsule, extended release          | P    | QL(Allowed 1 per 1 day); MT |
| DILT-XR 240 mg capsule, extended release          | P    | QL(Allowed 2 per 1 day); MT |
| Matzim LA 180 mg tablet,extended release          | P    | MT                          |
| Matzim LA 240 mg tablet,extended release          | P    | MT                          |
| Matzim LA 300 mg tablet,extended release          | P    | MT                          |
| Matzim LA 360 mg tablet,extended release          | P    | MT                          |
| Matzim LA 420 mg tablet,extended release          | P    | MT                          |
| Taztia XT 120 mg capsule,extended release         | P    | QL(Allowed 1 per 1 day); MT |

| Drug Name                                  | Tier | Drug Restriction                |
|--------------------------------------------|------|---------------------------------|
| Taztia XT 180 mg capsule,extended release  | P    | QL(Allowed 1 per 1 day); MT     |
| Taztia XT 240 mg capsule,extended release  | P    | QL(Allowed 1 per 1 day); MT     |
| Taztia XT 300 mg capsule,extended release  | P    | QL(Allowed 1 per 1 day); MT     |
| Taztia XT 360 mg capsule,extended release  | P    | QL(Allowed 1 per 1 day); MT     |
| Tiadylt ER 120 mg capsule,extended release | P    | QL(Allowed 1 per 1 day); MT     |
| Tiadylt ER 180 mg capsule,extended release | P    | QL(Allowed 1 per 1 day); MT     |
| Tiadylt ER 240 mg capsule,extended release | P    | QL(Allowed 1 per 1 day); MT     |
| Tiadylt ER 300 mg capsule,extended release | P    | QL(Allowed 1 per 1 day); MT     |
| Tiadylt ER 360 mg capsule,extended release | P    | QL(Allowed 1 per 1 day); MT     |
| Tiadylt ER 420 mg capsule,extended release | P    | QL(Allowed 1 per 1 day); MT     |
| Tiazac 120 mg capsule,extended release     | NP   | PA; QL(Allowed 1 per 1 day); MT |
| Tiazac 180 mg capsule,extended release     | NP   | PA; QL(Allowed 1 per 1 day); MT |

| Drug Name                                          | Tier | Drug Restriction                |
|----------------------------------------------------|------|---------------------------------|
| Tiazac 240 mg capsule,extended release             | NP   | PA; QL(Allowed 1 per 1 day); MT |
| Tiazac 300 mg capsule,extended release             | NP   | PA; QL(Allowed 1 per 1 day); MT |
| Tiazac 360 mg capsule,extended release             | NP   | PA; QL(Allowed 1 per 1 day); MT |
| Tiazac 420 mg capsule,extended release             | NP   | PA; QL(Allowed 1 per 1 day); MT |
| <b>CALCIUM CHANNEL BLOCKERS - DIHYDROPYRIDINES</b> |      |                                 |
| Adalat CC 30 mg tablet,extended release            | NP   | PA; QL(Allowed 1 per 1 day); MT |
| Adalat CC 60 mg tablet,extended release            | NP   | PA; QL(Allowed 2 per 1 day); MT |
| Adalat CC 90 mg tablet,extended release            | NP   | PA; QL(Allowed 1 per 1 day); MT |
| amlodipine 10 mg tablet                            | P    | QL(Allowed 1 per 1 day); MT     |
| amlodipine 2.5 mg tablet                           | P    | QL(Allowed 1 per 1 day); MT     |
| amlodipine 5 mg tablet                             | P    | QL(Allowed 1 per 1 day); MT     |
| felodipine ER 10 mg tablet,extended release 24 hr  | P    | QL(Allowed 1 per 1 day); MT     |
| felodipine ER 2.5 mg tablet,extended release 24 hr | P    | QL(Allowed 1 per 1 day); MT     |

| Drug Name                                         | Tier | Drug Restriction            |
|---------------------------------------------------|------|-----------------------------|
| felodipine ER 5 mg tablet,extended release 24 hr  | P    | QL(Allowed 1 per 1 day); MT |
| isradipine 2.5 mg capsule                         | NP   | PA                          |
| isradipine 5 mg capsule                           | NP   | PA                          |
| Katerzia 1 mg/mL oral suspension                  | NP   | PA                          |
| nicardipine 20 mg capsule                         | NP   | PA                          |
| nicardipine 30 mg capsule                         | NP   | PA                          |
| nifedipine 10 mg capsule                          | P    | QL(Allowed 4 per 1 day); MT |
| nifedipine 20 mg capsule                          | P    | QL(Allowed 4 per 1 day); MT |
| nifedipine ER 30 mg tablet,extended release       | P    | QL(Allowed 1 per 1 day); MT |
| nifedipine ER 30 mg tablet,extended release 24 hr | P    | QL(Allowed 1 per 1 day); MT |
| nifedipine ER 60 mg tablet,extended release       | P    | QL(Allowed 2 per 1 day); MT |
| nifedipine ER 60 mg tablet,extended release 24 hr | P    | QL(Allowed 2 per 1 day); MT |
| nifedipine ER 90 mg tablet,extended release       | P    | QL(Allowed 1 per 1 day); MT |

| Drug Name                                            | Tier | Drug Restriction                |
|------------------------------------------------------|------|---------------------------------|
| nifedipine ER 90 mg tablet,extended release 24 hr    | P    | QL(Allowed 1 per 1 day); MT     |
| nisoldipine ER 17 mg tablet,extended release 24 hr   | NP   | PA                              |
| nisoldipine ER 20 mg tablet,extended release 24 hr   | NP   | PA                              |
| nisoldipine ER 25.5 mg tablet,extended release 24 hr | NP   | PA                              |
| nisoldipine ER 30 mg tablet,extended release 24 hr   | NP   | PA                              |
| nisoldipine ER 34 mg tablet,extended release 24 hr   | NP   | PA                              |
| nisoldipine ER 40 mg tablet,extended release 24 hr   | NP   | PA                              |
| nisoldipine ER 8.5 mg tablet,extended release 24 hr  | NP   | PA                              |
| Norvasc 10 mg tablet                                 | NP   | PA; QL(Allowed 1 per 1 day); MT |
| Norvasc 2.5 mg tablet                                | NP   | PA; QL(Allowed 1 per 1 day); MT |
| Norvasc 5 mg tablet                                  | NP   | PA; QL(Allowed 1 per 1 day); MT |
| Procardia 10 mg capsule                              | NP   | PA; QL(Allowed 4 per 1 day); MT |
| Procardia XL 30 mg tablet,extended release           | NP   | PA; QL(Allowed 1 per 1 day); MT |

| Drug Name                                                                     | Tier | Drug Restriction                |
|-------------------------------------------------------------------------------|------|---------------------------------|
| Procardia XL 60 mg tablet,extended release                                    | NP   | PA; QL(Allowed 2 per 1 day); MT |
| Procardia XL 90 mg tablet,extended release                                    | NP   | PA; QL(Allowed 1 per 1 day); MT |
| Sular 17 mg tablet,extended release                                           | NP   | PA                              |
| Sular 34 mg tablet,extended release                                           | NP   | PA                              |
| Sular 8.5 mg tablet,extended release                                          | NP   | PA                              |
| <b>CALCIUM CHANNEL BLOCKERS - DIHYDROPYRIDINES - CEREBROVASCULAR SPECIFIC</b> |      |                                 |
| nimodipine 30 mg capsule                                                      | P    |                                 |
| Nymalize 30 mg/10 mL oral solution                                            | NP   | PA                              |
| Nymalize 30 mg/5 mL oral syringe (FOR ORAL USE ONLY)                          | NP   | PA                              |
| Nymalize 60 mg/10 mL oral syringe (FOR ORAL USE ONLY)                         | NP   | PA                              |
| Nymalize 60 mg/20 mL oral solution                                            | NP   | PA                              |
| <b>CALCIUM CHANNEL BLOCKERS - PHENYLALKYLAMINES</b>                           |      |                                 |
| Calan SR 120 mg tablet,extended release                                       | NP   | PA; QL(Allowed 2 per 1 day); MT |

| Drug Name                                                   | Tier | Drug Restriction                |
|-------------------------------------------------------------|------|---------------------------------|
| Calan SR 180 mg tablet,extended release                     | NP   | PA; QL(Allowed 2 per 1 day); MT |
| Calan SR 240 mg tablet,extended release                     | NP   | PA; QL(Allowed 2 per 1 day); MT |
| verapamil 120 mg tablet                                     | P    | QL(Allowed 3 per 1 day); MT     |
| verapamil 40 mg tablet                                      | P    | QL(Allowed 3 per 1 day); MT     |
| verapamil 80 mg tablet                                      | P    | QL(Allowed 3 per 1 day); MT     |
| verapamil ER (PM) 100 mg capsule 24hr pellet CT,ext.release | P    | QL(Allowed 2 per 1 day); MT     |
| verapamil ER (PM) 200 mg capsule 24hr pellet CT,ext.release | P    | QL(Allowed 2 per 1 day); MT     |
| verapamil ER (PM) 300 mg capsule 24hr pellet CT,ext.release | P    | QL(Allowed 1 per 1 day); MT     |
| verapamil ER (SR) 120 mg tablet,extended release            | P    | QL(Allowed 2 per 1 day); MT     |
| verapamil ER (SR) 180 mg tablet,extended release            | P    | QL(Allowed 2 per 1 day); MT     |
| verapamil ER (SR) 240 mg tablet,extended release            | P    | QL(Allowed 2 per 1 day); MT     |

| Drug Name                                          | Tier | Drug Restriction                |
|----------------------------------------------------|------|---------------------------------|
| verapamil ER 120 mg 24 hr capsule,extended release | P    | QL(Allowed 2 per 1 day); MT     |
| verapamil ER 180 mg 24 hr capsule,extended release | P    | QL(Allowed 2 per 1 day); MT     |
| verapamil ER 240 mg 24 hr capsule,extended release | P    | QL(Allowed 2 per 1 day); MT     |
| verapamil ER 360 mg 24 hr capsule,extended release | P    | QL(Allowed 1 per 1 day); MT     |
| Verelan 120 mg capsule,extended release            | NP   | PA; QL(Allowed 2 per 1 day); MT |
| Verelan 180 mg capsule,extended release            | NP   | PA; QL(Allowed 2 per 1 day); MT |
| Verelan 240 mg capsule,extended release            | NP   | PA; QL(Allowed 2 per 1 day); MT |
| Verelan 360 mg capsule,extended release            | NP   | PA; QL(Allowed 1 per 1 day); MT |
| Verelan PM 100 mg capsule, extended release        | NP   | PA; QL(Allowed 2 per 1 day); MT |
| Verelan PM 200 mg capsule, extended release        | NP   | PA; QL(Allowed 2 per 1 day); MT |
| Verelan PM 300 mg capsule, extended release        | NP   | PA; QL(Allowed 1 per 1 day); MT |

| Drug Name                                                                 | Tier | Drug Restriction                |
|---------------------------------------------------------------------------|------|---------------------------------|
| <b>CARDIAC SELECTIVE BETA BLOCKER-THIAZIDE DIURETIC AND RELATED COMB.</b> |      |                                 |
| atenolol 100 mg-chlorthalidone 25 mg tablet                               | P    | QL(Allowed 1 per 1 day); MT     |
| atenolol 50 mg-chlorthalidone 25 mg tablet                                | P    | QL(Allowed 1 per 1 day); MT     |
| bisoprolol 10 mg-hydrochlorothiazide 6.25 mg tablet                       | P    | QL(Allowed 1 per 1 day); MT     |
| bisoprolol 2.5 mg-hydrochlorothiazide 6.25 mg tablet                      | P    | QL(Allowed 1 per 1 day); MT     |
| bisoprolol 5 mg-hydrochlorothiazide 6.25 mg tablet                        | P    | QL(Allowed 1 per 1 day); MT     |
| metoprolol tartrate 100 mg-hydrochlorothiazide 25 mg tablet               | P    | QL(Allowed 2 per 1 day); MT     |
| metoprolol tartrate 100 mg-hydrochlorothiazide 50 mg tablet               | P    | QL(Allowed 2 per 1 day); MT     |
| metoprolol tartrate 50 mg-hydrochlorothiazide 25 mg tablet                | P    | QL(Allowed 2 per 1 day); MT     |
| Tenoretic 100 100 mg-25 mg tablet                                         | NP   | PA; QL(Allowed 1 per 1 day); MT |
| Tenoretic 50 50 mg-25 mg tablet                                           | NP   | PA; QL(Allowed 1 per 1 day); MT |
| Ziac 10 mg-6.25 mg tablet                                                 | NP   | PA; QL(Allowed 1 per 1 day); MT |

| Drug Name                                                                 | Tier | Drug Restriction                             |
|---------------------------------------------------------------------------|------|----------------------------------------------|
| Ziac 2.5 mg-6.25 mg tablet                                                | NP   | PA; QL(Allowed 1 per 1 day); MT              |
| Ziac 5 mg-6.25 mg tablet                                                  | NP   | PA; QL(Allowed 1 per 1 day); MT              |
| <b>CARDIOVASCULAR SYMPATHOMIMETIC - ANAPHYLAXIS THERAPY SINGLE AGENTS</b> |      |                                              |
| Adrenacllick (child) 0.15 mg/0.15 mL injection,auto-injector              | P    |                                              |
| Adrenacllick 0.3 mg/0.3 mL injection, auto-injector                       | P    |                                              |
| epinephrine (Jr) 0.15 mg/0.3 mL injection,auto-injector                   | P    | QL(QL Overtime: Allowed 4 over 365 days)     |
| epinephrine 0.15 mg/0.15 mL auto-injector (for 33 to 66 lb patients)      | P    | QL(QL Overtime: Allowed 4 over 365 days)     |
| epinephrine 0.3 mg/0.3 mL injection, auto-injector                        | P    | QL(QL Overtime: Allowed 4 over 365 days)     |
| EpiPen 2-Pak 0.3 mg/0.3 mL injection, auto-injector                       | NP   | PA; QL(QL Overtime: Allowed 4 over 365 days) |
| EpiPen Jr 2-Pak 0.15 mg/0.3 mL injection,auto-injector                    | NP   | PA; QL(QL Overtime: Allowed 4 over 365 days) |



| Drug Name                                                              | Tier | Drug Restriction |
|------------------------------------------------------------------------|------|------------------|
| Symjepi 0.15 mg/0.3 mL injection syringe (for 33 lb to 66 lb patients) | NP   | PA               |
| Symjepi 0.3 mg/0.3 mL injection syringe                                | NP   | PA               |
| <b>CARDIOVASCULAR SYMPATHOMIMETICS</b>                                 |      |                  |
| midodrine 10 mg tablet                                                 | P    |                  |
| midodrine 2.5 mg tablet                                                | P    |                  |
| midodrine 5 mg tablet                                                  | P    |                  |
| Northera 100 mg capsule                                                | NP   | PA; SP           |
| Northera 200 mg capsule                                                | NP   | PA; SP           |
| Northera 300 mg capsule                                                | NP   | PA; SP           |
| <b>CENTRAL ALPHA-2 AGONISTS-THIAZIDE DIURETIC AND RELATED COMB.</b>    |      |                  |
| methyldopa 250 mg-hydrochlorothiazide 15 mg tablet                     | P    |                  |
| methyldopa 250 mg-hydrochlorothiazide 25 mg tablet                     | P    |                  |
| <b>CENTRAL ALPHA-2 RECEPTOR AGONISTS</b>                               |      |                  |
| Catapres 0.1 mg tablet                                                 | NP   | PA; MT           |

| Drug Name                                       | Tier | Drug Restriction |
|-------------------------------------------------|------|------------------|
| Catapres 0.2 mg tablet                          | NP   | PA; MT           |
| Catapres 0.3 mg tablet                          | NP   | PA; MT           |
| Catapres-TTS-1 0.1 mg/24 hr transdermal patch   | NP   | PA; MT           |
| Catapres-TTS-2 0.2 mg/24 hr transdermal patch   | NP   | PA; MT           |
| Catapres-TTS-3 0.3 mg/24 hr transdermal patch   | NP   | PA; MT           |
| clonidine 0.1 mg/24 hr weekly transdermal patch | P    | MT               |
| clonidine 0.2 mg/24 hr weekly transdermal patch | P    | MT               |
| clonidine 0.3 mg/24 hr weekly transdermal patch | P    | MT               |
| clonidine HCl 0.1 mg tablet                     | P    | MT               |
| clonidine HCl 0.2 mg tablet                     | P    | MT               |
| clonidine HCl 0.3 mg tablet                     | P    | MT               |
| guanfacine 1 mg tablet                          | P    | MT               |
| guanfacine 2 mg tablet                          | P    | MT               |
| methyldopa 250 mg tablet                        | P    | MT               |

| Drug Name                                                        | Tier | Drug Restriction |
|------------------------------------------------------------------|------|------------------|
| methyldopa 500 mg tablet                                         | P    | MT               |
| <b>DIGITALIS GLYCOSIDES</b>                                      |      |                  |
| Digitek 125 mcg (0.125 mg) tablet                                | P    | MT               |
| Digitek 250 mcg (0.25 mg) tablet                                 | P    | MT               |
| Digox 125 mcg (0.125 mg) tablet                                  | P    | MT               |
| Digox 250 mcg (0.25 mg) tablet                                   | P    | MT               |
| digoxin 125 mcg (0.125 mg) tablet                                | P    | MT               |
| digoxin 250 mcg (0.25 mg) tablet                                 | P    | MT               |
| digoxin 50 mcg/mL (0.05 mg/mL) oral solution                     | P    | MT               |
| <b>DIRECT ACTING VASODILATORS</b>                                |      |                  |
| hydralazine 10 mg tablet                                         | P    | MT               |
| hydralazine 100 mg tablet                                        | P    | MT               |
| hydralazine 25 mg tablet                                         | P    | MT               |
| hydralazine 50 mg tablet                                         | P    | MT               |
| minoxidil 10 mg tablet                                           | P    | MT               |
| minoxidil 2.5 mg tablet                                          | P    | MT               |
| <b>DIURETIC - ALDOSTERONE RECEPTOR ANTAGONIST, NON-SELECTIVE</b> |      |                  |

| Drug Name                                                    | Tier | Drug Restriction |
|--------------------------------------------------------------|------|------------------|
| Aldactone 100 mg tablet                                      | NP   | PA; MT           |
| Aldactone 25 mg tablet                                       | NP   | PA; MT           |
| Aldactone 50 mg tablet                                       | NP   | PA; MT           |
| CaroSpir 25 mg/5 mL oral suspension                          | NP   | PA               |
| spironolactone 100 mg tablet                                 | P    | MT               |
| spironolactone 25 mg tablet                                  | P    | MT               |
| spironolactone 50 mg tablet                                  | P    | MT               |
| <b>DIURETIC - ALDOSTERONE RECEPTOR ANTAGONIST, SELECTIVE</b> |      |                  |
| eplerenone 25 mg tablet                                      | NP   | PA               |
| eplerenone 50 mg tablet                                      | NP   | PA               |
| Inspira 25 mg tablet                                         | NP   | PA               |
| Inspira 50 mg tablet                                         | NP   | PA               |
| <b>DIURETIC - CARBONIC ANHYDRASE INHIBITORS</b>              |      |                  |
| acetazolamide 125 mg tablet                                  | P    | MT               |
| acetazolamide 250 mg tablet                                  | P    | MT               |
| acetazolamide ER 500 mg capsule, extended release            | P    | MT               |

| Drug Name                                     | Tier | Drug Restriction |
|-----------------------------------------------|------|------------------|
| methazolamide 25 mg tablet                    | P    |                  |
| methazolamide 50 mg tablet                    | P    |                  |
| <b>DIURETIC - LOOP</b>                        |      |                  |
| bumetanide 0.5 mg tablet                      | P    | MT               |
| bumetanide 1 mg tablet                        | P    | MT               |
| bumetanide 2 mg tablet                        | P    | MT               |
| Edecrin 25 mg tablet                          | NP   | PA               |
| ethacrynic acid 25 mg tablet                  | P    |                  |
| furosemide 10 mg/mL oral solution             | P    | MT               |
| furosemide 20 mg tablet                       | P    | MT               |
| furosemide 40 mg tablet                       | P    | MT               |
| furosemide 40 mg/4 mL oral solution           | P    | MT               |
| furosemide 40 mg/5 mL (8 mg/mL) oral solution | P    | MT               |
| furosemide 80 mg tablet                       | P    | MT               |
| Lasix 20 mg tablet                            | NP   | PA; MT           |

| Drug Name                                                             | Tier | Drug Restriction                |
|-----------------------------------------------------------------------|------|---------------------------------|
| Lasix 40 mg tablet                                                    | NP   | PA; MT                          |
| Lasix 80 mg tablet                                                    | NP   | PA; MT                          |
| torsemide 10 mg tablet                                                | P    | QL(Allowed 1 per 1 day); MT     |
| torsemide 100 mg tablet                                               | P    | QL(Allowed 1 per 1 day); MT     |
| torsemide 20 mg tablet                                                | P    | MT                              |
| torsemide 5 mg tablet                                                 | P    | QL(Allowed 1 per 1 day); MT     |
| <b>DIURETIC - POTASSIUM SPARING</b>                                   |      |                                 |
| amiloride 5 mg tablet                                                 | P    | QL(Allowed 4 per 1 day)         |
| triamterene 100 mg capsule                                            | P    |                                 |
| triamterene 50 mg capsule                                             | P    |                                 |
| <b>DIURETIC - POTASSIUM SPARING-THIAZIDE AND RELATED COMBINATIONS</b> |      |                                 |
| Aldactazide 25 mg-25 mg tablet                                        | NP   | PA; MT                          |
| Aldactazide 50 mg-50 mg tablet                                        | NP   | PA                              |
| amiloride 5 mg-hydrochlorothiazide 50 mg tablet                       | P    | QL(Allowed 1 per 1 day)         |
| Dyazide 37.5 mg-25 mg capsule                                         | NP   | PA; QL(Allowed 1 per 1 day); MT |
| Maxzide 75 mg-50 mg tablet                                            | NP   | PA; QL(Allowed 1 per 1 day); MT |

| Drug Name                                                                    | Tier | Drug Restriction                   |
|------------------------------------------------------------------------------|------|------------------------------------|
| Maxzide-25mg<br>37.5 mg-25 mg<br>tablet                                      | NP   | PA; QL(Allowed 1 per 1<br>day); MT |
| spironolactone 25<br>mg-<br>hydrochlorothiazid<br>e 25 mg tablet             | P    | MT                                 |
| triamterene 37.5<br>mg-<br>hydrochlorothiazid<br>e 25 mg capsule             | P    | QL(Allowed 1 per 1<br>day); MT     |
| triamterene 37.5<br>mg-<br>hydrochlorothiazid<br>e 25 mg tablet              | P    | QL(Allowed 1 per 1<br>day); MT     |
| triamterene 75 mg-<br>hydrochlorothiazid<br>e 50 mg tablet                   | P    | QL(Allowed 1 per 1<br>day); MT     |
| <b>DIURETIC - SELECTIVE ARGININE VASOPRESSIN V2<br/>RECEPTOR ANTAGONISTS</b> |      |                                    |
| Samsca 15 mg<br>tablet                                                       | NP   | PA; SP                             |
| Samsca 30 mg<br>tablet                                                       | NP   | PA; SP                             |
| tolvaptan 15 mg<br>tablet                                                    | NP   | PA; SP                             |
| tolvaptan 30 mg<br>tablet                                                    | NP   | PA; SP                             |
| <b>DIURETIC - THIAZIDES AND RELATED</b>                                      |      |                                    |
| chlorthalidone 25<br>mg tablet                                               | P    | MT                                 |
| chlorthalidone 50<br>mg tablet                                               | P    | MT                                 |
| Diuril 250 mg/5<br>mL oral suspension                                        | P    |                                    |

| Drug Name                                                                         | Tier | Drug Restriction |
|-----------------------------------------------------------------------------------|------|------------------|
| hydrochlorothiazid<br>e 12.5 mg capsule                                           | P    | MT               |
| hydrochlorothiazid<br>e 12.5 mg tablet                                            | P    | MT               |
| hydrochlorothiazid<br>e 25 mg tablet                                              | P    | MT               |
| hydrochlorothiazid<br>e 50 mg tablet                                              | P    | MT               |
| indapamide 1.25<br>mg tablet                                                      | P    | MT               |
| indapamide 2.5 mg<br>tablet                                                       | P    | MT               |
| metolazone 10 mg<br>tablet                                                        | P    | MT               |
| metolazone 2.5 mg<br>tablet                                                       | P    | MT               |
| metolazone 5 mg<br>tablet                                                         | P    | MT               |
| <b>GANGLIONIC BLOCKING, NON-DEPOLARIZING</b>                                      |      |                  |
| Vecamyl 2.5 mg<br>tablet                                                          | NP   | PA; SP           |
| <b>HYPERPOLARIZATION-ACTIVATED CYCLIC<br/>NUCLEOTIDE-GATED CHANNEL INHIBITORS</b> |      |                  |
| Corlanor 5 mg<br>tablet                                                           | NP   | PA               |
| Corlanor 5 mg/5<br>mL oral solution                                               | NP   | PA               |
| Corlanor 7.5 mg<br>tablet                                                         | NP   | PA               |
| <b>NON-CARDIAC SELECTIVE BETA BLOCKER-THIAZIDE<br/>DIURETIC AND RELATED COMB.</b> |      |                  |

| Drug Name                                                         | Tier | Drug Restriction            |
|-------------------------------------------------------------------|------|-----------------------------|
| nadolol 80 mg-bendroflumethiazide 5 mg tablet                     | P    |                             |
| propranolol 40 mg-hydrochlorothiazide 25 mg tablet                | P    | QL(Allowed 2 per 1 day); MT |
| propranolol 80 mg-hydrochlorothiazide 25 mg tablet                | P    | QL(Allowed 2 per 1 day); MT |
| <b>PAH AGENTS - SELECTIVE PROSTACYCLIN RECEPTOR (IP) AGONISTS</b> |      |                             |
| Uptravi 1,000 mcg tablet                                          | NP   | PA; SP                      |
| Uptravi 1,200 mcg tablet                                          | NP   | PA; SP                      |
| Uptravi 1,400 mcg tablet                                          | NP   | PA; SP                      |
| Uptravi 1,600 mcg tablet                                          | NP   | PA; SP                      |
| Uptravi 200 mcg (140)-800 mcg (60) tablets in a dose pack         | NP   | PA; SP                      |
| Uptravi 200 mcg tablet                                            | NP   | PA; SP                      |
| Uptravi 400 mcg tablet                                            | NP   | PA; SP                      |
| Uptravi 600 mcg tablet                                            | NP   | PA; SP                      |
| Uptravi 800 mcg tablet                                            | NP   | PA; SP                      |
| <b>PERIPHERAL ALPHA-1 RECEPTOR BLOCKERS</b>                       |      |                             |
| Cardura 1 mg tablet                                               | NP   | PA; MT                      |

| Drug Name                               | Tier | Drug Restriction |
|-----------------------------------------|------|------------------|
| Cardura 2 mg tablet                     | NP   | PA; MT           |
| Cardura 4 mg tablet                     | NP   | PA; MT           |
| Cardura 8 mg tablet                     | NP   | PA; MT           |
| Cardura XL 4 mg tablet,extended release | NP   | PA               |
| Cardura XL 8 mg tablet,extended release | NP   | PA               |
| doxazosin 1 mg tablet                   | P    | MT               |
| doxazosin 2 mg tablet                   | P    | MT               |
| doxazosin 4 mg tablet                   | P    | MT               |
| doxazosin 8 mg tablet                   | P    | MT               |
| Minipress 1 mg capsule                  | NP   | PA; MT           |
| Minipress 2 mg capsule                  | NP   | PA; MT           |
| Minipress 5 mg capsule                  | NP   | PA; MT           |
| phenoxybenzamine 10 mg capsule          | NP   | PA               |
| prazosin 1 mg capsule                   | P    | MT               |
| prazosin 2 mg capsule                   | P    | MT               |

| Drug Name                                                                  | Tier | Drug Restriction |
|----------------------------------------------------------------------------|------|------------------|
| prazosin 5 mg capsule                                                      | P    | MT               |
| terazosin 1 mg capsule                                                     | P    | MT               |
| terazosin 10 mg capsule                                                    | P    | MT               |
| terazosin 2 mg capsule                                                     | P    | MT               |
| terazosin 5 mg capsule                                                     | P    | MT               |
| <b>PHEOCHROMOCYTOMA, AGENTS TO TREAT</b>                                   |      |                  |
| Demser 250 mg capsule                                                      | P    | SP               |
| metyrosine 250 mg capsule                                                  | P    | SP               |
| <b>PLASMA KALLIKREIN INHIBITOR AGENTS, RECOMBINANT MONOCLONAL ANTIBODY</b> |      |                  |
| Takhzyro 300 mg/2 mL (150 mg/mL) subcutaneous solution                     | NP   | PA; SP           |
| <b>PLASMA KALLIKREIN INHIBITOR AGENTS, RECOMBINANT PROTEIN</b>             |      |                  |
| Kalbitor 10 mg/mL (1 mL) subcutaneous solution                             | NP   | PA; SP           |
| <b>PULMONARY ANTIHYPERTENSIVE AGENTS - PROSTACYCLIN-TYPE</b>               |      |                  |
| epoprostenol (glycine) 0.5 mg intravenous solution                         | P    | PA; SP           |
| epoprostenol (glycine) 1.5 mg intravenous solution                         | P    | PA; SP           |

| Drug Name                                      | Tier | Drug Restriction |
|------------------------------------------------|------|------------------|
| Flolan 0.5 mg intravenous solution             | P    | PA; SP           |
| Flolan 1.5 mg intravenous solution             | P    | PA; SP           |
| Orenitram 0.125 mg tablet,extended release     | NP   | PA; SP           |
| Orenitram 0.25 mg tablet,extended release      | NP   | PA; SP           |
| Orenitram 1 mg tablet,extended release         | NP   | PA; SP           |
| Orenitram 2.5 mg tablet,extended release       | NP   | PA; SP           |
| Orenitram 5 mg tablet, extended release        | NP   | PA; SP           |
| Remodulin 1 mg/mL injection solution           | NP   | PA; SP           |
| Remodulin 10 mg/mL injection solution          | NP   | PA; SP           |
| Remodulin 2.5 mg/mL injection solution         | NP   | PA; SP           |
| Remodulin 5 mg/mL injection solution           | NP   | PA; SP           |
| treprostinil sodium 1 mg/mL injection solution | NP   | PA; SP           |

| Drug Name                                                                          | Tier | Drug Restriction |
|------------------------------------------------------------------------------------|------|------------------|
| treprostinil sodium<br>10 mg/mL injection<br>solution                              | NP   | PA; SP           |
| treprostinil sodium<br>2.5 mg/mL<br>injection solution                             | NP   | PA; SP           |
| treprostinil sodium<br>5 mg/mL injection<br>solution                               | NP   | PA; SP           |
| Tyvaso 1.74<br>mg/2.9 mL (0.6<br>mg/mL) solution<br>for nebulization               | NP   | PA; SP           |
| Tyvaso<br>Institutional Starter<br>Kit 1.74 mg/2.9 mL<br>soln for<br>nebulization  | NP   | PA; SP           |
| Tyvaso Refill Kit<br>1.74 mg/2.9 mL<br>(0.6 mg/mL)<br>solution for<br>nebulization | NP   | PA; SP           |
| Tyvaso Starter Kit<br>1.74 mg/2.9 mL<br>solution for<br>nebulization               | NP   | PA; SP           |
| Velettri 0.5 mg<br>intravenous<br>solution                                         | NP   | PA; SP           |
| Velettri 1.5 mg<br>intravenous<br>solution                                         | NP   | PA; SP           |
| Ventavis 10<br>mcg/mL solution<br>for nebulization                                 | NP   | PA; SP           |

| Drug Name                                                                         | Tier | Drug Restriction |
|-----------------------------------------------------------------------------------|------|------------------|
| Ventavis 20<br>mcg/mL solution<br>for nebulization                                | NP   | PA; SP           |
| <b>PULMONARY ANTIHYPERTENSIVE AGENTS-SOLUBLE<br/>GUANYLATE CYCLASE STIMULATOR</b> |      |                  |
| Adempas 0.5 mg<br>tablet                                                          | NP   | PA; SP           |
| Adempas 1 mg<br>tablet                                                            | NP   | PA; SP           |
| Adempas 1.5 mg<br>tablet                                                          | NP   | PA; SP           |
| Adempas 2 mg<br>tablet                                                            | NP   | PA; SP           |
| Adempas 2.5 mg<br>tablet                                                          | NP   | PA; SP           |
| <b>PULMONARY ARTERIAL HYPERTENSION -<br/>ENDOTHELIN RECEPTOR ANTAGONISTS</b>      |      |                  |
| ambrisentan 10 mg<br>tablet                                                       | NP   | PA; SP           |
| ambrisentan 5 mg<br>tablet                                                        | NP   | PA; SP           |
| bosentan 125 mg<br>tablet                                                         | NP   | PA; SP           |
| bosentan 62.5 mg<br>tablet                                                        | NP   | PA; SP           |
| Letairis 10 mg<br>tablet                                                          | P    | PA; SP           |
| Letairis 5 mg tablet                                                              | P    | PA; SP           |
| Opsumit 10 mg<br>tablet                                                           | NP   | PA; SP           |
| Tracleer 125 mg<br>tablet                                                         | P    | PA; SP           |

| Drug Name                                                                         | Tier | Drug Restriction |
|-----------------------------------------------------------------------------------|------|------------------|
| Tracleer 32 mg tablet for oral suspension                                         | P    | PA; SP           |
| Tracleer 62.5 mg tablet                                                           | P    | PA; SP           |
| <b>PULMONARY ARTERIAL HYPERTENSION AGENTS-<br/>SELECTIVE CGMP-PDE5 INHIBITORS</b> |      |                  |
| Adcirca 20 mg tablet                                                              | P    | PA; SP           |
| Alyq 20 mg tablet                                                                 | P    | PA; SP           |
| Revatio 10 mg/12.5 mL intravenous solution                                        | NP   | PA; SP           |
| Revatio 10 mg/mL oral suspension                                                  | P    | PA; SP           |
| Revatio 20 mg tablet                                                              | NP   | PA; SP           |
| sildenafil (pulmonary hypertension) 10 mg/12.5 mL intravenous solution            | NP   | PA; SP           |
| sildenafil (pulmonary hypertension) 10 mg/mL oral suspension                      | NP   | PA; SP           |
| sildenafil (pulmonary hypertension) 20 mg tablet                                  | P    | PA; SP           |
| tadalafil 20 mg tablet (pulmonary hypertension)                                   | P    | PA; SP           |
| <b>RENIN INHIBITOR, DIRECT</b>                                                    |      |                  |

| Drug Name                                                 | Tier | Drug Restriction |
|-----------------------------------------------------------|------|------------------|
| aliskiren 150 mg tablet                                   | NP   | PA               |
| aliskiren 300 mg tablet                                   | NP   | PA               |
| Tekturna 150 mg tablet                                    | NP   | PA               |
| Tekturna 300 mg tablet                                    | NP   | PA               |
| <b>RENIN INHIBITOR, DIRECT AND DIURETIC COMBINATIONS</b>  |      |                  |
| Tekturna HCT 150 mg-12.5 mg tablet                        | NP   | PA               |
| Tekturna HCT 150 mg-25 mg tablet                          | NP   | PA               |
| Tekturna HCT 300 mg-12.5 mg tablet                        | NP   | PA               |
| Tekturna HCT 300 mg-25 mg tablet                          | NP   | PA               |
| <b>VASODILATOR COMBINATIONS</b>                           |      |                  |
| BiDil 20 mg-37.5 mg tablet                                | P    |                  |
| <b>CENTRAL NERVOUS SYSTEM AGENTS</b>                      |      |                  |
| <b>AGENTS TO TREAT EPISODIC CLUSTER HEADACHES</b>         |      |                  |
| Emgality 300 mg/3 mL (100 mg/mL x 3) subcutaneous syringe | NP   | PA; SP           |
| <b>ANTI-ANXIETY AGENT - ANTIHISTAMINE TYPE</b>            |      |                  |
| hydroxyzine HCl 10 mg tablet                              | P    | MT               |
| hydroxyzine HCl 10 mg/5 mL oral solution                  | P    |                  |



| Drug Name                                   | Tier | Drug Restriction        |
|---------------------------------------------|------|-------------------------|
| hydroxyzine HCl<br>25 mg tablet             | P    | MT                      |
| hydroxyzine HCl<br>50 mg tablet             | P    | MT                      |
| hydroxyzine<br>pamoate 100 mg<br>capsule    | P    |                         |
| hydroxyzine<br>pamoate 25 mg<br>capsule     | P    |                         |
| hydroxyzine<br>pamoate 50 mg<br>capsule     | P    | MT                      |
| Vistaril 25 mg<br>capsule                   | NP   | PA                      |
| Vistaril 50 mg<br>capsule                   | NP   | PA; MT                  |
| <b>ANTI-ANXIETY AGENT - BENZODIAZEPINES</b> |      |                         |
| alprazolam 0.25 mg<br>disintegrating tablet | NP   | PA                      |
| alprazolam 0.25 mg<br>tablet                | P    | QL(Allowed 4 per 1 day) |
| alprazolam 0.5 mg<br>disintegrating tablet  | NP   | PA                      |
| alprazolam 0.5 mg<br>tablet                 | P    | QL(Allowed 4 per 1 day) |
| alprazolam 1 mg<br>disintegrating tablet    | NP   | PA                      |
| alprazolam 1 mg<br>tablet                   | P    | QL(Allowed 4 per 1 day) |
| alprazolam 2 mg<br>disintegrating tablet    | NP   | PA                      |

| Drug Name                                                | Tier | Drug Restriction               |
|----------------------------------------------------------|------|--------------------------------|
| alprazolam 2 mg<br>tablet                                | P    | QL(Allowed 4 per 1 day)        |
| alprazolam ER 0.5<br>mg tablet,extended<br>release 24 hr | NP   | PA                             |
| alprazolam ER 1<br>mg tablet,extended<br>release 24 hr   | NP   | PA                             |
| alprazolam ER 2<br>mg tablet,extended<br>release 24 hr   | NP   | PA                             |
| alprazolam ER 3<br>mg tablet,extended<br>release 24 hr   | NP   | PA                             |
| Alprazolam<br>Intensol 1 mg/mL<br>oral concentrate       | P    |                                |
| Ativan 0.5 mg<br>tablet                                  | NP   | PA; QL(Allowed 3 per 1<br>day) |
| Ativan 1 mg tablet                                       | NP   | PA; QL(Allowed 4 per 1<br>day) |
| Ativan 2 mg tablet                                       | NP   | PA; QL(Allowed 3 per 1<br>day) |
| chlordiazepoxide<br>10 mg capsule                        | P    | QL(Allowed 4 per 1 day)        |
| chlordiazepoxide<br>25 mg capsule                        | P    | QL(Allowed 4 per 1 day)        |
| chlordiazepoxide 5<br>mg capsule                         | P    | QL(Allowed 4 per 1 day)        |
| clorazepate<br>dipotassium 15 mg<br>tablet               | P    | QL(Allowed 3 per 1 day)        |

| Drug Name                                        | Tier | Drug Restriction        |
|--------------------------------------------------|------|-------------------------|
| clorazepate dipotassium 3.75 mg tablet           | P    | QL(Allowed 3 per 1 day) |
| clorazepate dipotassium 7.5 mg tablet            | P    | QL(Allowed 3 per 1 day) |
| diazepam 10 mg tablet                            | P    | QL(Allowed 4 per 1 day) |
| diazepam 2 mg tablet                             | P    | QL(Allowed 4 per 1 day) |
| diazepam 5 mg tablet                             | P    | QL(Allowed 4 per 1 day) |
| diazepam 5 mg/5 mL (1 mg/mL) oral solution       | P    | QL(Allowed 500 per Rx)  |
| diazepam 5 mg/5 mL (1 mg/mL, 5 mL) oral solution | P    |                         |
| diazepam 5 mg/mL oral concentrate                | P    |                         |
| Diazepam Intensol 5 mg/mL oral concentrate       | P    |                         |
| lorazepam 0.5 mg tablet                          | P    | QL(Allowed 3 per 1 day) |
| lorazepam 1 mg tablet                            | P    | QL(Allowed 4 per 1 day) |
| lorazepam 2 mg tablet                            | P    | QL(Allowed 3 per 1 day) |
| lorazepam 2 mg/mL oral concentrate               | P    |                         |

| Drug Name                                   | Tier | Drug Restriction            |
|---------------------------------------------|------|-----------------------------|
| Lorazepam Intensol 2 mg/mL oral concentrate | P    |                             |
| oxazepam 10 mg capsule                      | P    | QL(Allowed 4 per 1 day)     |
| oxazepam 15 mg capsule                      | P    | QL(Allowed 4 per 1 day)     |
| oxazepam 30 mg capsule                      | P    | QL(Allowed 4 per 1 day)     |
| Tranxene T-Tab 7.5 mg tablet                | NP   | PA; QL(Allowed 3 per 1 day) |
| Xanax 0.25 mg tablet                        | NP   | PA; QL(Allowed 4 per 1 day) |
| Xanax 0.5 mg tablet                         | NP   | PA; QL(Allowed 4 per 1 day) |
| Xanax 1 mg tablet                           | NP   | PA; QL(Allowed 4 per 1 day) |
| Xanax 2 mg tablet                           | NP   | PA; QL(Allowed 4 per 1 day) |
| Xanax XR 0.5 mg tablet,extended release     | NP   | PA                          |
| Xanax XR 1 mg tablet,extended release       | NP   | PA                          |
| Xanax XR 2 mg tablet,extended release       | NP   | PA                          |
| Xanax XR 3 mg tablet,extended release       | NP   | PA                          |
| ANTIANXIETY AGENT - DICARBAMATE TYPE        |      |                             |

| Drug Name                                                        | Tier | Drug Restriction            |
|------------------------------------------------------------------|------|-----------------------------|
| meprobamate 200 mg tablet                                        | NP   | PA                          |
| meprobamate 400 mg tablet                                        | NP   | PA                          |
| <b>ANTI-ANXIETY AGENT - NON-BENZODIAZEPINE</b>                   |      |                             |
| buspirone 10 mg tablet                                           | P    | QL(Allowed 6 per 1 day); MT |
| buspirone 15 mg tablet                                           | P    | QL(Allowed 4 per 1 day); MT |
| buspirone 30 mg tablet                                           | P    | QL(Allowed 3 per 1 day); MT |
| buspirone 5 mg tablet                                            | P    | QL(Allowed 6 per 1 day); MT |
| buspirone 7.5 mg tablet                                          | P    | QL(Allowed 3 per 1 day); MT |
| <b>ANTICONVULSANT - AMPA-TYPE GLUTAMATE RECEPTOR ANTAGONISTS</b> |      |                             |
| Fycompa 0.5 mg/mL oral suspension                                | NP   | APA                         |
| Fycompa 10 mg tablet                                             | NP   | APA                         |
| Fycompa 12 mg tablet                                             | NP   | APA                         |
| Fycompa 2 mg tablet                                              | NP   | APA                         |
| Fycompa 4 mg tablet                                              | NP   | APA                         |
| Fycompa 6 mg tablet                                              | NP   | APA                         |
| Fycompa 8 mg tablet                                              | NP   | APA                         |

| Drug Name                                            | Tier | Drug Restriction |
|------------------------------------------------------|------|------------------|
| <b>ANTICONVULSANT - BARBITURATES AND DERIVATIVES</b> |      |                  |
| Mysoline 250 mg tablet                               | NP   | MT; APA          |
| Mysoline 50 mg tablet                                | NP   | MT; APA          |
| phenobarbital 100 mg tablet                          | P    |                  |
| phenobarbital 15 mg tablet                           | P    |                  |
| phenobarbital 16.2 mg tablet                         | P    |                  |
| phenobarbital 20 mg/5 mL (4 mg/mL) oral elixir       | P    |                  |
| phenobarbital 30 mg tablet                           | P    |                  |
| phenobarbital 32.4 mg tablet                         | P    |                  |
| phenobarbital 60 mg tablet                           | P    |                  |
| phenobarbital 64.8 mg tablet                         | P    |                  |
| phenobarbital 97.2 mg tablet                         | P    |                  |
| primidone 250 mg tablet                              | P    | MT; APA          |
| primidone 50 mg tablet                               | P    | MT; APA          |
| <b>ANTICONVULSANT - BENZODIAZEPINES</b>              |      |                  |
| clobazam 10 mg tablet                                | NP   | APA              |

| Drug Name                                              | Tier | Drug Restriction             |
|--------------------------------------------------------|------|------------------------------|
| clobazam 2.5 mg/mL oral suspension                     | NP   | APA                          |
| clobazam 20 mg tablet                                  | NP   | APA                          |
| clonazepam 0.125 mg disintegrating tablet              | NP   | APA                          |
| clonazepam 0.25 mg disintegrating tablet               | NP   | APA                          |
| clonazepam 0.5 mg disintegrating tablet                | NP   | APA                          |
| clonazepam 0.5 mg tablet                               | P    | QL(Allowed 4 per 1 day); APA |
| clonazepam 1 mg disintegrating tablet                  | NP   | APA                          |
| clonazepam 1 mg tablet                                 | P    | QL(Allowed 4 per 1 day); APA |
| clonazepam 2 mg disintegrating tablet                  | NP   | APA                          |
| clonazepam 2 mg tablet                                 | P    | QL(Allowed 4 per 1 day); APA |
| Diastat 2.5 mg rectal kit                              | P    | APA                          |
| Diastat AcuDial 12.5 mg-15 mg-17.5 mg-20 mg rectal kit | P    | QL(Allowed 1 per Rx); APA    |
| Diastat AcuDial 5 mg-7.5 mg-10 mg rectal kit           | P    | QL(Allowed 1 per Rx); APA    |

| Drug Name                                       | Tier | Drug Restriction             |
|-------------------------------------------------|------|------------------------------|
| diazepam 12.5 mg-15 mg-17.5 mg-20 mg rectal kit | P    | QL(Allowed 1 per Rx); APA    |
| diazepam 2.5 mg rectal kit                      | P    | QL(Allowed 1 per Rx); APA    |
| diazepam 5 mg-7.5 mg-10 mg rectal kit           | P    | QL(Allowed 1 per Rx); APA    |
| Klonopin 0.5 mg tablet                          | NP   | QL(Allowed 4 per 1 day); APA |
| Klonopin 1 mg tablet                            | NP   | QL(Allowed 4 per 1 day); APA |
| Klonopin 2 mg tablet                            | NP   | QL(Allowed 4 per 1 day); APA |
| Nayzilam 5 mg/spray (0.1 mL) nasal spray        | NP   | APA                          |
| Onfi 10 mg tablet                               | NP   | APA                          |
| Onfi 2.5 mg/mL oral suspension                  | NP   | APA                          |
| Onfi 20 mg tablet                               | NP   | APA                          |
| Sympazan 10 mg oral film                        | NP   | APA                          |
| Sympazan 20 mg oral film                        | NP   | APA                          |
| Sympazan 5 mg oral film                         | NP   | APA                          |
| Valtoco 10 mg/spray (0.1 mL) nasal spray        | NP   | PA                           |

| Drug Name                                           | Tier | Drug Restriction |
|-----------------------------------------------------|------|------------------|
| Valtoco 15 mg/2 spray(7.5mg/0.1mL x2) nasal spray   | NP   | PA               |
| Valtoco 20 mg/2 spray (10mg/0.1mL x2) nasal spray   | NP   | PA               |
| Valtoco 5 mg/spray (0.1 mL) nasal spray             | NP   | PA               |
| <b>ANTICONVULSANT - CANNABINOID TYPE</b>            |      |                  |
| Epidiolex 100 mg/mL oral solution                   | NP   | SP; APA          |
| <b>ANTICONVULSANT - CARBAMATES</b>                  |      |                  |
| felbamate 400 mg tablet                             | NP   | APA              |
| felbamate 600 mg tablet                             | NP   | APA              |
| felbamate 600 mg/5 mL oral suspension               | NP   | APA              |
| Felbatol 400 mg tablet                              | NP   | APA              |
| Felbatol 600 mg tablet                              | NP   | APA              |
| Felbatol 600 mg/5 mL oral suspension                | NP   | APA              |
| <b>ANTICONVULSANT - CARBOXYLIC ACID DERIVATIVES</b> |      |                  |
| Depakote 125 mg tablet,delayed release              | NP   | MT; APA          |
| Depakote 250 mg tablet,delayed release              | NP   | MT; APA          |

| Drug Name                                                       | Tier | Drug Restriction |
|-----------------------------------------------------------------|------|------------------|
| Depakote 500 mg tablet,delayed release                          | NP   | MT; APA          |
| Depakote ER 250 mg tablet,extended release                      | NP   | MT; APA          |
| Depakote ER 500 mg tablet,extended release                      | NP   | MT; APA          |
| Depakote Sprinkles 125 mg capsule,delayed release               | NP   | MT; APA          |
| divalproex 125 mg capsule,delayed release sprinkle              | P    | MT; APA          |
| divalproex 125 mg tablet,delayed release                        | P    | MT; APA          |
| divalproex 250 mg tablet,delayed release                        | P    | MT; APA          |
| divalproex 500 mg tablet,delayed release                        | P    | MT; APA          |
| divalproex ER 250 mg tablet,extended release 24 hr              | P    | MT; APA          |
| divalproex ER 500 mg tablet,extended release 24 hr              | P    | MT; APA          |
| valproic acid (as sodium salt) 250 mg/5 mL (5 mL) oral solution | P    | MT; APA          |

| Drug Name                                                         | Tier | Drug Restriction                 |
|-------------------------------------------------------------------|------|----------------------------------|
| valproic acid (as sodium salt) 250 mg/5 mL oral solution          | P    | MT; APA                          |
| valproic acid (as sodium salt) 500 mg/10 mL (10 mL) oral solution | P    | MT; APA                          |
| valproic acid 250 mg capsule                                      | P    | MT; APA                          |
| <b>ANTICONVULSANT - FUNCTIONALIZED AMINO ACID</b>                 |      |                                  |
| Vimpat 10 mg/mL oral solution                                     | NP   | APA                              |
| Vimpat 100 mg tablet                                              | NP   | APA                              |
| Vimpat 150 mg tablet                                              | NP   | APA                              |
| Vimpat 200 mg tablet                                              | NP   | APA                              |
| Vimpat 50 mg tablet                                               | NP   | APA                              |
| <b>ANTICONVULSANT - GABA ANALOGS</b>                              |      |                                  |
| Gabapal 100 mg-3.88 %-4" X 4" kit, topical cream and oral capsule | NP   | PA                               |
| gabapentin 100 mg capsule                                         | P    | QL(Allowed 9 per 1 day); MT; APA |
| gabapentin 250 mg/5 mL (5 mL) oral solution                       | P    | MT; APA                          |
| gabapentin 250 mg/5 mL oral solution                              | P    | MT; APA                          |

| Drug Name                                                             | Tier | Drug Restriction                 |
|-----------------------------------------------------------------------|------|----------------------------------|
| gabapentin 300 mg capsule                                             | P    | QL(Allowed 9 per 1 day); MT; APA |
| gabapentin 300 mg/6 mL (6 mL) oral solution                           | P    | MT; APA                          |
| gabapentin 400 mg capsule                                             | P    | QL(Allowed 9 per 1 day); MT; APA |
| gabapentin 600 mg tablet                                              | P    | QL(Allowed 6 per 1 day); MT; APA |
| gabapentin 800 mg tablet                                              | P    | QL(Allowed 4 per 1 day); MT; APA |
| Lidotin 100 mg-3.88 % kit, cream and capsule                          | NP   | PA                               |
| Lipritin 100 mg capsule-2.5 %-2.5 % cream-6 cm X 7 cm dressing kit    | NP   | PA                               |
| Lipritin II 100 mg capsule-2.5 %-2.5 % cream-6 cm X 7 cm dressing kit | NP   | PA                               |
| Lyrica 100 mg capsule                                                 | NP   | APA                              |
| Lyrica 150 mg capsule                                                 | NP   | APA                              |
| Lyrica 20 mg/mL oral solution                                         | NP   | APA                              |
| Lyrica 200 mg capsule                                                 | NP   | APA                              |
| Lyrica 225 mg capsule                                                 | NP   | APA                              |

| Drug Name                                         | Tier | Drug Restriction                 |
|---------------------------------------------------|------|----------------------------------|
| Lyrica 25 mg capsule                              | NP   | APA                              |
| Lyrica 300 mg capsule                             | NP   | APA                              |
| Lyrica 50 mg capsule                              | NP   | APA                              |
| Lyrica 75 mg capsule                              | NP   | APA                              |
| Neurontin 100 mg capsule                          | NP   | QL(Allowed 9 per 1 day); MT; APA |
| Neurontin 250 mg/5 mL oral solution               | NP   | MT; APA                          |
| Neurontin 300 mg capsule                          | NP   | QL(Allowed 9 per 1 day); MT; APA |
| Neurontin 400 mg capsule                          | NP   | QL(Allowed 9 per 1 day); MT; APA |
| Neurontin 600 mg tablet                           | NP   | QL(Allowed 6 per 1 day); MT; APA |
| Neurontin 800 mg tablet                           | NP   | QL(Allowed 4 per 1 day); MT; APA |
| Pentican 100 mg capsule and 5 % topical patch kit | NP   | PA                               |
| pregabalin 100 mg capsule                         | P    | APA                              |
| pregabalin 150 mg capsule                         | P    | APA                              |
| pregabalin 20 mg/mL oral solution                 | P    | APA                              |

| Drug Name                                                                    | Tier | Drug Restriction |
|------------------------------------------------------------------------------|------|------------------|
| pregabalin 200 mg capsule                                                    | P    | APA              |
| pregabalin 225 mg capsule                                                    | P    |                  |
| pregabalin 25 mg capsule                                                     | P    | APA              |
| pregabalin 300 mg capsule                                                    | P    | APA              |
| pregabalin 50 mg capsule                                                     | P    | APA              |
| pregabalin 75 mg capsule                                                     | P    | APA              |
| <b>ANTICONVULSANT - GABA RE-UPTAKE INHIBITOR, NIPICOTIC ACID DERIVATIVES</b> |      |                  |
| Gabitril 12 mg tablet                                                        | NP   | APA              |
| Gabitril 16 mg tablet                                                        | NP   | APA              |
| Gabitril 2 mg tablet                                                         | NP   | MT; APA          |
| Gabitril 4 mg tablet                                                         | NP   | MT; APA          |
| tiagabine 12 mg tablet                                                       | NP   | APA              |
| tiagabine 16 mg tablet                                                       | NP   | APA              |
| tiagabine 2 mg tablet                                                        | NP   | MT; APA          |
| tiagabine 4 mg tablet                                                        | NP   | MT; APA          |
| <b>ANTICONVULSANT - GABA TRANSAMINASE (GABA-T) INHIBITOR</b>                 |      |                  |

| Drug Name                                | Tier | Drug Restriction |
|------------------------------------------|------|------------------|
| Sabril 500 mg oral powder packet         | NP   | SP; APA          |
| Sabril 500 mg tablet                     | NP   | SP; APA          |
| vigabatrin 500 mg oral powder packet     | NP   | SP; APA          |
| vigabatrin 500 mg tablet                 | NP   | SP; APA          |
| Vigadrone 500 mg oral powder packet      | NP   | SP; APA          |
| <b>ANTICONVULSANT - HYDANTOINS</b>       |      |                  |
| Dilantin 30 mg capsule                   | NP   | APA              |
| Dilantin Extended 100 mg capsule         | NP   | MT; APA          |
| Dilantin Infatabs 50 mg chewable tablet  | NP   | MT; APA          |
| Dilantin-125 125 mg/5 mL oral suspension | NP   | MT; APA          |
| Peganone 250 mg tablet                   | NP   | APA              |
| Phenytek 200 mg capsule                  | NP   | MT; APA          |
| Phenytek 300 mg capsule                  | NP   | MT; APA          |
| phenytoin 100 mg/4 mL oral suspension    | P    | MT; APA          |
| phenytoin 125 mg/5 mL oral suspension    | P    | MT; APA          |

| Drug Name                                         | Tier | Drug Restriction |
|---------------------------------------------------|------|------------------|
| phenytoin 50 mg chewable tablet                   | P    | MT; APA          |
| phenytoin sodium extended 100 mg capsule          | P    | MT; APA          |
| phenytoin sodium extended 200 mg capsule          | P    | MT; APA          |
| phenytoin sodium extended 300 mg capsule          | P    | MT; APA          |
| <b>ANTICONVULSANT - IMINOSTILBENE DERIVATIVES</b> |      |                  |
| Aptiom 200 mg tablet                              | NP   | APA              |
| Aptiom 400 mg tablet                              | NP   | APA              |
| Aptiom 600 mg tablet                              | NP   | APA              |
| Aptiom 800 mg tablet                              | NP   | APA              |
| carbamazepine 100 mg chewable tablet              | P    | MT; APA          |
| carbamazepine 100 mg/5 mL (5 mL) oral suspension  | P    | MT               |
| carbamazepine 100 mg/5 mL oral suspension         | P    | MT; APA          |
| carbamazepine 200 mg tablet                       | P    | MT; APA          |
| carbamazepine 200 mg/10 mL oral suspension        | P    | MT               |



| Drug Name                                                   | Tier | Drug Restriction |
|-------------------------------------------------------------|------|------------------|
| carbamazepine ER 100 mg capsule,extended release mphase12hr | NP   | MT; APA          |
| carbamazepine ER 100 mg tablet,extended release,12 hr       | P    | MT; APA          |
| carbamazepine ER 200 mg capsule,extended release mphase12hr | NP   | MT; APA          |
| carbamazepine ER 200 mg tablet,extended release,12 hr       | P    | MT; APA          |
| carbamazepine ER 300 mg capsule,extended release mphase12hr | NP   | MT; APA          |
| carbamazepine ER 400 mg tablet,extended release,12 hr       | P    | MT; APA          |
| Carbatrol 100 mg capsule, extended release                  | NP   | MT; APA          |
| Carbatrol 200 mg capsule, extended release                  | NP   | MT; APA          |
| Carbatrol 300 mg capsule, extended release                  | NP   | MT; APA          |
| Epitol 200 mg tablet                                        | P    | MT; APA          |
| oxcarbazepine 150 mg tablet                                 | P    | MT; APA          |

| Drug Name                                            | Tier | Drug Restriction |
|------------------------------------------------------|------|------------------|
| oxcarbazepine 300 mg tablet                          | P    | MT; APA          |
| oxcarbazepine 300 mg/5 mL (60 mg/mL) oral suspension | P    | MT; APA          |
| oxcarbazepine 600 mg tablet                          | P    | MT; APA          |
| Oxtellar XR 150 mg tablet,extended release           | NP   | APA              |
| Oxtellar XR 300 mg tablet,extended release           | NP   | APA              |
| Oxtellar XR 600 mg tablet,extended release           | NP   | APA              |
| Tegretol 100 mg/5 mL oral suspension                 | NP   | MT; APA          |
| Tegretol 200 mg tablet                               | NP   | MT; APA          |
| Tegretol XR 100 mg tablet,extended release           | NP   | MT; APA          |
| Tegretol XR 200 mg tablet,extended release           | NP   | MT; APA          |
| Tegretol XR 400 mg tablet,extended release           | NP   | MT; APA          |
| Trileptal 150 mg tablet                              | NP   | MT; APA          |
| Trileptal 300 mg tablet                              | NP   | MT; APA          |

| Drug Name                                          | Tier | Drug Restriction                 |
|----------------------------------------------------|------|----------------------------------|
| Trileptal 300 mg/5 mL (60 mg/mL) oral suspension   | NP   | MT; APA                          |
| Trileptal 600 mg tablet                            | NP   | MT; APA                          |
| <b>ANTICONVULSANT - MONOSACCHARIDE DERIVATIVES</b> |      |                                  |
| Qudexy XR 100 mg capsule sprinkle,extended release | NP   | APA                              |
| Qudexy XR 150 mg capsule sprinkle,extended release | NP   | APA                              |
| Qudexy XR 200 mg capsule sprinkle,extended release | NP   | APA                              |
| Qudexy XR 25 mg capsule sprinkle,extended release  | NP   | APA                              |
| Qudexy XR 50 mg capsule sprinkle,extended release  | NP   | APA                              |
| Topamax 100 mg tablet                              | NP   | QL(Allowed 4 per 1 day); MT; APA |
| Topamax 15 mg sprinkle capsule                     | NP   | QL(Allowed 6 per 1 day); MT; APA |
| Topamax 200 mg tablet                              | NP   | QL(Allowed 2 per 1 day); MT; APA |
| Topamax 25 mg sprinkle capsule                     | NP   | QL(Allowed 8 per 1 day); MT; APA |

| Drug Name                                                    | Tier | Drug Restriction                 |
|--------------------------------------------------------------|------|----------------------------------|
| Topamax 25 mg tablet                                         | NP   | QL(Allowed 6 per 1 day); MT; APA |
| Topamax 50 mg tablet                                         | NP   | QL(Allowed 6 per 1 day); MT; APA |
| topiramate 100 mg tablet                                     | P    | QL(Allowed 4 per 1 day); MT; APA |
| topiramate 15 mg sprinkle capsule                            | P    | QL(Allowed 6 per 1 day); MT; APA |
| topiramate 200 mg tablet                                     | P    | QL(Allowed 2 per 1 day); MT; APA |
| topiramate 25 mg sprinkle capsule                            | P    | QL(Allowed 8 per 1 day); MT; APA |
| topiramate 25 mg tablet                                      | P    | QL(Allowed 6 per 1 day); MT; APA |
| topiramate 50 mg tablet                                      | P    | QL(Allowed 6 per 1 day); MT; APA |
| topiramate XR 100 mg capsule sprinkle,extended release 24 hr | NP   | APA                              |
| topiramate XR 150 mg capsule sprinkle,extended release 24 hr | NP   | APA                              |
| topiramate XR 200 mg capsule sprinkle,extended release 24 hr | NP   | APA                              |
| topiramate XR 25 mg capsule sprinkle,extended release 24 hr  | NP   | APA                              |

| Drug Name                                                   | Tier | Drug Restriction |
|-------------------------------------------------------------|------|------------------|
| topiramate XR 50 mg capsule sprinkle,extended release 24 hr | NP   | APA              |
| Trokendi XR 100 mg capsule, extended release                | NP   | APA              |
| Trokendi XR 200 mg capsule, extended release                | NP   | APA              |
| Trokendi XR 25 mg capsule,extended release                  | NP   | APA              |
| Trokendi XR 50 mg capsule, extended release                 | NP   | APA              |
| <b>ANTICONVULSANT - PHENYLTRIAZINE DERIVATIVES</b>          |      |                  |
| Lamictal 100 mg tablet                                      | NP   | MT; APA          |
| Lamictal 150 mg tablet                                      | NP   | MT; APA          |
| Lamictal 200 mg tablet                                      | NP   | MT; APA          |
| Lamictal 25 mg chewable dispersible tablet                  | NP   | MT; APA          |
| Lamictal 25 mg tablet                                       | NP   | MT; APA          |
| Lamictal 5 mg chewable dispersible tablet                   | NP   | MT; APA          |
| Lamictal ODT 100 mg disintegrating tablet                   | NP   | APA              |

| Drug Name                                                                 | Tier | Drug Restriction |
|---------------------------------------------------------------------------|------|------------------|
| Lamictal ODT 200 mg disintegrating tablet                                 | NP   | APA              |
| Lamictal ODT 25 mg disintegrating tablet                                  | NP   | APA              |
| Lamictal ODT 50 mg disintegrating tablet                                  | NP   | APA              |
| Lamictal ODT Starter (Blue) 25 mg (21)-50 mg (7) tablet,disintegrating    | NP   | APA              |
| Lamictal ODT Starter (Green) 50 mg (42)-100 mg (14) tablet,disintegrating | NP   | APA              |
| Lamictal ODT Starter(Orange) 25 mg(14)-50 mg(14)-100 mg(7) tab,disint     | NP   | APA              |
| Lamictal Starter (Blue) Kit 25 mg (35) tablets in a dose pack             | NP   | APA              |
| Lamictal Starter (Green) Kit 25 mg (84)-100 mg (14) tablets, dose pack    | NP   | APA              |
| Lamictal Starter (Orange) Kit 25 mg (42)-100 mg (7) tablets, dose pack    | NP   | APA              |
| Lamictal XR 100 mg tablet,extended release                                | NP   | ST; APA          |

| Drug Name                                                              | Tier | Drug Restriction |
|------------------------------------------------------------------------|------|------------------|
| Lamictal XR 200 mg tablet,extended release                             | NP   | ST; APA          |
| Lamictal XR 25 mg tablet,extended release                              | NP   | ST; APA          |
| Lamictal XR 250 mg tablet,extended release                             | NP   | ST; APA          |
| Lamictal XR 300 mg tablet,extended release                             | NP   | ST; APA          |
| Lamictal XR 50 mg tablet,extended release                              | NP   | ST; APA          |
| Lamictal XR Starter (Blue) 25 mg (21)-50 mg (7) tablet,extend release  | NP   | APA              |
| Lamictal XR Starter (Green) 50 mg(14)-100 mg(14)-200 mg(7) tab,ext.rel | NP   | APA              |
| Lamictal XR Starter (Orange) 25 mg(14)-50 mg(14)-100 mg(7) tab,ext.rel | NP   | APA              |
| lamotrigine 100 mg disintegrating tablet                               | NP   | APA              |
| lamotrigine 100 mg tablet                                              | P    | MT; APA          |
| lamotrigine 150 mg tablet                                              | P    | MT; APA          |

| Drug Name                                                              | Tier | Drug Restriction |
|------------------------------------------------------------------------|------|------------------|
| lamotrigine 200 mg disintegrating tablet                               | NP   | APA              |
| lamotrigine 200 mg tablet                                              | P    | MT; APA          |
| lamotrigine 25 mg (21)-50 mg (7) tablet,disintegrating , pack          | NP   | PA               |
| lamotrigine 25 mg (35) tablets in a dose pack                          | NP   | APA              |
| lamotrigine 25 mg (42)-100 mg (7) tablets in a dose pack               | NP   | APA              |
| lamotrigine 25 mg (84)-100 mg (14) tablets in a dose pack              | NP   | APA              |
| lamotrigine 25 mg chewable dispersible tablet                          | P    | MT; APA          |
| lamotrigine 25 mg disintegrating tablet                                | NP   | APA              |
| lamotrigine 25 mg tablet                                               | P    | MT; APA          |
| lamotrigine 25 mg(14)-50 mg(14)-100 mg(7) tablet,disintegrating , pack | NP   | PA               |
| lamotrigine 5 mg chewable dispersible tablet                           | P    | MT; APA          |

| Drug Name                                                       | Tier | Drug Restriction |
|-----------------------------------------------------------------|------|------------------|
| lamotrigine 50 mg (42)-100 mg (14) tablet,disintegrating , pack | NP   | PA               |
| lamotrigine 50 mg disintegrating tablet                         | NP   | APA              |
| lamotrigine ER 100 mg tablet,extended release 24 hr             | NP   | ST; APA          |
| lamotrigine ER 200 mg tablet,extended release 24 hr             | NP   | ST; APA          |
| lamotrigine ER 25 mg tablet,extended release 24 hr              | NP   | ST; APA          |
| lamotrigine ER 250 mg tablet,extended release 24 hr             | NP   | ST; APA          |
| lamotrigine ER 300 mg tablet,extended release 24 hr             | NP   | ST; APA          |
| lamotrigine ER 50 mg tablet,extended release 24 hr              | NP   | ST; APA          |
| Subvenite 100 mg tablet                                         | P    | MT; APA          |
| Subvenite 150 mg tablet                                         | P    | MT; APA          |
| Subvenite 200 mg tablet                                         | P    | MT; APA          |
| Subvenite 25 mg tablet                                          | P    | MT; APA          |

| Drug Name                                                              | Tier | Drug Restriction                  |
|------------------------------------------------------------------------|------|-----------------------------------|
| Subvenite Starter (Blue) Kit 25 mg (35) tablets in a dose pack         | NP   | APA                               |
| Subvenite Starter (Green) Kit 25 mg (84)-100 mg (14) tablet, dose pack | NP   | APA                               |
| Subvenite Starter (Orange) Kit 25 mg (42)-100 mg (7) tablet, dose pack | NP   | APA                               |
| <b>ANTICONVULSANT - PYRROLIDINE DERIVATIVES</b>                        |      |                                   |
| Briviact 10 mg tablet                                                  | NP   | APA                               |
| Briviact 10 mg/mL oral solution                                        | NP   | APA                               |
| Briviact 100 mg tablet                                                 | NP   | APA                               |
| Briviact 25 mg tablet                                                  | NP   | APA                               |
| Briviact 50 mg tablet                                                  | NP   | APA                               |
| Briviact 75 mg tablet                                                  | NP   | APA                               |
| Keppra 1,000 mg tablet                                                 | NP   | MT; APA                           |
| Keppra 100 mg/mL oral solution                                         | NP   | QL(Allowed 30 per 1 day); MT; APA |
| Keppra 250 mg tablet                                                   | NP   | QL(Allowed 4 per 1 day); MT; APA  |
| Keppra 500 mg tablet                                                   | NP   | QL(Allowed 6 per 1 day); MT; APA  |

| Drug Name                                             | Tier | Drug Restriction                  |
|-------------------------------------------------------|------|-----------------------------------|
| Keppra 750 mg tablet                                  | NP   | QL(Allowed 4 per 1 day); MT; APA  |
| Keppra XR 500 mg tablet,extended release              | NP   | MT; APA                           |
| Keppra XR 750 mg tablet,extended release              | NP   | MT; APA                           |
| levetiracetam 1,000 mg tablet                         | P    | MT; APA                           |
| levetiracetam 100 mg/mL oral solution                 | P    | QL(Allowed 30 per 1 day); MT; APA |
| levetiracetam 250 mg tablet                           | P    | QL(Allowed 4 per 1 day); MT; APA  |
| levetiracetam 500 mg tablet                           | P    | QL(Allowed 6 per 1 day); MT; APA  |
| levetiracetam 500 mg/5 mL (5 mL) oral solution        | P    | QL(Allowed 30 per 1 day); MT; APA |
| levetiracetam 750 mg tablet                           | P    | QL(Allowed 4 per 1 day); MT; APA  |
| levetiracetam ER 500 mg tablet,extended release 24 hr | P    | MT; APA                           |
| levetiracetam ER 750 mg tablet,extended release 24 hr | P    | MT; APA                           |
| Roweepra 500 mg tablet                                | P    | QL(Allowed 6 per 1 day); MT; APA  |
| Spritam 1,000 mg tablet for oral suspension           | NP   | PA                                |

| Drug Name                                       | Tier | Drug Restriction |
|-------------------------------------------------|------|------------------|
| Spritam 250 mg tablet for oral suspension       | NP   | PA               |
| Spritam 500 mg tablet for oral suspension       | NP   | PA               |
| Spritam 750 mg tablet for oral suspension       | NP   | PA               |
| <b>ANTICONVULSANT - SUCCINIMIDES</b>            |      |                  |
| Celontin 300 mg capsule                         | NP   | APA              |
| ethosuximide 250 mg capsule                     | P    | MT; APA          |
| ethosuximide 250 mg/5 mL oral solution          | P    | MT; APA          |
| Zarontin 250 mg capsule                         | NP   | MT; APA          |
| Zarontin 250 mg/5 mL oral solution              | NP   | MT; APA          |
| <b>ANTICONVULSANT - SULFONAMIDE DERIVATIVES</b> |      |                  |
| zonisamide 100 mg capsule                       | P    | MT; APA          |
| zonisamide 25 mg capsule                        | P    | MT; APA          |
| zonisamide 50 mg capsule                        | P    | MT; APA          |
| <b>ANTICONVULSANT - TRIAZOLE DERIVATIVES</b>    |      |                  |
| Banzel 200 mg tablet                            | NP   | SP; APA          |
| Banzel 40 mg/mL oral suspension                 | NP   | SP; APA          |

| Drug Name                                                              | Tier | Drug Restriction |
|------------------------------------------------------------------------|------|------------------|
| Banzel 400 mg tablet                                                   | NP   | SP; APA          |
| rufinamide 40 mg/mL oral suspension                                    | NP   | PA; SP           |
| <b>ANTICONVULSANT OTHERS</b>                                           |      |                  |
| Diacomit 250 mg capsule                                                | NP   | APA              |
| Diacomit 250 mg oral powder packet                                     | NP   | APA              |
| Diacomit 500 mg capsule                                                | NP   | APA              |
| Diacomit 500 mg oral powder packet                                     | NP   | APA              |
| Fintepla 2.2 mg/mL oral solution                                       | NP   | PA; SP           |
| Xcopri 100 mg tablet                                                   | NP   | PA               |
| Xcopri 150 mg tablet                                                   | NP   | PA               |
| Xcopri 200 mg tablet                                                   | NP   | PA               |
| Xcopri 50 mg tablet                                                    | NP   | PA               |
| Xcopri Maintenance Pack 250 mg/day (200 mg x 1 and 50 mg x 1) tablets  | NP   | PA               |
| Xcopri Maintenance Pack 350 mg/day (200 mg x 1 and 150 mg x 1) tablets | NP   | PA               |

| Drug Name                                                            | Tier | Drug Restriction                                                       |
|----------------------------------------------------------------------|------|------------------------------------------------------------------------|
| Xcopri Titration Pack 12.5 mg (14)-25 mg (14) tablets in a dose pack | NP   | PA                                                                     |
| Xcopri Titration Pack 150 mg (14)-200 mg (14) tablets in a dose pack | NP   | PA                                                                     |
| Xcopri Titration Pack 50 mg (14)-100 mg (14) tablets in a dose pack  | NP   | PA                                                                     |
| <b>ANTIDEPRESSANT - ALPHA-2 RECEPTOR ANTAGONISTS (NASSA)</b>         |      |                                                                        |
| mirtazapine 15 mg disintegrating tablet                              | P    | QL(Allowed 3 per 1 day); QL(QL (Limit 90 days supply(ies) per claim )) |
| mirtazapine 15 mg tablet                                             | P    | QL(Allowed 3 per 1 day); MT                                            |
| mirtazapine 30 mg disintegrating tablet                              | P    | QL(Allowed 1.5 per 1 day)                                              |
| mirtazapine 30 mg tablet                                             | P    | QL(Allowed 1.5 per 1 day); MT                                          |
| mirtazapine 45 mg disintegrating tablet                              | P    | QL(Allowed 1 per 1 day)                                                |
| mirtazapine 45 mg tablet                                             | P    | QL(Allowed 1 per 1 day); MT                                            |
| mirtazapine 7.5 mg tablet                                            | P    | QL(Allowed 1 per 1 day)                                                |
| Remeron 15 mg tablet                                                 | NP   | PA; QL(Allowed 3 per 1 day); MT                                        |
| Remeron 30 mg tablet                                                 | NP   | PA; QL(Allowed 1.5 per 1 day); MT                                      |

| Drug Name                                                                     | Tier | Drug Restriction                                                           |
|-------------------------------------------------------------------------------|------|----------------------------------------------------------------------------|
| Remeron SolTab 15 mg disintegrating tablet                                    | NP   | PA; QL(Allowed 3 per 1 day); QL(QL (Limit 90 days supply(ies) per claim )) |
| Remeron SolTab 30 mg disintegrating tablet                                    | NP   | PA; QL(Allowed 1.5 per 1 day)                                              |
| Remeron SolTab 45 mg disintegrating tablet                                    | NP   | PA; QL(Allowed 1 per 1 day)                                                |
| <b>ANTIDEPRESSANT - MAO INHIBITOR NONSELECTIVE AND IRREVERSIBLE-TYPES A,B</b> |      |                                                                            |
| Emsam 12 mg/24 hr transdermal 24 hour patch                                   | NP   | PA                                                                         |
| Emsam 6 mg/24 hr transdermal 24 hour patch                                    | NP   | PA                                                                         |
| Emsam 9 mg/24 hr transdermal 24 hour patch                                    | NP   | PA                                                                         |
| Marplan 10 mg tablet                                                          | NP   | PA                                                                         |
| Nardil 15 mg tablet                                                           | NP   | PA                                                                         |
| phenelzine 15 mg tablet                                                       | P    |                                                                            |
| tranylcypromine 10 mg tablet                                                  | P    |                                                                            |
| <b>ANTIDEPRESSANT - N-METHYL D-ASPARTATE (NMDA) RECEPTOR ANTAGONIST</b>       |      |                                                                            |
| Spravato 56 mg (28 mg x 2) nasal spray                                        | NP   | PA; SP                                                                     |
| Spravato 84 mg (28 mg x 3) nasal spray                                        | NP   | PA; SP                                                                     |
| <b>ANTIDEPRESSANT - SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)</b>       |      |                                                                            |

| Drug Name                            | Tier | Drug Restriction                          |
|--------------------------------------|------|-------------------------------------------|
| Celexa 10 mg tablet                  | NP   | PA; QL(Allowed 4 per 1 day); MT           |
| Celexa 20 mg tablet                  | NP   | PA; QL(Allowed 2 per 1 day); MT           |
| Celexa 40 mg tablet                  | NP   | PA; QL(Allowed 1 per 1 day); MT           |
| citalopram 10 mg tablet              | P    | QL(Allowed 4 per 1 day); MT               |
| citalopram 10 mg/5 mL oral solution  | P    | QL(QL Overtime: Allowed 240 over 30 days) |
| citalopram 20 mg tablet              | P    | QL(Allowed 2 per 1 day); MT               |
| citalopram 40 mg tablet              | P    | QL(Allowed 1 per 1 day); MT               |
| escitalopram 10 mg tablet            | P    | QL(Allowed 2 per 1 day); MT               |
| escitalopram 20 mg tablet            | P    | QL(Allowed 1 per 1 day); MT               |
| escitalopram 5 mg tablet             | P    | QL(Allowed 4 per 1 day); MT               |
| escitalopram 5 mg/5 mL oral solution | P    |                                           |
| fluoxetine 10 mg capsule             | P    | QL(Allowed 4 per 1 day); MT               |
| fluoxetine 10 mg tablet              | P    | PA; MT                                    |
| fluoxetine 20 mg capsule             | P    | QL(Allowed 4 per 1 day); MT               |
| fluoxetine 20 mg tablet              | P    | PA                                        |



| Drug Name                                             | Tier | Drug Restriction                          |
|-------------------------------------------------------|------|-------------------------------------------|
| fluoxetine 20 mg/5 mL (4 mg/mL) oral solution         | P    | QL(QL Overtime: Allowed 600 over 30 days) |
| fluoxetine 40 mg capsule                              | P    | QL(Allowed 4 per 1 day); MT               |
| fluoxetine 60 mg tablet                               | P    |                                           |
| fluoxetine 90 mg capsule, delayed release             | NP   | PA                                        |
| fluvoxamine 100 mg tablet                             | P    | QL(Allowed 3 per 1 day)                   |
| fluvoxamine 25 mg tablet                              | P    | QL(Allowed 2 per 1 day)                   |
| fluvoxamine 50 mg tablet                              | P    | QL(Allowed 2 per 1 day)                   |
| fluvoxamine ER 100 mg capsule, extended release 24 hr | NP   | PA                                        |
| fluvoxamine ER 150 mg capsule, extended release 24 hr | NP   | PA                                        |
| Lexapro 10 mg tablet                                  | NP   | PA; QL(Allowed 2 per 1 day); MT           |
| Lexapro 20 mg tablet                                  | NP   | PA; QL(Allowed 1 per 1 day); MT           |
| Lexapro 5 mg tablet                                   | NP   | PA; QL(Allowed 4 per 1 day); MT           |
| paroxetine 10 mg tablet                               | P    | QL(Allowed 6 per 1 day); MT               |

| Drug Name                                            | Tier | Drug Restriction                |
|------------------------------------------------------|------|---------------------------------|
| paroxetine 20 mg tablet                              | P    | QL(Allowed 3 per 1 day); MT     |
| paroxetine 30 mg tablet                              | P    | QL(Allowed 2 per 1 day); MT     |
| paroxetine 40 mg tablet                              | P    | QL(Allowed 2 per 1 day); MT     |
| paroxetine ER 12.5 mg tablet, extended release 24 hr | NP   | PA                              |
| paroxetine ER 25 mg tablet, extended release 24 hr   | NP   | PA                              |
| paroxetine ER 37.5 mg tablet, extended release 24 hr | NP   | PA                              |
| Paxil 10 mg tablet                                   | NP   | PA; QL(Allowed 6 per 1 day); MT |
| Paxil 10 mg/5 mL oral suspension                     | NP   | PA; QL(Allowed 40 per 1 day)    |
| Paxil 20 mg tablet                                   | NP   | PA; QL(Allowed 3 per 1 day); MT |
| Paxil 30 mg tablet                                   | NP   | PA; QL(Allowed 2 per 1 day); MT |
| Paxil 40 mg tablet                                   | NP   | PA; QL(Allowed 2 per 1 day); MT |
| Paxil CR 12.5 mg tablet, extended release            | NP   | PA                              |
| Paxil CR 25 mg tablet, extended release              | NP   | PA                              |
| Paxil CR 37.5 mg tablet, extended release            | NP   | PA                              |

| Drug Name                            | Tier | Drug Restriction                |
|--------------------------------------|------|---------------------------------|
| Pexeva 10 mg tablet                  | NP   | PA                              |
| Pexeva 20 mg tablet                  | NP   | PA                              |
| Pexeva 30 mg tablet                  | NP   | PA                              |
| Pexeva 40 mg tablet                  | NP   | PA                              |
| Prozac 10 mg capsule                 | NP   | PA; QL(Allowed 4 per 1 day); MT |
| Prozac 20 mg capsule                 | NP   | PA; QL(Allowed 4 per 1 day); MT |
| Prozac 40 mg capsule                 | NP   | PA; QL(Allowed 4 per 1 day); MT |
| Sarafem 10 mg tablet                 | NP   | PA                              |
| sertraline 100 mg tablet             | P    | QL(Allowed 2 per 1 day); MT     |
| sertraline 20 mg/mL oral concentrate | P    | QL(Allowed 10 per 1 day)        |
| sertraline 25 mg tablet              | P    | QL(Allowed 4 per 1 day); MT     |
| sertraline 50 mg tablet              | P    | QL(Allowed 4 per 1 day); MT     |
| Zoloft 100 mg tablet                 | NP   | PA; QL(Allowed 2 per 1 day); MT |
| Zoloft 20 mg/mL oral concentrate     | NP   | PA; QL(Allowed 10 per 1 day)    |
| Zoloft 25 mg tablet                  | NP   | PA; QL(Allowed 4 per 1 day); MT |

| Drug Name                                                                    | Tier | Drug Restriction                |
|------------------------------------------------------------------------------|------|---------------------------------|
| Zoloft 50 mg tablet                                                          | NP   | PA; QL(Allowed 4 per 1 day); MT |
| <b>ANTIDEPRESSANT - SEROTONIN-2 ANTAGONIST-REUPTAKE INHIBITORS (SARIS)</b>   |      |                                 |
| nefazodone 100 mg tablet                                                     | NP   | PA                              |
| nefazodone 150 mg tablet                                                     | NP   | PA                              |
| nefazodone 200 mg tablet                                                     | NP   | PA                              |
| nefazodone 250 mg tablet                                                     | NP   | PA                              |
| nefazodone 50 mg tablet                                                      | NP   | PA                              |
| trazodone 100 mg tablet                                                      | P    | MT                              |
| trazodone 150 mg tablet                                                      | P    | MT                              |
| trazodone 300 mg tablet                                                      | P    | QL(Allowed 2 per 1 day)         |
| trazodone 50 mg tablet                                                       | P    | MT                              |
| <b>ANTIDEPRESSANT - SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)</b> |      |                                 |
| Cymbalta 20 mg capsule,delayed release                                       | NP   | PA; QL(Allowed 1 per 1 day); MT |
| Cymbalta 30 mg capsule,delayed release                                       | NP   | PA; QL(Allowed 1 per 1 day); MT |
| Cymbalta 60 mg capsule,delayed release                                       | NP   | PA; QL(Allowed 1 per 1 day); MT |

| Drug Name                                                        | Tier | Drug Restriction            |
|------------------------------------------------------------------|------|-----------------------------|
| desvenlafaxine ER 100 mg tablet,extended release 24 hr           | NP   | PA                          |
| desvenlafaxine ER 50 mg tablet,extended release 24 hr            | NP   | PA                          |
| desvenlafaxine fumarate ER 100 mg tablet, extended release 24 hr | NP   | PA                          |
| desvenlafaxine fumarate ER 50 mg tablet, extended release 24 hr  | NP   | PA                          |
| desvenlafaxine succinate ER 100 mg tablet,extended release 24 hr | NP   | ST; QL(Allowed 4 per 1 day) |
| desvenlafaxine succinate ER 25 mg tablet,extended release 24 hr  | NP   | ST; QL(Allowed 1 per 1 day) |
| desvenlafaxine succinate ER 50 mg tablet,extended release 24 hr  | NP   | ST; QL(Allowed 1 per 1 day) |
| Drizalma Sprinkle 20 mg capsule,delayed release                  | NP   | PA                          |
| Drizalma Sprinkle 30 mg capsule,delayed release                  | NP   | PA                          |

| Drug Name                                       | Tier | Drug Restriction                |
|-------------------------------------------------|------|---------------------------------|
| Drizalma Sprinkle 40 mg capsule,delayed release | NP   | PA                              |
| Drizalma Sprinkle 60 mg capsule,delayed release | NP   | PA                              |
| duloxetine 20 mg capsule,delayed release        | P    | QL(Allowed 1 per 1 day); MT     |
| duloxetine 30 mg capsule,delayed release        | P    | QL(Allowed 1 per 1 day); MT     |
| duloxetine 40 mg capsule,delayed release        | P    |                                 |
| duloxetine 60 mg capsule,delayed release        | P    | QL(Allowed 1 per 1 day); MT     |
| Effexor XR 150 mg capsule,extended release      | NP   | PA; QL(Allowed 2 per 1 day); MT |
| Effexor XR 37.5 mg capsule,extended release     | NP   | PA; QL(Allowed 4 per 1 day); MT |
| Effexor XR 75 mg capsule,extended release       | NP   | PA; QL(Allowed 5 per 1 day); MT |
| Fetzima 120 mg capsule,extended release         | NP   | PA                              |

| Drug Name                                                             | Tier | Drug Restriction            |
|-----------------------------------------------------------------------|------|-----------------------------|
| Fetzima 20 mg (2)-40 mg (26) capsule,extended release,24 hr,dose pack | NP   | PA                          |
| Fetzima 20 mg capsule,extended release                                | NP   | PA                          |
| Fetzima 40 mg capsule,extended release                                | NP   | PA                          |
| Fetzima 80 mg capsule,extended release                                | NP   | PA                          |
| Pristiq 100 mg tablet,extended release                                | NP   | ST; QL(Allowed 4 per 1 day) |
| Pristiq 25 mg tablet,extended release                                 | NP   | ST; QL(Allowed 1 per 1 day) |
| Pristiq 50 mg tablet,extended release                                 | NP   | ST; QL(Allowed 1 per 1 day) |
| venlafaxine 100 mg tablet                                             | P    | MT                          |
| venlafaxine 25 mg tablet                                              | P    | MT                          |
| venlafaxine 37.5 mg tablet                                            | P    | MT                          |
| venlafaxine 50 mg tablet                                              | P    | MT                          |
| venlafaxine 75 mg tablet                                              | P    | MT                          |

| Drug Name                                             | Tier | Drug Restriction            |
|-------------------------------------------------------|------|-----------------------------|
| venlafaxine ER 150 mg capsule,extended release 24 hr  | P    | QL(Allowed 2 per 1 day); MT |
| venlafaxine ER 150 mg tablet,extended release 24 hr   | NP   | PA                          |
| venlafaxine ER 225 mg tablet,extended release 24 hr   | NP   | PA                          |
| venlafaxine ER 37.5 mg capsule,extended release 24 hr | P    | QL(Allowed 4 per 1 day); MT |
| venlafaxine ER 37.5 mg tablet,extended release 24 hr  | NP   | PA                          |
| venlafaxine ER 75 mg capsule,extended release 24 hr   | P    | QL(Allowed 5 per 1 day); MT |
| venlafaxine ER 75 mg tablet,extended release 24 hr    | NP   | PA                          |
| ANTIDEPRESSANT - SSRI AND 5HT1A PARTIAL AGONIST       |      |                             |
| Viibryd 10 mg (7)-20 mg (23) tablets in a dose pack   | NP   | PA                          |
| Viibryd 10 mg tablet                                  | NP   | PA; QL(Allowed 1 per 1 day) |
| Viibryd 20 mg tablet                                  | NP   | PA; QL(Allowed 1 per 1 day) |
| Viibryd 40 mg tablet                                  | NP   | PA; QL(Allowed 1 per 1 day) |

| Drug Name                                                                     | Tier | Drug Restriction            |
|-------------------------------------------------------------------------------|------|-----------------------------|
| <b>ANTIDEPRESSANT - SSRI AND SEROTONIN (5-HT) RECEPTOR MODULATOR</b>          |      |                             |
| Trintellix 10 mg tablet                                                       | NP   | PA; QL(Allowed 1 per 1 day) |
| Trintellix 20 mg tablet                                                       | NP   | PA; QL(Allowed 1 per 1 day) |
| Trintellix 5 mg tablet                                                        | NP   | PA; QL(Allowed 1 per 1 day) |
| <b>ANTIDEPRESSANT - TRICYCLIC AND ANTIPSYCHOTIC, PHENOTHIAZINE COMB</b>       |      |                             |
| perphenazine-amitriptyline 2 mg-10 mg tablet                                  | P    | QL(Allowed 4 per 1 day)     |
| perphenazine-amitriptyline 2 mg-25 mg tablet                                  | P    | QL(Allowed 4 per 1 day)     |
| perphenazine-amitriptyline 4 mg-10 mg tablet                                  | P    | QL(Allowed 4 per 1 day)     |
| perphenazine-amitriptyline 4 mg-25 mg tablet                                  | P    | QL(Allowed 4 per 1 day)     |
| perphenazine-amitriptyline 4 mg-50 mg tablet                                  | P    | QL(Allowed 4 per 1 day)     |
| <b>ANTIDEPRESSANT - TRICYCLIC-BENZODIAZEPINE COMBINATIONS</b>                 |      |                             |
| amitriptyline-chlordiazepoxide 12.5 mg-5 mg tablet                            | P    |                             |
| amitriptyline-chlordiazepoxide 25 mg-10 mg tablet                             | P    |                             |
| <b>ANTIDEPRESSANT- SSRI AND ATYPICAL ANTIPSYCH,DOPAMINE,SEROTONIN ANTAGON</b> |      |                             |

| Drug Name                                                                     | Tier | Drug Restriction |
|-------------------------------------------------------------------------------|------|------------------|
| olanzapine-fluoxetine 12 mg-25 mg capsule                                     | NP   | PA               |
| olanzapine-fluoxetine 12 mg-50 mg capsule                                     | NP   | PA               |
| olanzapine-fluoxetine 3 mg-25 mg capsule                                      | NP   | PA               |
| olanzapine-fluoxetine 6 mg-25 mg capsule                                      | NP   | PA               |
| olanzapine-fluoxetine 6 mg-50 mg capsule                                      | NP   | PA               |
| Symbyax 12 mg-50 mg capsule                                                   | NP   | PA               |
| Symbyax 3 mg-25 mg capsule                                                    | NP   | PA               |
| Symbyax 6 mg-25 mg capsule                                                    | NP   | PA               |
| Symbyax 6 mg-50 mg capsule                                                    | NP   | PA               |
| <b>ANTIDEPRESSANT-NOREPINEPHRINE AND DOPAMINE REUPTAKE INHIBITORS (NDRIS)</b> |      |                  |
| Aplenzin 174 mg tablet,extended release                                       | NP   | PA               |
| Aplenzin 348 mg tablet,extended release                                       | NP   | PA               |
| Aplenzin 522 mg tablet,extended release                                       | NP   | PA               |

| Drug Name                                               | Tier | Drug Restriction                |
|---------------------------------------------------------|------|---------------------------------|
| bupropion HCl 100 mg tablet                             | P    | QL(Allowed 3 per 1 day); MT     |
| bupropion HCl 75 mg tablet                              | P    | QL(Allowed 3 per 1 day); MT     |
| bupropion HCl SR 100 mg tablet, 12 hr sustained-release | P    | QL(Allowed 4 per 1 day); MT     |
| bupropion HCl SR 150 mg tablet, 12 hr sustained-release | P    | QL(Allowed 3 per 1 day); MT     |
| bupropion HCl SR 200 mg tablet, 12 hr sustained-release | P    | QL(Allowed 2 per 1 day); MT     |
| bupropion HCl XL 150 mg 24 hr tablet, extended release  | P    | QL(Allowed 3 per 1 day); MT     |
| bupropion HCl XL 300 mg 24 hr tablet, extended release  | P    | QL(Allowed 1 per 1 day); MT     |
| bupropion HCl XL 450 mg 24 hr tablet, extended release  | P    |                                 |
| Forfivo XL 450 mg tablet, extended release              | NP   | PA                              |
| Wellbutrin SR 100 mg tablet, 12 hr sustained-release    | NP   | PA; QL(Allowed 4 per 1 day); MT |
| Wellbutrin SR 150 mg tablet, 12 hr sustained-release    | NP   | PA; QL(Allowed 3 per 1 day); MT |

| Drug Name                                                              | Tier | Drug Restriction                |
|------------------------------------------------------------------------|------|---------------------------------|
| Wellbutrin SR 200 mg tablet, 12 hr sustained-release                   | NP   | PA; QL(Allowed 2 per 1 day); MT |
| Wellbutrin XL 150 mg 24 hr tablet, extended release                    | NP   | PA; QL(Allowed 3 per 1 day); MT |
| Wellbutrin XL 300 mg 24 hr tablet, extended release                    | NP   | PA; QL(Allowed 1 per 1 day); MT |
| ANTIDEPRESSANT-TRICYCLICS AND RELATED (NON-SELECT REUPTAKE INHIBITORS) |      |                                 |
| amitriptyline 10 mg tablet                                             | P    |                                 |
| amitriptyline 100 mg tablet                                            | P    |                                 |
| amitriptyline 150 mg tablet                                            | P    |                                 |
| amitriptyline 25 mg tablet                                             | P    |                                 |
| amitriptyline 50 mg tablet                                             | P    |                                 |
| amitriptyline 75 mg tablet                                             | P    |                                 |
| amoxapine 100 mg tablet                                                | NP   | PA                              |
| amoxapine 150 mg tablet                                                | NP   | PA                              |
| amoxapine 25 mg tablet                                                 | NP   | PA                              |
| amoxapine 50 mg tablet                                                 | NP   | PA                              |
| Anafranil 25 mg capsule                                                | NP   | PA                              |

| Drug Name                         | Tier | Drug Restriction        |
|-----------------------------------|------|-------------------------|
| Anafranil 50 mg capsule           | NP   | PA                      |
| Anafranil 75 mg capsule           | NP   | PA                      |
| clomipramine 25 mg capsule        | P    |                         |
| clomipramine 50 mg capsule        | P    |                         |
| clomipramine 75 mg capsule        | P    |                         |
| desipramine 10 mg tablet          | P    |                         |
| desipramine 100 mg tablet         | P    |                         |
| desipramine 150 mg tablet         | P    |                         |
| desipramine 25 mg tablet          | P    | QL(Allowed 2 per 1 day) |
| desipramine 50 mg tablet          | P    |                         |
| desipramine 75 mg tablet          | P    |                         |
| doxepin 10 mg capsule             | P    |                         |
| doxepin 10 mg/mL oral concentrate | P    |                         |
| doxepin 100 mg capsule            | P    |                         |
| doxepin 150 mg capsule            | P    |                         |

| Drug Name                         | Tier | Drug Restriction |
|-----------------------------------|------|------------------|
| doxepin 25 mg capsule             | P    |                  |
| doxepin 50 mg capsule             | P    |                  |
| doxepin 75 mg capsule             | P    |                  |
| imipramine 10 mg tablet           | P    |                  |
| imipramine 25 mg tablet           | P    |                  |
| imipramine 50 mg tablet           | P    |                  |
| imipramine pamoate 100 mg capsule | NP   | PA               |
| imipramine pamoate 125 mg capsule | NP   | PA               |
| imipramine pamoate 150 mg capsule | NP   | PA               |
| imipramine pamoate 75 mg capsule  | NP   | PA               |
| maprotiline 25 mg tablet          | P    |                  |
| maprotiline 50 mg tablet          | P    |                  |
| maprotiline 75 mg tablet          | P    |                  |
| Norpramin 10 mg tablet            | NP   | PA               |

| Drug Name                              | Tier | Drug Restriction            |
|----------------------------------------|------|-----------------------------|
| Norpramin 25 mg tablet                 | NP   | PA; QL(Allowed 2 per 1 day) |
| nortriptyline 10 mg capsule            | P    |                             |
| nortriptyline 10 mg/5 mL oral solution | P    | QL(Allowed 20 per 1 day)    |
| nortriptyline 25 mg capsule            | P    |                             |
| nortriptyline 50 mg capsule            | P    |                             |
| nortriptyline 75 mg capsule            | P    |                             |
| Pamelor 10 mg capsule                  | NP   | PA                          |
| Pamelor 25 mg capsule                  | NP   | PA                          |
| Pamelor 50 mg capsule                  | NP   | PA                          |
| Pamelor 75 mg capsule                  | NP   | PA                          |
| protriptyline 10 mg tablet             | P    |                             |
| protriptyline 5 mg tablet              | P    |                             |
| Surmontil 100 mg capsule               | NP   | PA                          |
| Surmontil 25 mg capsule                | NP   | PA                          |
| Surmontil 50 mg capsule                | NP   | PA                          |

| Drug Name                                                              | Tier | Drug Restriction |
|------------------------------------------------------------------------|------|------------------|
| Tofranil 10 mg tablet                                                  | NP   | PA               |
| Tofranil 25 mg tablet                                                  | NP   | PA               |
| Tofranil 50 mg tablet                                                  | NP   | PA               |
| trimipramine 100 mg capsule                                            | NP   | PA               |
| trimipramine 25 mg capsule                                             | NP   | PA               |
| trimipramine 50 mg capsule                                             | NP   | PA               |
| ANTIPARKINSON - DOPAMINERGIC-PERIPH COMT-DOPA-DECARBOXYLASE INHIB COMB |      |                  |
| carbidopa 12.5 mg-levodopa 50 mg-entacapone 200 mg tablet              | NP   | PA               |
| carbidopa 18.75 mg-levodopa 75 mg-entacapone 200 mg tablet             | NP   | PA               |
| carbidopa 25 mg-levodopa 100 mg-entacapone 200 mg tablet               | NP   | PA               |
| carbidopa 31.25 mg-levodopa 125 mg-entacapone 200 mg tablet            | NP   | PA               |
| carbidopa 37.5 mg-levodopa 150 mg-entacapone 200 mg tablet             | NP   | PA               |



| Drug Name                                                                    | Tier | Drug Restriction |
|------------------------------------------------------------------------------|------|------------------|
| carbidopa 50 mg-levodopa 200 mg-entacapone 200 mg tablet                     | NP   | PA               |
| Stalevo 100 25 mg-100 mg-200 mg tablet                                       | NP   | PA               |
| Stalevo 125 31.25 mg-125 mg-200 mg tablet                                    | NP   | PA               |
| Stalevo 150 37.5 mg-150 mg-200 mg tablet                                     | NP   | PA               |
| Stalevo 200 50 mg-200 mg-200 mg tablet                                       | NP   | PA               |
| Stalevo 50 12.5 mg-50 mg-200 mg tablet                                       | NP   | PA               |
| Stalevo 75 18.75 mg-75 mg-200 mg tablet                                      | NP   | PA               |
| <b>ANTIPARKINSON - DOPAMINERG-PERIPHERAL DOPA-DECARBOXYLASE INHIBIT COMB</b> |      |                  |
| carbidopa 10 mg-levodopa 100 mg disintegrating tablet                        | NP   | PA; MT           |
| carbidopa 10 mg-levodopa 100 mg tablet                                       | P    | MT               |
| carbidopa 25 mg-levodopa 100 mg disintegrating tablet                        | NP   | PA; MT           |
| carbidopa 25 mg-levodopa 100 mg tablet                                       | P    | MT               |

| Drug Name                                                  | Tier | Drug Restriction |
|------------------------------------------------------------|------|------------------|
| carbidopa 25 mg-levodopa 250 mg disintegrating tablet      | NP   | PA; MT           |
| carbidopa 25 mg-levodopa 250 mg tablet                     | P    | MT               |
| carbidopa ER 25 mg-levodopa 100 mg tablet,extended release | P    | MT               |
| carbidopa ER 50 mg-levodopa 200 mg tablet,extended release | P    | MT               |
| Rytary 23.75 mg-95 mg capsule,extended release             | NP   | PA               |
| Rytary 36.25 mg-145 mg capsule,extended release            | NP   | PA               |
| Rytary 48.75 mg-195 mg capsule,extended release            | NP   | PA               |
| Rytary 61.25 mg-245 mg capsule,extended release            | NP   | PA               |
| Sinemet 10 mg-100 mg tablet                                | NP   | PA; MT           |
| Sinemet 25 mg-100 mg tablet                                | NP   | PA; MT           |
| Sinemet 25 mg-250 mg tablet                                | NP   | PA; MT           |

| Drug Name                                                                | Tier | Drug Restriction |
|--------------------------------------------------------------------------|------|------------------|
| <b>ANTIPARKINSON ADJUVANT - ADENOSINE RECEPTOR ANTAGONIST</b>            |      |                  |
| Nourianz 20 mg tablet                                                    | NP   | PA               |
| Nourianz 40 mg tablet                                                    | NP   | PA               |
| <b>ANTIPARKINSON ADJUVANT - CENTRAL/PERIPHERAL COMT INHIBITORS</b>       |      |                  |
| Tasmar 100 mg tablet                                                     | NP   | PA               |
| tolcapone 100 mg tablet                                                  | NP   | PA               |
| <b>ANTIPARKINSON ADJUVANT - PERIPHERAL COMT INHIBITORS</b>               |      |                  |
| Comtan 200 mg tablet                                                     | NP   | PA               |
| entacapone 200 mg tablet                                                 | P    |                  |
| Ongentys 50 mg capsule                                                   | NP   | PA               |
| <b>ANTIPARKINSON ADJUVANT - PERIPHERAL DOPA-DECARBOXYLASE INHIBITORS</b> |      |                  |
| carbidopa 25 mg tablet                                                   | P    |                  |
| Lodosyn 25 mg tablet                                                     | NP   | PA               |
| <b>ANTIPARKINSON THERAPY - ANTICHOLINERGIC AGENTS</b>                    |      |                  |
| benztropine 0.5 mg tablet                                                | P    | MT               |
| benztropine 1 mg tablet                                                  | P    | MT               |
| benztropine 2 mg tablet                                                  | P    | MT               |

| Drug Name                                                         | Tier | Drug Restriction |
|-------------------------------------------------------------------|------|------------------|
| trihexyphenidyl 0.4 mg/mL oral elixir                             | P    | MT               |
| trihexyphenidyl 2 mg tablet                                       | P    | MT               |
| trihexyphenidyl 5 mg tablet                                       | P    | MT               |
| <b>ANTIPARKINSON THERAPY - DOPAMINE PRECURSORS</b>                |      |                  |
| Inbrija 42 mg capsule with inhalation device                      | NP   | PA               |
| <b>ANTIPARKINSON THERAPY - ERGOT ALKALOIDS AND DERIVATIVES</b>    |      |                  |
| bromocriptine 2.5 mg tablet                                       | P    |                  |
| bromocriptine 5 mg capsule                                        | P    |                  |
| Parlodel 2.5 mg tablet                                            | NP   | PA               |
| Parlodel 5 mg capsule                                             | NP   | PA               |
| <b>ANTIPARKINSON THERAPY - MONOAMINE OXIDASE INHIBITOR(MAO-B)</b> |      |                  |
| Azilect 0.5 mg tablet                                             | NP   | PA               |
| Azilect 1 mg tablet                                               | NP   | PA               |
| rasagiline 0.5 mg tablet                                          | NP   | PA               |
| rasagiline 1 mg tablet                                            | NP   | PA               |
| selegiline 5 mg capsule                                           | P    | MT               |

| Drug Name                                                        | Tier | Drug Restriction |
|------------------------------------------------------------------|------|------------------|
| selegiline 5 mg tablet                                           | P    | MT               |
| Xadago 100 mg tablet                                             | NP   | PA               |
| Xadago 50 mg tablet                                              | NP   | PA               |
| Zelapar 1.25 mg disintegrating tablet                            | NP   | PA               |
| <b>ANTIPARKINSON THERAPY - NON-ERGOT DOPAMINE AGONIST AGENTS</b> |      |                  |
| amantadine HCl 100 mg capsule                                    | P    | MT               |
| amantadine HCl 100 mg tablet                                     | P    | MT               |
| amantadine HCl 50 mg/5 mL oral solution                          | P    | MT               |
| APOKYN 10 mg/mL subcutaneous cartridge                           | NP   | PA; SP           |
| Gocovri 137 mg capsule,extended release                          | NP   | PA; SP           |
| Gocovri 68.5 mg capsule,extended release                         | NP   | PA; SP           |
| Kynmobi 10 mg sublingual film                                    | NP   | PA               |
| Kynmobi 10 mg-15 mg-20 mg-25 mg-30 mg sublingual film            | NP   | PA               |
| Kynmobi 15 mg sublingual film                                    | NP   | PA               |

| Drug Name                                     | Tier | Drug Restriction |
|-----------------------------------------------|------|------------------|
| Kynmobi 20 mg sublingual film                 | NP   | PA               |
| Kynmobi 25 mg sublingual film                 | NP   | PA               |
| Kynmobi 30 mg sublingual film                 | NP   | PA               |
| Mirapex ER 0.375 mg tablet,extended release   | NP   | PA               |
| Mirapex ER 0.75 mg tablet,extended release    | NP   | PA               |
| Mirapex ER 1.5 mg tablet,extended release     | NP   | PA               |
| Mirapex ER 2.25 mg tablet,extended release    | NP   | PA               |
| Mirapex ER 3 mg tablet,extended release       | NP   | PA               |
| Mirapex ER 3.75 mg tablet,extended release    | NP   | PA               |
| Mirapex ER 4.5 mg tablet,extended release     | NP   | PA               |
| Neupro 1 mg/24 hour transdermal 24 hour patch | NP   | PA               |
| Neupro 2 mg/24 hour transdermal 24 hour patch | NP   | PA               |

| Drug Name                                                          | Tier | Drug Restriction        |
|--------------------------------------------------------------------|------|-------------------------|
| Neupro 3 mg/24 hour transdermal 24 hour patch                      | NP   | PA                      |
| Neupro 4 mg/24 hour transdermal 24 hour patch                      | NP   | PA                      |
| Neupro 6 mg/24 hour transdermal 24 hour patch                      | NP   | PA                      |
| Neupro 8 mg/24 hour transdermal 24 hour patch                      | NP   | PA                      |
| Osmolex ER 129 mg tablet, extended release                         | NP   | PA                      |
| Osmolex ER 193 mg tablet, extended release                         | NP   | PA                      |
| Osmolex ER 258 mg tablet, extended release                         | NP   | PA                      |
| Osmolex ER 322 mg/day (129 mg and 193 mg) tablet, extended release | NP   | PA                      |
| pramipexole 0.125 mg tablet                                        | P    | QL(Allowed 3 per 1 day) |
| pramipexole 0.25 mg tablet                                         | P    | QL(Allowed 3 per 1 day) |
| pramipexole 0.5 mg tablet                                          | P    | QL(Allowed 3 per 1 day) |
| pramipexole 0.75 mg tablet                                         | P    | QL(Allowed 3 per 1 day) |
| pramipexole 1 mg tablet                                            | P    | QL(Allowed 3 per 1 day) |

| Drug Name                                             | Tier | Drug Restriction            |
|-------------------------------------------------------|------|-----------------------------|
| pramipexole 1.5 mg tablet                             | P    | QL(Allowed 3 per 1 day)     |
| pramipexole ER 0.375 mg tablet,extended release 24 hr | NP   | PA                          |
| pramipexole ER 0.75 mg tablet,extended release 24 hr  | NP   | PA                          |
| pramipexole ER 1.5 mg tablet,extended release 24 hr   | NP   | PA                          |
| pramipexole ER 2.25 mg tablet,extended release 24 hr  | NP   | PA                          |
| pramipexole ER 3 mg tablet,extended release 24 hr     | NP   | PA                          |
| pramipexole ER 3.75 mg tablet,extended release 24 hr  | NP   | PA                          |
| pramipexole ER 4.5 mg tablet,extended release 24 hr   | NP   | PA                          |
| ropinirole 0.25 mg tablet                             | P    | QL(Allowed 6 per 1 day); MT |
| ropinirole 0.5 mg tablet                              | P    | QL(Allowed 3 per 1 day); MT |
| ropinirole 1 mg tablet                                | P    | QL(Allowed 3 per 1 day); MT |

| Drug Name                                                                         | Tier | Drug Restriction            |
|-----------------------------------------------------------------------------------|------|-----------------------------|
| ropinirole 2 mg tablet                                                            | P    | QL(Allowed 3 per 1 day); MT |
| ropinirole 3 mg tablet                                                            | P    | QL(Allowed 6 per 1 day); MT |
| ropinirole 4 mg tablet                                                            | P    | QL(Allowed 6 per 1 day); MT |
| ropinirole 5 mg tablet                                                            | P    | QL(Allowed 3 per 1 day); MT |
| ropinirole ER 12 mg tablet,extended release 24 hr                                 | NP   | PA                          |
| ropinirole ER 2 mg tablet,extended release 24 hr                                  | NP   | PA                          |
| ropinirole ER 4 mg tablet,extended release 24 hr                                  | NP   | PA                          |
| ropinirole ER 6 mg tablet,extended release 24 hr                                  | NP   | PA                          |
| ropinirole ER 8 mg tablet,extended release 24 hr                                  | NP   | PA                          |
| <b>ANTIPSYCHOTIC - ATYP DOPAMINE-SEROTONIN<br/>ANTAG DIBENZO-OXEPINO PYRROLES</b> |      |                             |
| Saphris 10 mg sublingual tablet                                                   | NP   | PA                          |
| Saphris 2.5 mg sublingual tablet                                                  | NP   | PA                          |
| Saphris 5 mg sublingual tablet                                                    | NP   | PA                          |
| Secuado 3.8 mg/24 hour transdermal 24 hour patch                                  | NP   | PA                          |

| Drug Name                                                                        | Tier | Drug Restriction                                     |
|----------------------------------------------------------------------------------|------|------------------------------------------------------|
| Secuado 5.7 mg/24 hour transdermal 24 hour patch                                 | NP   | PA                                                   |
| Secuado 7.6 mg/24 hour transdermal 24 hour patch                                 | NP   | PA                                                   |
| <b>ANTIPSYCHOTIC - ATYPICAL DOPAMINE-SEROTONIN<br/>ANTAG- BENZISOTHIAZOLONES</b> |      |                                                      |
| Geodon 20 mg capsule                                                             | NP   | AL(Minimum Age 8 Years); PA; QL(Allowed 2 per 1 day) |
| Geodon 20 mg/mL (final concentration) intramuscular solution                     | NP   | PA                                                   |
| Geodon 40 mg capsule                                                             | NP   | AL(Minimum Age 8 Years); PA; QL(Allowed 2 per 1 day) |
| Geodon 60 mg capsule                                                             | NP   | AL(Minimum Age 8 Years); PA; QL(Allowed 2 per 1 day) |
| Geodon 80 mg capsule                                                             | NP   | AL(Minimum Age 8 Years); PA; QL(Allowed 2 per 1 day) |
| Latuda 120 mg tablet                                                             | NP   | PA                                                   |
| Latuda 20 mg tablet                                                              | NP   | PA                                                   |
| Latuda 40 mg tablet                                                              | NP   | PA                                                   |
| Latuda 60 mg tablet                                                              | NP   | PA                                                   |
| Latuda 80 mg tablet                                                              | NP   | PA                                                   |
| ziprasidone 20 mg capsule                                                        | P    | AL(Minimum Age 8 Years); QL(Allowed 2 per 1 day)     |

| Drug Name                                                                     | Tier | Drug Restriction                                 |
|-------------------------------------------------------------------------------|------|--------------------------------------------------|
| ziprasidone 20 mg/mL (final concentration) intramuscular solution             | NP   | PA                                               |
| ziprasidone 40 mg capsule                                                     | P    | AL(Minimum Age 8 Years); QL(Allowed 2 per 1 day) |
| ziprasidone 60 mg capsule                                                     | P    | AL(Minimum Age 8 Years); QL(Allowed 2 per 1 day) |
| ziprasidone 80 mg capsule                                                     | P    | AL(Minimum Age 8 Years); QL(Allowed 2 per 1 day) |
| <b>ANTIPSYCHOTIC - ATYPICAL DOPAMINE-SEROTONIN ANTAG- BENZISOXAZOLE DERIV</b> |      |                                                  |
| Fanapt 1 mg tablet                                                            | NP   | PA                                               |
| Fanapt 10 mg tablet                                                           | NP   | PA                                               |
| Fanapt 12 mg tablet                                                           | NP   | PA                                               |
| Fanapt 1mg(2)-2 mg(2)-4mg(2)-6 mg(2) tablets in a dose pack                   | NP   | PA                                               |
| Fanapt 2 mg tablet                                                            | NP   | PA                                               |
| Fanapt 4 mg tablet                                                            | NP   | PA                                               |
| Fanapt 6 mg tablet                                                            | NP   | PA                                               |
| Fanapt 8 mg tablet                                                            | NP   | PA                                               |
| Invega 1.5 mg tablet,extended release                                         | NP   | PA                                               |

| Drug Name                                            | Tier | Drug Restriction |
|------------------------------------------------------|------|------------------|
| Invega 3 mg tablet,extended release                  | NP   | PA               |
| Invega 6 mg tablet,extended release                  | NP   | PA               |
| Invega 9 mg tablet,extended release                  | NP   | PA               |
| Invega Sustenna 117 mg/0.75 mL intramuscular syringe | P    | SP               |
| Invega Sustenna 156 mg/mL intramuscular syringe      | P    | SP               |
| Invega Sustenna 234 mg/1.5 mL intramuscular syringe  | P    | SP               |
| Invega Sustenna 39 mg/0.25 mL intramuscular syringe  | P    | SP               |
| Invega Sustenna 78 mg/0.5 mL intramuscular syringe   | P    | SP               |
| Invega Trinza 273 mg/0.875 mL intramuscular syringe  | P    | SP               |
| Invega Trinza 410 mg/1.315 mL intramuscular syringe  | P    | SP               |

| Drug Name                                                              | Tier | Drug Restriction                                     |
|------------------------------------------------------------------------|------|------------------------------------------------------|
| Invega Trinza 546 mg/1.75 mL intramuscular syringe                     | P    | SP                                                   |
| Invega Trinza 819 mg/2.625 mL intramuscular syringe                    | P    | SP                                                   |
| paliperidone ER 1.5 mg tablet,extended release 24 hr                   | NP   | PA                                                   |
| paliperidone ER 3 mg tablet,extended release 24 hr                     | NP   | PA                                                   |
| paliperidone ER 6 mg tablet,extended release 24 hr                     | NP   | PA                                                   |
| paliperidone ER 9 mg tablet,extended release 24 hr                     | NP   | PA                                                   |
| Perseris 120 mg abdominal subcutaneous extend release susp syringe kit | NP   | PA; SP                                               |
| Perseris 90 mg abdominal subcutaneous extend release susp syringe kit  | NP   | PA; SP                                               |
| Risperdal 0.5 mg tablet                                                | NP   | AL(Minimum Age 5 Years); PA; QL(Allowed 4 per 1 day) |
| Risperdal 1 mg tablet                                                  | NP   | AL(Minimum Age 5 Years); PA; QL(Allowed 4 per 1 day) |
| Risperdal 1 mg/mL oral solution                                        | NP   | AL(Minimum Age 5 Years); PA; QL(Allowed 4 per 1 day) |

| Drug Name                                                         | Tier | Drug Restriction                                     |
|-------------------------------------------------------------------|------|------------------------------------------------------|
| Risperdal 2 mg tablet                                             | NP   | AL(Minimum Age 5 Years); PA; QL(Allowed 4 per 1 day) |
| Risperdal 3 mg tablet                                             | NP   | AL(Minimum Age 5 Years); PA; QL(Allowed 4 per 1 day) |
| Risperdal 4 mg tablet                                             | NP   | AL(Minimum Age 5 Years); PA; QL(Allowed 4 per 1 day) |
| Risperdal Consta 12.5 mg/2 mL intramuscular susp,extended release | NP   | PA; SP                                               |
| Risperdal Consta 25 mg/2 mL intramuscular susp,extended release   | NP   | PA; SP                                               |
| Risperdal Consta 37.5 mg/2 mL intramuscular susp,extended release | NP   | PA; SP                                               |
| Risperdal Consta 50 mg/2 mL intramuscular susp,extended release   | NP   | PA; SP                                               |
| risperidone 0.25 mg disintegrating tablet                         | NP   | AL(Minimum Age 5 Years); PA; QL(Allowed 2 per 1 day) |
| risperidone 0.25 mg tablet                                        | P    | AL(Minimum Age 5 Years); QL(Allowed 4 per 1 day)     |
| risperidone 0.5 mg disintegrating tablet                          | NP   | AL(Minimum Age 5 Years); PA; QL(Allowed 2 per 1 day) |
| risperidone 0.5 mg tablet                                         | P    | AL(Minimum Age 5 Years); QL(Allowed 4 per 1 day)     |

| Drug Name                                                                     | Tier | Drug Restriction                                     |
|-------------------------------------------------------------------------------|------|------------------------------------------------------|
| risperidone 1 mg disintegrating tablet                                        | NP   | AL(Minimum Age 5 Years); PA; QL(Allowed 2 per 1 day) |
| risperidone 1 mg tablet                                                       | P    | AL(Minimum Age 5 Years); QL(Allowed 4 per 1 day)     |
| risperidone 1 mg/mL oral solution                                             | P    | AL(Minimum Age 5 Years); QL(Allowed 4 per 1 day)     |
| risperidone 2 mg disintegrating tablet                                        | NP   | AL(Minimum Age 5 Years); PA; QL(Allowed 2 per 1 day) |
| risperidone 2 mg tablet                                                       | P    | AL(Minimum Age 5 Years); QL(Allowed 4 per 1 day)     |
| risperidone 3 mg disintegrating tablet                                        | NP   | AL(Minimum Age 5 Years); PA; QL(Allowed 2 per 1 day) |
| risperidone 3 mg tablet                                                       | P    | AL(Minimum Age 5 Years); QL(Allowed 4 per 1 day)     |
| risperidone 4 mg disintegrating tablet                                        | NP   | AL(Minimum Age 5 Years); PA; QL(Allowed 2 per 1 day) |
| risperidone 4 mg tablet                                                       | P    | AL(Minimum Age 5 Years); QL(Allowed 4 per 1 day)     |
| <b>ANTIPSYCHOTIC - ATYPICAL DOPAMINE-SEROTONIN ANTAG-BUTYROPHENONE DERIV</b>  |      |                                                      |
| Caplyta 42 mg capsule                                                         | NP   | PA                                                   |
| <b>ANTIPSYCHOTIC - ATYPICAL DOPAMINE-SEROTONIN ANTAG-DIBENZODIAZEPINE DER</b> |      |                                                      |
| clozapine 100 mg disintegrating tablet                                        | NP   | PA                                                   |
| clozapine 100 mg tablet                                                       | P    | AL(Minimum Age 8 Years); QL(Allowed 9 per 1 day)     |
| clozapine 12.5 mg disintegrating tablet                                       | NP   | PA                                                   |
| clozapine 150 mg disintegrating tablet                                        | NP   | PA                                                   |

| Drug Name                                         | Tier | Drug Restriction                                     |
|---------------------------------------------------|------|------------------------------------------------------|
| clozapine 200 mg disintegrating tablet            | NP   | PA                                                   |
| clozapine 200 mg tablet                           | P    | AL(Minimum Age 8 Years); QL(Allowed 3 per 1 day)     |
| clozapine 25 mg disintegrating tablet             | NP   | PA                                                   |
| clozapine 25 mg tablet                            | P    | AL(Minimum Age 8 Years); QL(Allowed 3 per 1 day)     |
| clozapine 50 mg tablet                            | P    | AL(Minimum Age 8 Years); QL(Allowed 3 per 1 day)     |
| Clozaril 100 mg tablet                            | NP   | AL(Minimum Age 8 Years); PA; QL(Allowed 9 per 1 day) |
| Clozaril 200 mg tablet                            | NP   | AL(Minimum Age 8 Years); PA; QL(Allowed 3 per 1 day) |
| Clozaril 25 mg tablet                             | NP   | AL(Minimum Age 8 Years); PA; QL(Allowed 3 per 1 day) |
| Clozaril 50 mg tablet                             | NP   | AL(Minimum Age 8 Years); PA; QL(Allowed 3 per 1 day) |
| FazaClo 100 mg disintegrating tablet              | NP   | PA                                                   |
| FazaClo 12.5 mg disintegrating tablet             | NP   | PA                                                   |
| Versacloz 50 mg/mL oral suspension                | NP   | PA                                                   |
| <b>ANTIPSYCHOTIC - BUTYROPHENONE DERIVATIVES</b>  |      |                                                      |
| Haldol Decanoate 100 mg/mL intramuscular solution | P    | Use Generic Products                                 |



| Drug Name                                              | Tier | Drug Restriction        |
|--------------------------------------------------------|------|-------------------------|
| Haldol Decanoate 50 mg/mL intramuscular solution       | P    | Use Generic Products    |
| haloperidol 0.5 mg tablet                              | P    | QL(Allowed 3 per 1 day) |
| haloperidol 1 mg tablet                                | P    | QL(Allowed 3 per 1 day) |
| haloperidol 10 mg tablet                               | P    | QL(Allowed 3 per 1 day) |
| haloperidol 2 mg tablet                                | P    |                         |
| haloperidol 20 mg tablet                               | P    |                         |
| haloperidol 5 mg tablet                                | P    |                         |
| haloperidol decanoate 100 mg/mL intramuscular solution | P    |                         |
| haloperidol decanoate 50 mg/mL intramuscular solution  | P    |                         |
| haloperidol lactate 2 mg/mL oral concentrate           | P    |                         |
| <b>ANTIPSYCHOTIC - DIBENZOXAZEPINE DERIVATIVES</b>     |      |                         |
| Adasuve 10 mg breath activated                         | NP   | PA                      |
| loxapine succinate 10 mg capsule                       | P    | QL(Allowed 4 per 1 day) |

| Drug Name                                                  | Tier | Drug Restriction            |
|------------------------------------------------------------|------|-----------------------------|
| loxapine succinate 25 mg capsule                           | P    | QL(Allowed 4 per 1 day)     |
| loxapine succinate 5 mg capsule                            | P    | QL(Allowed 4 per 1 day)     |
| loxapine succinate 50 mg capsule                           | P    | QL(Allowed 4 per 1 day)     |
| <b>ANTIPSYCHOTIC - DIHYDROINDOLONES</b>                    |      |                             |
| molindone 10 mg tablet                                     | NP   | PA; QL(Allowed 4 per 1 day) |
| molindone 25 mg tablet                                     | NP   | PA; QL(Allowed 4 per 1 day) |
| molindone 5 mg tablet                                      | NP   | PA; QL(Allowed 4 per 1 day) |
| <b>ANTIPSYCHOTIC - DIPHENYLBUTYLPIPERIDINE DERIVATIVES</b> |      |                             |
| pimozide 1 mg tablet                                       | P    |                             |
| pimozide 2 mg tablet                                       | P    |                             |
| <b>ANTIPSYCHOTIC - PHENOTHIAZINES, ALIPHATIC</b>           |      |                             |
| chlorpromazine 10 mg tablet                                | P    | QL(Allowed 10 per 1 day)    |
| chlorpromazine 100 mg tablet                               | P    | QL(Allowed 3 per 1 day)     |
| chlorpromazine 200 mg tablet                               | P    | QL(Allowed 3 per 1 day)     |
| chlorpromazine 25 mg tablet                                | P    | QL(Allowed 3 per 1 day)     |
| chlorpromazine 50 mg tablet                                | P    | QL(Allowed 3 per 1 day)     |
| <b>ANTIPSYCHOTIC - PHENOTHIAZINES, PIPERAZINE</b>          |      |                             |

| Drug Name                                          | Tier | Drug Restriction        |
|----------------------------------------------------|------|-------------------------|
| fluphenazine 1 mg tablet                           | P    |                         |
| fluphenazine 10 mg tablet                          | P    |                         |
| fluphenazine 2.5 mg tablet                         | P    |                         |
| fluphenazine 2.5 mg/5 mL oral elixir               | P    |                         |
| fluphenazine 5 mg tablet                           | P    |                         |
| fluphenazine 5 mg/mL oral concentrate              | P    |                         |
| fluphenazine decanoate 25 mg/mL injection solution | P    |                         |
| perphenazine 16 mg tablet                          | P    | QL(Allowed 4 per 1 day) |
| perphenazine 2 mg tablet                           | P    | QL(Allowed 4 per 1 day) |
| perphenazine 4 mg tablet                           | P    | QL(Allowed 4 per 1 day) |
| perphenazine 8 mg tablet                           | P    | QL(Allowed 4 per 1 day) |
| trifluoperazine 1 mg tablet                        | P    | QL(Allowed 3 per 1 day) |
| trifluoperazine 10 mg tablet                       | P    | QL(Allowed 3 per 1 day) |
| trifluoperazine 2 mg tablet                        | P    | QL(Allowed 3 per 1 day) |

| Drug Name                                                                      | Tier | Drug Restriction                                 |
|--------------------------------------------------------------------------------|------|--------------------------------------------------|
| trifluoperazine 5 mg tablet                                                    | P    | QL(Allowed 3 per 1 day)                          |
| <b>ANTIPSYCHOTIC - PHENOTHIAZINES, PIPERIDINE</b>                              |      |                                                  |
| thioridazine 10 mg tablet                                                      | P    | QL(Allowed 3 per 1 day)                          |
| thioridazine 100 mg tablet                                                     | P    | QL(Allowed 3 per 1 day)                          |
| thioridazine 25 mg tablet                                                      | P    | QL(Allowed 3 per 1 day)                          |
| thioridazine 50 mg tablet                                                      | P    | QL(Allowed 3 per 1 day)                          |
| <b>ANTIPSYCHOTIC - THIOXANTHENES</b>                                           |      |                                                  |
| thiothixene 1 mg capsule                                                       | P    | QL(Allowed 3 per 1 day)                          |
| thiothixene 10 mg capsule                                                      | P    | QL(Allowed 3 per 1 day)                          |
| thiothixene 2 mg capsule                                                       | P    | QL(Allowed 3 per 1 day)                          |
| thiothixene 5 mg capsule                                                       | P    | QL(Allowed 3 per 1 day)                          |
| <b>ANTIPSYCHOTIC - ATYPICAL DOPAMINE-SEROTONIN ANTAG-DIBENZOTHIAZEPINE DER</b> |      |                                                  |
| quetiapine 100 mg tablet                                                       | P    | AL(Minimum Age 8 Years); QL(Allowed 4 per 1 day) |
| quetiapine 200 mg tablet                                                       | P    | AL(Minimum Age 8 Years); QL(Allowed 4 per 1 day) |
| quetiapine 25 mg tablet                                                        | P    | AL(Minimum Age 8 Years); QL(Allowed 4 per 1 day) |
| quetiapine 300 mg tablet                                                       | P    | AL(Minimum Age 8 Years); QL(Allowed 2 per 1 day) |
| quetiapine 400 mg tablet                                                       | P    | AL(Minimum Age 8 Years); QL(Allowed 2 per 1 day) |

| Drug Name                                          | Tier | Drug Restriction                                     |
|----------------------------------------------------|------|------------------------------------------------------|
| quetiapine 50 mg tablet                            | P    | AL(Minimum Age 8 Years); QL(Allowed 4 per 1 day)     |
| quetiapine ER 150 mg tablet,extended release 24 hr | P    |                                                      |
| quetiapine ER 200 mg tablet,extended release 24 hr | P    |                                                      |
| quetiapine ER 300 mg tablet,extended release 24 hr | P    |                                                      |
| quetiapine ER 400 mg tablet,extended release 24 hr | P    |                                                      |
| quetiapine ER 50 mg tablet,extended release 24 hr  | P    |                                                      |
| Seroquel 100 mg tablet                             | NP   | AL(Minimum Age 8 Years); PA; QL(Allowed 4 per 1 day) |
| Seroquel 200 mg tablet                             | NP   | AL(Minimum Age 8 Years); PA; QL(Allowed 4 per 1 day) |
| Seroquel 25 mg tablet                              | NP   | AL(Minimum Age 8 Years); PA; QL(Allowed 4 per 1 day) |
| Seroquel 300 mg tablet                             | NP   | AL(Minimum Age 8 Years); PA; QL(Allowed 2 per 1 day) |
| Seroquel 400 mg tablet                             | NP   | AL(Minimum Age 8 Years); PA; QL(Allowed 2 per 1 day) |
| Seroquel 50 mg tablet                              | NP   | AL(Minimum Age 8 Years); PA; QL(Allowed 4 per 1 day) |
| Seroquel XR 150 mg tablet,extended release         | NP   | PA                                                   |

| Drug Name                                                              | Tier | Drug Restriction                                 |
|------------------------------------------------------------------------|------|--------------------------------------------------|
| Seroquel XR 200 mg tablet,extended release                             | NP   | PA                                               |
| Seroquel XR 300 mg tablet,extended release                             | NP   | PA                                               |
| Seroquel XR 400 mg tablet,extended release                             | NP   | PA                                               |
| Seroquel XR 50 mg tablet,extended release                              | NP   | PA                                               |
| ANTIPSYCHOTIC -ATYPICAL DOPAMINE-SEROTONIN ANTAG-THIENOBENZODIAZEPINES |      |                                                  |
| olanzapine 10 mg disintegrating tablet                                 | P    |                                                  |
| olanzapine 10 mg intramuscular solution                                | NP   | PA                                               |
| olanzapine 10 mg tablet                                                | P    | AL(Minimum Age 8 Years); QL(Allowed 2 per 1 day) |
| olanzapine 15 mg disintegrating tablet                                 | P    |                                                  |
| olanzapine 15 mg tablet                                                | P    | AL(Minimum Age 8 Years); QL(Allowed 1 per 1 day) |
| olanzapine 2.5 mg tablet                                               | P    | AL(Minimum Age 8 Years); QL(Allowed 4 per 1 day) |
| olanzapine 20 mg disintegrating tablet                                 | P    |                                                  |
| olanzapine 20 mg tablet                                                | P    | AL(Minimum Age 8 Years); QL(Allowed 1 per 1 day) |
| olanzapine 5 mg disintegrating tablet                                  | P    |                                                  |

| Drug Name                                        | Tier | Drug Restriction                                     |
|--------------------------------------------------|------|------------------------------------------------------|
| olanzapine 5 mg tablet                           | P    | AL(Minimum Age 8 Years); QL(Allowed 4 per 1 day)     |
| olanzapine 7.5 mg tablet                         | P    | AL(Minimum Age 8 Years); QL(Allowed 2 per 1 day)     |
| Zyprexa 10 mg intramuscular solution             | NP   | PA                                                   |
| Zyprexa 10 mg tablet                             | NP   | AL(Minimum Age 8 Years); PA; QL(Allowed 2 per 1 day) |
| Zyprexa 15 mg tablet                             | NP   | AL(Minimum Age 8 Years); PA; QL(Allowed 1 per 1 day) |
| Zyprexa 2.5 mg tablet                            | NP   | AL(Minimum Age 8 Years); PA; QL(Allowed 4 per 1 day) |
| Zyprexa 20 mg tablet                             | NP   | AL(Minimum Age 8 Years); PA; QL(Allowed 1 per 1 day) |
| Zyprexa 5 mg tablet                              | NP   | AL(Minimum Age 8 Years); PA; QL(Allowed 4 per 1 day) |
| Zyprexa 7.5 mg tablet                            | NP   | AL(Minimum Age 8 Years); PA; QL(Allowed 2 per 1 day) |
| Zyprexa Relprevv 210 mg intramuscular suspension | NP   | PA; SP                                               |
| Zyprexa Relprevv 300 mg intramuscular suspension | NP   | PA; SP                                               |
| Zyprexa Relprevv 405 mg intramuscular suspension | NP   | PA; SP                                               |
| Zyprexa Zydis 10 mg disintegrating tablet        | NP   | PA                                                   |

| Drug Name                                                                     | Tier | Drug Restriction                                     |
|-------------------------------------------------------------------------------|------|------------------------------------------------------|
| Zyprexa Zydis 15 mg disintegrating tablet                                     | NP   | PA                                                   |
| Zyprexa Zydis 20 mg disintegrating tablet                                     | NP   | PA                                                   |
| Zyprexa Zydis 5 mg disintegrating tablet                                      | NP   | PA                                                   |
| <b>ANTIPSYCHOTIC-ATYP SELECTIVE SEROTONIN 5-HT2A INVERSE AGONISTS (SSIA)</b>  |      |                                                      |
| Nuplazid 10 mg tablet                                                         | NP   | PA; QL(Allowed 1 per 1 day)                          |
| Nuplazid 17 mg tablet                                                         | NP   | PA; QL(Allowed 2 per 1 day)                          |
| Nuplazid 34 mg capsule                                                        | NP   | PA; QL(Allowed 1 per 1 day)                          |
| <b>ANTIPSYCHOTIC-ATYPICAL,D2 RECEPTOR PARTIAL AGONIST-5HT SEROTONIN MIXED</b> |      |                                                      |
| Abilify 10 mg tablet                                                          | NP   | AL(Minimum Age 6 Years); PA; QL(Allowed 1 per 1 day) |
| Abilify 15 mg tablet                                                          | NP   | AL(Minimum Age 6 Years); PA; QL(Allowed 1 per 1 day) |
| Abilify 2 mg tablet                                                           | NP   | AL(Minimum Age 6 Years); PA; QL(Allowed 1 per 1 day) |
| Abilify 20 mg tablet                                                          | NP   | AL(Minimum Age 6 Years); PA; QL(Allowed 1 per 1 day) |
| Abilify 30 mg tablet                                                          | NP   | AL(Minimum Age 6 Years); PA; QL(Allowed 1 per 1 day) |
| Abilify 5 mg tablet                                                           | NP   | AL(Minimum Age 6 Years); PA; QL(Allowed 1 per 1 day) |

| Drug Name                                                              | Tier | Drug Restriction |
|------------------------------------------------------------------------|------|------------------|
| Abilify Maintena 300 mg intramuscular suspension,extended release      | P    | SP               |
| Abilify Maintena 300 mg suspension,extended rel. intramuscular syringe | P    | SP               |
| Abilify Maintena 400 mg intramuscular suspension,extended release      | P    | SP               |
| Abilify Maintena 400 mg suspension,extended rel. intramuscular syringe | P    | SP               |
| Abilify MyCite 10 mg tablet with sensor and patch                      | NP   | PA; SP           |
| Abilify MyCite 15 mg tablet with sensor and patch                      | NP   | PA; SP           |
| Abilify MyCite 2 mg tablet with sensor and patch                       | NP   | PA; SP           |
| Abilify MyCite 20 mg tablet with sensor and patch                      | NP   | PA; SP           |
| Abilify MyCite 30 mg tablet with sensor and patch                      | NP   | PA; SP           |
| Abilify MyCite 5 mg tablet with sensor and patch                       | NP   | PA; SP           |

| Drug Name                                                   | Tier | Drug Restriction                                                       |
|-------------------------------------------------------------|------|------------------------------------------------------------------------|
| aripiprazole 1 mg/mL oral solution                          | NP   | AL(Minimum Age 6 Years); PA; QL(QL Overtime: Allowed 750 over 30 days) |
| aripiprazole 10 mg disintegrating tablet                    | NP   | AL(Minimum Age 6 Years); PA; QL(Allowed 1 per 1 day)                   |
| aripiprazole 10 mg tablet                                   | P    | AL(Minimum Age 6 Years); QL(Allowed 1 per 1 day)                       |
| aripiprazole 15 mg disintegrating tablet                    | NP   | AL(Minimum Age 6 Years); PA; QL(Allowed 1 per 1 day)                   |
| aripiprazole 15 mg tablet                                   | P    | AL(Minimum Age 6 Years); QL(Allowed 1 per 1 day)                       |
| aripiprazole 2 mg tablet                                    | P    | AL(Minimum Age 6 Years); QL(Allowed 1 per 1 day)                       |
| aripiprazole 20 mg tablet                                   | P    | AL(Minimum Age 6 Years); QL(Allowed 1 per 1 day)                       |
| aripiprazole 30 mg tablet                                   | P    | AL(Minimum Age 6 Years); QL(Allowed 1 per 1 day)                       |
| aripiprazole 5 mg tablet                                    | P    | AL(Minimum Age 6 Years); QL(Allowed 1 per 1 day)                       |
| Aristada 1,064 mg/3.9 mL suspension, extend.rel. IM syringe | P    | SP                                                                     |
| Aristada 441 mg/1.6 mL suspension, extend.rel. IM syringe   | P    | SP                                                                     |
| Aristada 662 mg/2.4 mL suspension, extend.rel. IM syringe   | P    | SP                                                                     |

| Drug Name                                                                    | Tier | Drug Restriction |
|------------------------------------------------------------------------------|------|------------------|
| Aristada 882 mg/3.2 mL suspension, extend.rel. IM syringe                    | P    | SP               |
| Aristada Initio 675 mg/2.4 mL suspension, extend.rel. IM syringe             | P    | SP               |
| Rexulti 0.25 mg tablet                                                       | NP   | PA               |
| Rexulti 0.5 mg tablet                                                        | NP   | PA               |
| Rexulti 1 mg tablet                                                          | NP   | PA               |
| Rexulti 2 mg tablet                                                          | NP   | PA               |
| Rexulti 3 mg tablet                                                          | NP   | PA               |
| Rexulti 4 mg tablet                                                          | NP   | PA               |
| <b>ANTIPSYCHOTIC-ATYPICAL,D3/D2 RECEPTOR PARTIAL AGONIST-SEROTONIN MIXED</b> |      |                  |
| Vraylar 1.5 mg (1)-3 mg (6) capsules in a dose pack                          | NP   | PA               |
| Vraylar 1.5 mg capsule                                                       | NP   | PA               |
| Vraylar 3 mg capsule                                                         | NP   | PA               |
| Vraylar 4.5 mg capsule                                                       | NP   | PA               |
| Vraylar 6 mg capsule                                                         | NP   | PA               |

| Drug Name                                                                   | Tier | Drug Restriction                                     |
|-----------------------------------------------------------------------------|------|------------------------------------------------------|
| <b>ATTENTION DEFICIT-HYPERACT. DISORDER (ADHD)-ALPHA-2 RECEPTOR AGONIST</b> |      |                                                      |
| clonidine HCl ER 0.1 mg tablet,extended release,12 hr                       | P    |                                                      |
| guanfacine ER 1 mg tablet,extended release 24 hr                            | P    | AL(Minimum Age 6 Years); QL(Allowed 1 per 1 day)     |
| guanfacine ER 2 mg tablet,extended release 24 hr                            | P    | AL(Minimum Age 6 Years); QL(Allowed 1 per 1 day)     |
| guanfacine ER 3 mg tablet,extended release 24 hr                            | P    | AL(Minimum Age 6 Years); QL(Allowed 1 per 1 day)     |
| guanfacine ER 4 mg tablet,extended release 24 hr                            | P    | AL(Minimum Age 6 Years); QL(Allowed 1 per 1 day)     |
| Intuniv ER 1 mg tablet,extended release                                     | NP   | AL(Minimum Age 6 Years); PA; QL(Allowed 1 per 1 day) |
| Intuniv ER 2 mg tablet,extended release                                     | NP   | AL(Minimum Age 6 Years); PA; QL(Allowed 1 per 1 day) |
| Intuniv ER 3 mg tablet,extended release                                     | NP   | AL(Minimum Age 6 Years); PA; QL(Allowed 1 per 1 day) |
| Intuniv ER 4 mg tablet,extended release                                     | NP   | AL(Minimum Age 6 Years); PA; QL(Allowed 1 per 1 day) |
| <b>ATTENTION DEFICIT-HYPERACTIVITY (ADHD) THERAPY, STIMULANT-TYPE</b>       |      |                                                      |
| Adderall 10 mg tablet                                                       | NP   | AL(Minimum Age 3 Years); PA; QL(Allowed 2 per 1 day) |
| Adderall 12.5 mg tablet                                                     | NP   | AL(Minimum Age 3 Years); PA; QL(Allowed 2 per 1 day) |

| Drug Name                                  | Tier | Drug Restriction                                     |
|--------------------------------------------|------|------------------------------------------------------|
| Adderall 15 mg tablet                      | NP   | AL(Minimum Age 3 Years); PA; QL(Allowed 2 per 1 day) |
| Adderall 20 mg tablet                      | NP   | AL(Minimum Age 3 Years); PA; QL(Allowed 2 per 1 day) |
| Adderall 30 mg tablet                      | NP   | AL(Minimum Age 3 Years); PA; QL(Allowed 2 per 1 day) |
| Adderall 5 mg tablet                       | NP   | AL(Minimum Age 3 Years); PA; QL(Allowed 2 per 1 day) |
| Adderall 7.5 mg tablet                     | NP   | AL(Minimum Age 3 Years); PA; QL(Allowed 2 per 1 day) |
| Adderall XR 10 mg capsule,extended release | NP   | AL(Minimum Age 6 Years); PA; QL(Allowed 1 per 1 day) |
| Adderall XR 15 mg capsule,extended release | NP   | AL(Minimum Age 6 Years); PA; QL(Allowed 1 per 1 day) |
| Adderall XR 20 mg capsule,extended release | NP   | AL(Minimum Age 6 Years); PA; QL(Allowed 1 per 1 day) |
| Adderall XR 25 mg capsule,extended release | NP   | AL(Minimum Age 6 Years); PA; QL(Allowed 1 per 1 day) |
| Adderall XR 30 mg capsule,extended release | NP   | AL(Minimum Age 6 Years); PA; QL(Allowed 1 per 1 day) |
| Adderall XR 5 mg capsule,extended release  | NP   | AL(Minimum Age 6 Years); PA; QL(Allowed 1 per 1 day) |
| Adhansia XR 25 mg capsule,extended release | NP   | PA                                                   |

| Drug Name                                                     | Tier | Drug Restriction |
|---------------------------------------------------------------|------|------------------|
| Adhansia XR 35 mg capsule,extended release                    | NP   | PA               |
| Adhansia XR 45 mg capsule,extended release                    | NP   | PA               |
| Adhansia XR 55 mg capsule,extended release                    | NP   | PA               |
| Adhansia XR 70 mg capsule,extended release                    | NP   | PA               |
| Adhansia XR 85 mg capsule,extended release                    | NP   | PA               |
| Adzenys ER 1.25 mg/mL suspension, extended release 24hr       | NP   | PA               |
| Adzenys XR-ODT 12.5 mg extended release disintegrating tablet | NP   | PA               |
| Adzenys XR-ODT 15.7 mg extended release disintegrating tablet | NP   | PA               |
| Adzenys XR-ODT 18.8 mg extended release disintegrating tablet | NP   | PA               |

| Drug Name                                                                  | Tier | Drug Restriction |
|----------------------------------------------------------------------------|------|------------------|
| Adzenys XR-ODT<br>3.1 mg extended<br>release<br>disintegrating tablet      | NP   | PA               |
| Adzenys XR-ODT<br>6.3 mg extended<br>release<br>disintegrating tablet      | NP   | PA               |
| Adzenys XR-ODT<br>9.4 mg extended<br>release<br>disintegrating tablet      | NP   | PA               |
| amphetamine ER<br>1.25 mg/mL oral<br>24 hr extended-<br>release suspension | NP   | PA               |
| Aptensio XR 10<br>mg<br>capsule,extended<br>release sprinkle               | NP   | PA               |
| Aptensio XR 15<br>mg<br>capsule,extended<br>release sprinkle               | NP   | PA               |
| Aptensio XR 20<br>mg<br>capsule,extended<br>release sprinkle               | NP   | PA               |
| Aptensio XR 30<br>mg<br>capsule,extended<br>release sprinkle               | NP   | PA               |
| Aptensio XR 40<br>mg<br>capsule,extended<br>release sprinkle               | NP   | PA               |

| Drug Name                                                               | Tier | Drug Restriction                                       |
|-------------------------------------------------------------------------|------|--------------------------------------------------------|
| Aptensio XR 50<br>mg<br>capsule,extended<br>release sprinkle            | NP   | PA                                                     |
| Aptensio XR 60<br>mg<br>capsule,extended<br>release sprinkle            | NP   | PA                                                     |
| Concerta 18 mg<br>tablet,extended<br>release                            | P    | AL(Minimum Age 6<br>Years); QL(Allowed 1<br>per 1 day) |
| Concerta 27 mg<br>tablet,extended<br>release                            | P    | AL(Minimum Age 6<br>Years); QL(Allowed 1<br>per 1 day) |
| Concerta 36 mg<br>tablet,extended<br>release                            | P    | AL(Minimum Age 6<br>Years); QL(Allowed 2<br>per 1 day) |
| Concerta 54 mg<br>tablet,extended<br>release                            | P    | AL(Minimum Age 6<br>Years); QL(Allowed 1<br>per 1 day) |
| Cotempla XR-ODT<br>17.3 mg extended<br>release<br>disintegrating tablet | NP   | PA                                                     |
| Cotempla XR-ODT<br>25.9 mg extended<br>release<br>disintegrating tablet | NP   | PA                                                     |
| Cotempla XR-ODT<br>8.6 mg extended<br>release<br>disintegrating tablet  | NP   | PA                                                     |
| Daytrana 10 mg/9<br>hr daily patch                                      | NP   | PA                                                     |
| Daytrana 15 mg/9<br>hr daily patch                                      | NP   | PA                                                     |



| Drug Name                                                          | Tier | Drug Restriction                                 |
|--------------------------------------------------------------------|------|--------------------------------------------------|
| Daytrana 20 mg/9 hr daily patch                                    | NP   | PA                                               |
| Daytrana 30 mg/9 hr daily patch                                    | NP   | PA                                               |
| dexmethylphenidate 10 mg tablet                                    | P    | AL(Minimum Age 6 Years); QL(Allowed 2 per 1 day) |
| dexmethylphenidate 2.5 mg tablet                                   | P    | AL(Minimum Age 6 Years); QL(Allowed 2 per 1 day) |
| dexmethylphenidate 5 mg tablet                                     | P    | AL(Minimum Age 6 Years); QL(Allowed 2 per 1 day) |
| dexmethylphenidate ER 10 mg capsule,extended release biphasic50-50 | NP   | PA                                               |
| dexmethylphenidate ER 15 mg capsule,extended release biphasic50-50 | NP   | PA                                               |
| dexmethylphenidate ER 20 mg capsule,extended release biphasic50-50 | NP   | PA                                               |
| dexmethylphenidate ER 25 mg capsule,extended release biphasic50-50 | NP   | PA                                               |
| dexmethylphenidate ER 30 mg capsule,extended release biphasic50-50 | NP   | PA                                               |

| Drug Name                                                          | Tier | Drug Restriction                                 |
|--------------------------------------------------------------------|------|--------------------------------------------------|
| dexmethylphenidate ER 35 mg capsule,extended release biphasic50-50 | NP   | PA                                               |
| dexmethylphenidate ER 40 mg capsule,extended release biphasic50-50 | NP   | PA                                               |
| dexmethylphenidate ER 5 mg capsule,extended release biphasic50-50  | NP   | PA                                               |
| dextroamphetamine-amphetamine 10 mg tablet                         | P    | AL(Minimum Age 3 Years); QL(Allowed 2 per 1 day) |
| dextroamphetamine-amphetamine 12.5 mg tablet                       | P    | AL(Minimum Age 3 Years); QL(Allowed 2 per 1 day) |
| dextroamphetamine-amphetamine 15 mg tablet                         | P    | AL(Minimum Age 3 Years); QL(Allowed 2 per 1 day) |
| dextroamphetamine-amphetamine 20 mg tablet                         | P    | AL(Minimum Age 3 Years); QL(Allowed 2 per 1 day) |
| dextroamphetamine-amphetamine 30 mg tablet                         | P    | AL(Minimum Age 3 Years); QL(Allowed 2 per 1 day) |
| dextroamphetamine-amphetamine 5 mg tablet                          | P    | AL(Minimum Age 3 Years); QL(Allowed 2 per 1 day) |
| dextroamphetamine-amphetamine 7.5 mg tablet                        | P    | AL(Minimum Age 3 Years); QL(Allowed 2 per 1 day) |

| Drug Name                                                                       | Tier | Drug Restriction                                           |
|---------------------------------------------------------------------------------|------|------------------------------------------------------------|
| dextroamphetamine<br>-amphetamine ER<br>10 mg 24hr<br>capsule,extend<br>release | P    | AL(Minimum Age 6<br>Years); QL(Allowed 1<br>per 1 day)     |
| dextroamphetamine<br>-amphetamine ER<br>15 mg 24hr<br>capsule,extend<br>release | P    | AL(Minimum Age 6<br>Years); QL(Allowed 1<br>per 1 day)     |
| dextroamphetamine<br>-amphetamine ER<br>20 mg 24hr<br>capsule,extend<br>release | P    | AL(Minimum Age 6<br>Years); QL(Allowed 1<br>per 1 day)     |
| dextroamphetamine<br>-amphetamine ER<br>25 mg 24hr<br>capsule,extend<br>release | P    | AL(Minimum Age 6<br>Years); QL(Allowed 1<br>per 1 day)     |
| dextroamphetamine<br>-amphetamine ER<br>30 mg 24hr<br>capsule,extend<br>release | P    | AL(Minimum Age 6<br>Years); QL(Allowed 1<br>per 1 day)     |
| dextroamphetamine<br>-amphetamine ER<br>5 mg 24hr<br>capsule,extend<br>release  | P    | AL(Minimum Age 6<br>Years); QL(Allowed 1<br>per 1 day)     |
| Dyanavel XR 2.5<br>mg/mL oral 24 hr<br>extended release<br>suspension           | NP   | PA                                                         |
| Focalin 10 mg<br>tablet                                                         | NP   | AL(Minimum Age 6<br>Years); PA; QL(Allowed<br>2 per 1 day) |
| Focalin 2.5 mg<br>tablet                                                        | NP   | AL(Minimum Age 6<br>Years); PA; QL(Allowed<br>2 per 1 day) |

| Drug Name                                                                   | Tier | Drug Restriction                                           |
|-----------------------------------------------------------------------------|------|------------------------------------------------------------|
| Focalin 5 mg tablet                                                         | NP   | AL(Minimum Age 6<br>Years); PA; QL(Allowed<br>2 per 1 day) |
| Focalin XR 10 mg<br>capsule,extended<br>release                             | P    |                                                            |
| Focalin XR 15 mg<br>capsule,extended<br>release                             | P    |                                                            |
| Focalin XR 20 mg<br>capsule,extended<br>release                             | P    |                                                            |
| Focalin XR 25 mg<br>capsule,extended<br>release                             | P    |                                                            |
| Focalin XR 30 mg<br>capsule,extended<br>release                             | P    |                                                            |
| Focalin XR 35 mg<br>capsule,extended<br>release                             | P    |                                                            |
| Focalin XR 40 mg<br>capsule,extended<br>release                             | P    |                                                            |
| Focalin XR 5 mg<br>capsule,extended<br>release                              | P    |                                                            |
| Jornay PM 100 mg<br>capsule,delayed<br>release,extended<br>release sprinkle | NP   | PA                                                         |
| Jornay PM 20 mg<br>capsule,delayed<br>release,extended<br>release sprinkle  | NP   | PA                                                         |

| Drug Name                                                         | Tier | Drug Restriction                                 |
|-------------------------------------------------------------------|------|--------------------------------------------------|
| Jornay PM 40 mg capsule,delayed release,extended release sprinkle | NP   | PA                                               |
| Jornay PM 60 mg capsule,delayed release,extended release sprinkle | NP   | PA                                               |
| Jornay PM 80 mg capsule,delayed release,extended release sprinkle | NP   | PA                                               |
| Methylin 10 mg/5 mL oral solution                                 | NP   | PA                                               |
| Methylin 5 mg/5 mL oral solution                                  | NP   | PA                                               |
| methylphenidate 10 mg chewable tablet                             | NP   | PA                                               |
| methylphenidate 10 mg tablet                                      | P    | AL(Minimum Age 3 Years); QL(Allowed 3 per 1 day) |
| methylphenidate 10 mg/5 mL oral solution                          | NP   | PA                                               |
| methylphenidate 2.5 mg chewable tablet                            | NP   | PA                                               |
| methylphenidate 20 mg tablet                                      | P    | AL(Minimum Age 3 Years); QL(Allowed 3 per 1 day) |
| methylphenidate 5 mg chewable tablet                              | NP   | PA                                               |
| methylphenidate 5 mg tablet                                       | P    | AL(Minimum Age 3 Years); QL(Allowed 6 per 1 day) |
| methylphenidate 5 mg/5 mL oral solution                           | NP   | PA                                               |

| Drug Name                                                          | Tier | Drug Restriction                                     |
|--------------------------------------------------------------------|------|------------------------------------------------------|
| methylphenidate CD 10 mg biphasic 30-70 capsule,extended release   | NP   | AL(Minimum Age 6 Years); PA; QL(Allowed 1 per 1 day) |
| methylphenidate CD 20 mg biphasic 30-70 capsule,extended release   | NP   | AL(Minimum Age 6 Years); PA; QL(Allowed 1 per 1 day) |
| methylphenidate CD 30 mg biphasic 30-70 capsule,extended release   | NP   | AL(Minimum Age 6 Years); PA; QL(Allowed 1 per 1 day) |
| methylphenidate CD 40 mg biphasic 30-70 capsule,extended release   | NP   | AL(Minimum Age 6 Years); PA; QL(Allowed 1 per 1 day) |
| methylphenidate CD 50 mg biphasic 30-70 capsule,extended release   | NP   | AL(Minimum Age 6 Years); PA; QL(Allowed 1 per 1 day) |
| methylphenidate CD 60 mg biphasic 30-70 capsule,extended release   | NP   | AL(Minimum Age 6 Years); PA; QL(Allowed 1 per 1 day) |
| methylphenidate ER 10 mg capsule,extended release (40-60) sprinkle | NP   | PA                                                   |
| methylphenidate ER 10 mg tablet,extended release                   | P    | AL(Minimum Age 6 Years); QL(Allowed 2 per 1 day)     |

| Drug Name                                                          | Tier | Drug Restriction                                     |
|--------------------------------------------------------------------|------|------------------------------------------------------|
| methylphenidate ER 15 mg capsule,extended release (40-60) sprinkle | NP   | PA                                                   |
| methylphenidate ER 18 mg tablet,extended release 24 hr             | NP   | AL(Minimum Age 6 Years); PA; QL(Allowed 1 per 1 day) |
| methylphenidate ER 20 mg capsule,extended release (40-60) sprinkle | NP   | PA                                                   |
| methylphenidate ER 20 mg tablet,extended release                   | P    | AL(Minimum Age 6 Years); QL(Allowed 1 per 1 day)     |
| methylphenidate ER 27 mg tablet,extended release 24 hr             | NP   | AL(Minimum Age 6 Years); PA; QL(Allowed 1 per 1 day) |
| methylphenidate ER 30 mg capsule,extended release (40-60) sprinkle | NP   | PA                                                   |
| methylphenidate ER 36 mg tablet,extended release 24 hr             | NP   | AL(Minimum Age 6 Years); PA; QL(Allowed 2 per 1 day) |
| methylphenidate ER 40 mg capsule,extended release (40-60) sprinkle | NP   | PA                                                   |

| Drug Name                                                          | Tier | Drug Restriction                                     |
|--------------------------------------------------------------------|------|------------------------------------------------------|
| methylphenidate ER 50 mg capsule,extended release (40-60) sprinkle | NP   | PA                                                   |
| methylphenidate ER 54 mg tablet,extended release 24 hr             | NP   | AL(Minimum Age 6 Years); PA; QL(Allowed 1 per 1 day) |
| methylphenidate ER 60 mg capsule,extended release (40-60) sprinkle | NP   | PA                                                   |
| methylphenidate ER 72 mg tablet,extended release 24 hr             | NP   | PA                                                   |
| methylphenidate LA 10 mg biphasic 50-50 capsule,extended release   | NP   | PA                                                   |
| methylphenidate LA 20 mg biphasic 50-50 capsule,extended release   | NP   | PA                                                   |
| methylphenidate LA 30 mg biphasic 50-50 capsule,extended release   | NP   | PA                                                   |
| methylphenidate LA 40 mg biphasic 50-50 capsule,extended release   | NP   | PA                                                   |

| Drug Name                                                              | Tier | Drug Restriction |
|------------------------------------------------------------------------|------|------------------|
| methlyphenidate LA 60 mg biphasic 50-50 capsule,extended release       | NP   | PA               |
| Mydayis 12.5 mg capsule extended release 24 hr                         | NP   | PA               |
| Mydayis 25 mg capsule extended release 24 hr                           | NP   | PA               |
| Mydayis 37.5 mg capsule extended release 24 hr                         | NP   | PA               |
| Mydayis 50 mg capsule extended release 24 hr                           | NP   | PA               |
| QuilliChew ER 20 mg chewable tablet, extended release                  | NP   | PA               |
| QuilliChew ER 30 mg chewable tablet, extended release                  | NP   | PA               |
| QuilliChew ER 40 mg chewable, extended release tablet                  | NP   | PA               |
| Quillivant XR 5 mg/mL (25 mg/5 mL) oral suspension,extend release 24hr | NP   | PA               |
| Relexxii 72 mg tablet,extended release                                 | NP   | PA               |

| Drug Name                                 | Tier | Drug Restriction                                     |
|-------------------------------------------|------|------------------------------------------------------|
| Ritalin 10 mg tablet                      | NP   | AL(Minimum Age 3 Years); PA; QL(Allowed 3 per 1 day) |
| Ritalin 20 mg tablet                      | NP   | AL(Minimum Age 3 Years); PA; QL(Allowed 3 per 1 day) |
| Ritalin 5 mg tablet                       | NP   | AL(Minimum Age 3 Years); PA; QL(Allowed 6 per 1 day) |
| Ritalin LA 10 mg capsule,extended release | NP   | PA                                                   |
| Ritalin LA 20 mg capsule,extended release | NP   | PA                                                   |
| Ritalin LA 30 mg capsule,extended release | NP   | PA                                                   |
| Ritalin LA 40 mg capsule,extended release | NP   | PA                                                   |
| Vyvanse 10 mg capsule                     | P    | QL(Allowed 1 per 1 day)                              |
| Vyvanse 10 mg chewable tablet             | P    |                                                      |
| Vyvanse 20 mg capsule                     | P    | QL(Allowed 1 per 1 day)                              |
| Vyvanse 20 mg chewable tablet             | P    |                                                      |
| Vyvanse 30 mg capsule                     | P    | QL(Allowed 1 per 1 day)                              |
| Vyvanse 30 mg chewable tablet             | P    |                                                      |
| Vyvanse 40 mg capsule                     | P    | QL(Allowed 1 per 1 day)                              |

| Drug Name                                                                | Tier | Drug Restriction            |
|--------------------------------------------------------------------------|------|-----------------------------|
| Vyvanse 40 mg chewable tablet                                            | P    |                             |
| Vyvanse 50 mg capsule                                                    | P    | QL(Allowed 1 per 1 day)     |
| Vyvanse 50 mg chewable tablet                                            | P    |                             |
| Vyvanse 60 mg capsule                                                    | P    | QL(Allowed 1 per 1 day)     |
| Vyvanse 60 mg chewable tablet                                            | P    |                             |
| Vyvanse 70 mg capsule                                                    | P    | QL(Allowed 1 per 1 day)     |
| <b>ATTENTION DEFICIT-HYPERACTIVITY DISORDER (ADHD) THERAPY, NRI-TYPE</b> |      |                             |
| atomoxetine 10 mg capsule                                                | NP   | AL(Minimum Age 6 Years); ST |
| atomoxetine 100 mg capsule                                               | NP   | AL(Minimum Age 6 Years); ST |
| atomoxetine 18 mg capsule                                                | NP   | AL(Minimum Age 6 Years); ST |
| atomoxetine 25 mg capsule                                                | NP   | AL(Minimum Age 6 Years); ST |
| atomoxetine 40 mg capsule                                                | NP   | AL(Minimum Age 6 Years); ST |
| atomoxetine 60 mg capsule                                                | NP   | AL(Minimum Age 6 Years); ST |
| atomoxetine 80 mg capsule                                                | NP   | AL(Minimum Age 6 Years); ST |
| Strattera 10 mg capsule                                                  | NP   | AL(Minimum Age 6 Years); ST |
| Strattera 100 mg capsule                                                 | NP   | AL(Minimum Age 6 Years); ST |

| Drug Name                                           | Tier | Drug Restriction            |
|-----------------------------------------------------|------|-----------------------------|
| Strattera 18 mg capsule                             | NP   | AL(Minimum Age 6 Years); ST |
| Strattera 25 mg capsule                             | NP   | AL(Minimum Age 6 Years); ST |
| Strattera 40 mg capsule                             | NP   | AL(Minimum Age 6 Years); ST |
| Strattera 60 mg capsule                             | NP   | AL(Minimum Age 6 Years); ST |
| Strattera 80 mg capsule                             | NP   | AL(Minimum Age 6 Years); ST |
| <b>BIPOLAR THERAPY AGENTS - ANTICONVULSANT TYPE</b> |      |                             |
| Equetro 100 mg capsule, extended release            | NP   | PA                          |
| Equetro 200 mg capsule, extended release            | NP   | PA                          |
| Equetro 300 mg capsule, extended release            | NP   | PA                          |
| <b>BIPOLAR THERAPY AGENTS - LITHIUM</b>             |      |                             |
| lithium carbonate 150 mg capsule                    | P    |                             |
| lithium carbonate 300 mg capsule                    | P    |                             |
| lithium carbonate 300 mg tablet                     | P    |                             |
| lithium carbonate 600 mg capsule                    | P    |                             |
| lithium carbonate ER 300 mg tablet,extended release | P    |                             |

| Drug Name                                           | Tier | Drug Restriction                                     |
|-----------------------------------------------------|------|------------------------------------------------------|
| lithium carbonate ER 450 mg tablet,extended release | P    |                                                      |
| lithium citrate 8 mEq/5 mL oral solution            | P    |                                                      |
| Lithobid 300 mg tablet,extended release             | NP   | PA                                                   |
| <b>CNS STIMULANT - AMPHETAMINES</b>                 |      |                                                      |
| amphetamine sulfate 10 mg tablet                    | NP   | PA                                                   |
| amphetamine sulfate 5 mg tablet                     | NP   | PA                                                   |
| Desoxyn 5 mg tablet                                 | NP   | PA                                                   |
| Dexedrine 5 mg tablet                               | NP   | AL(Minimum Age 3 Years); PA                          |
| Dexedrine Spansule 10 mg capsule,extended release   | NP   | AL(Minimum Age 6 Years); PA; QL(Allowed 2 per 1 day) |
| Dexedrine Spansule 15 mg capsule,extended release   | NP   | AL(Minimum Age 6 Years); PA; QL(Allowed 2 per 1 day) |
| Dexedrine Spansule 5 mg capsule,extended release    | NP   | AL(Minimum Age 6 Years); PA; QL(Allowed 1 per 1 day) |
| dextroamphetamine 10 mg tablet                      | NP   | AL(Minimum Age 3 Years); PA; QL(Allowed 3 per 1 day) |
| dextroamphetamine 5 mg tablet                       | NP   | AL(Minimum Age 3 Years); PA; QL(Allowed 3 per 1 day) |

| Drug Name                                           | Tier | Drug Restriction                                     |
|-----------------------------------------------------|------|------------------------------------------------------|
| dextroamphetamine 5 mg/5 mL oral solution           | NP   | PA                                                   |
| dextroamphetamine ER 10 mg capsule,extended release | NP   | AL(Minimum Age 6 Years); PA; QL(Allowed 2 per 1 day) |
| dextroamphetamine ER 15 mg capsule,extended release | NP   | AL(Minimum Age 6 Years); PA; QL(Allowed 2 per 1 day) |
| dextroamphetamine ER 5 mg capsule,extended release  | NP   | AL(Minimum Age 6 Years); PA; QL(Allowed 1 per 1 day) |
| Evekeo 10 mg tablet                                 | NP   | PA                                                   |
| Evekeo 5 mg tablet                                  | NP   | PA                                                   |
| Evekeo ODT 10 mg disintegrating tablet              | NP   | PA                                                   |
| Evekeo ODT 15 mg disintegrating tablet              | NP   | PA                                                   |
| Evekeo ODT 20 mg disintegrating tablet              | NP   | PA                                                   |
| Evekeo ODT 5 mg disintegrating tablet               | NP   | PA                                                   |
| methamphetamine 5 mg tablet                         | NP   | PA                                                   |
| ProCentra 5 mg/5 mL oral solution                   | NP   | PA                                                   |

| Drug Name                                                                    | Tier | Drug Restriction                                     |
|------------------------------------------------------------------------------|------|------------------------------------------------------|
| Zenzedi 10 mg tablet                                                         | NP   | AL(Minimum Age 3 Years); PA; QL(Allowed 3 per 1 day) |
| Zenzedi 15 mg tablet                                                         | NP   | PA                                                   |
| Zenzedi 2.5 mg tablet                                                        | NP   | PA                                                   |
| Zenzedi 20 mg tablet                                                         | NP   | PA                                                   |
| Zenzedi 30 mg tablet                                                         | NP   | PA                                                   |
| Zenzedi 5 mg tablet                                                          | NP   | AL(Minimum Age 3 Years); PA; QL(Allowed 3 per 1 day) |
| Zenzedi 7.5 mg tablet                                                        | NP   | PA                                                   |
| <b>CNS STIMULANT - ANALEPTICS, METHYLXANTHINE-TYPE</b>                       |      |                                                      |
| caffeine citrate 60 mg/3 mL (20 mg/mL) oral solution                         | P    | AL(Maximum Age 18 Years); QL(Allowed 45 per Rx)      |
| <b>FIBROMYALGIA AGENTS - SEROTONIN-NOREPINEPHRINE REUPTAKE-INHIB (SNRIS)</b> |      |                                                      |
| Savella 100 mg tablet                                                        | NP   | PA; QL(Allowed 2 per 1 day)                          |
| Savella 12.5 mg (5)-25 mg(8)-50mg(42) tablets in a dose pack                 | NP   | PA; QL(QL Overtime: Allowed 55 over 365 days)        |
| Savella 12.5 mg tablet                                                       | NP   | PA; QL(Allowed 2 per 1 day)                          |
| Savella 25 mg tablet                                                         | NP   | PA; QL(Allowed 2 per 1 day)                          |
| Savella 50 mg tablet                                                         | NP   | PA; QL(Allowed 2 per 1 day)                          |

| Drug Name                                                             | Tier | Drug Restriction |
|-----------------------------------------------------------------------|------|------------------|
| <b>HYPNOTICS - MELATONIN M1/M2 RECEPTOR AGONISTS</b>                  |      |                  |
| Hetlioz 20 mg capsule                                                 | NP   | PA; SP           |
| ramelteon 8 mg tablet                                                 | NP   | PA               |
| Rozerem 8 mg tablet                                                   | NP   | PA               |
| <b>MIGRAINE THERAPY - CGRP LIGAND BLOCKER, MONOCLONAL ANTIBODY</b>    |      |                  |
| Ajovy 225 mg/1.5 mL subcutaneous auto-injector                        | NP   | PA; SP           |
| Ajovy Syringe 225 mg/1.5 mL subcutaneous                              | NP   | PA; SP           |
| Emgality 120 mg/mL subcutaneous syringe                               | NP   | PA; SP           |
| Emgality Pen 120 mg/mL subcutaneous pen injector                      | NP   | PA; SP           |
| Vyepti 100 mg/mL intravenous solution                                 | NP   | PA; SP           |
| <b>MIGRAINE THERAPY - CGRP RECEPTOR BLOCKERS (GEPANTS)</b>            |      |                  |
| Nurtec ODT 75 mg disintegrating tablet                                | NP   | PA               |
| Ubrelvy 100 mg tablet                                                 | NP   | PA               |
| Ubrelvy 50 mg tablet                                                  | NP   | PA               |
| <b>MIGRAINE THERAPY - CGRP RECEPTOR BLOCKERS, MONOCLONAL ANTIBODY</b> |      |                  |



| Drug Name                                                                     | Tier | Drug Restriction |
|-------------------------------------------------------------------------------|------|------------------|
| Aimovig Autoinjector 140 mg/mL subcutaneous auto-injector                     | P    | PA; SP           |
| Aimovig Autoinjector 70 mg/mL subcutaneous auto-injector                      | P    | PA; SP           |
| <b>MIGRAINE THERAPY - ERGOT ALKALOIDS AND DERIVATIVES</b>                     |      |                  |
| dihydroergotamine 0.5 mg/pump act. (4 mg/mL) nasal spray                      | NP   | PA               |
| Ergomar 2 mg sublingual tablet                                                | NP   | PA               |
| Migranal 0.5 mg/pump act. (4 mg/mL) nasal spray                               | NP   | PA               |
| <b>MIGRAINE THERAPY - ERGOT COMBINATIONS</b>                                  |      |                  |
| Cafergot 1 mg-100 mg tablet                                                   | NP   | PA               |
| Migergot 2 mg-100 mg rectal suppository                                       | P    |                  |
| <b>MIGRAINE THERAPY - NSAID ANALGESICS(CYCLOOXYGENASE INHIB-NON-SELECTIV)</b> |      |                  |
| Cambia 50 mg oral powder packet                                               | NP   | PA               |
| <b>MIGRAINE THERAPY - SELECTIVE SEROTONIN AGONISTS 5-HT(1)</b>                |      |                  |
| almotriptan malate 12.5 mg tablet                                             | NP   | PA               |

| Drug Name                                                  | Tier | Drug Restriction                                                               |
|------------------------------------------------------------|------|--------------------------------------------------------------------------------|
| almotriptan malate 6.25 mg tablet                          | NP   | PA                                                                             |
| Amerge 1 mg tablet                                         | NP   | PA; QL(QL Overtime: Allowed 9 over 30 days)                                    |
| Amerge 2.5 mg tablet                                       | NP   | PA; QL(QL Overtime: Allowed 9 over 30 days)                                    |
| eletriptan 20 mg tablet                                    | NP   | PA; QL(QL Overtime: Allowed 6 over 30 days)                                    |
| eletriptan 40 mg tablet                                    | NP   | PA; QL(QL Overtime: Allowed 6 over 30 days)                                    |
| Frova 2.5 mg tablet                                        | NP   | PA                                                                             |
| frovatriptan 2.5 mg tablet                                 | NP   | PA                                                                             |
| Imitrex 100 mg tablet                                      | NP   | PA; QL(QL Overtime: Allowed 6 over 30 days)                                    |
| Imitrex 20 mg/actuation nasal spray                        | NP   | PA; QL(QL Overtime: Allowed 6 over 30 days)                                    |
| Imitrex 25 mg tablet                                       | NP   | PA; QL(QL Overtime: Allowed 6 over 30 days)                                    |
| Imitrex 5 mg/actuation nasal spray                         | NP   | PA; QL(QL Overtime: Allowed 6 over 30 days)                                    |
| Imitrex 50 mg tablet                                       | NP   | PA; QL(QL Overtime: Allowed 6 over 30 days)                                    |
| Imitrex 6 mg/0.5 mL subcutaneous solution                  | NP   | PA; QL(QL Overtime: Allowed 2.5 over 30 days); QL(Limit 1 fill(s) per 30 days) |
| Imitrex STATdose Pen 4 mg/0.5 mL subcutaneous pen injector | NP   | PA; QL(QL Overtime: Allowed 3 over 30 days)                                    |

| Drug Name                                                  | Tier | Drug Restriction                             |
|------------------------------------------------------------|------|----------------------------------------------|
| Imitrex STATdose Pen 6 mg/0.5 mL subcutaneous pen injector | NP   | PA; QL(QL Overtime: Allowed 2 over 30 days)  |
| Imitrex STATdose Refill 4 mg/0.5 mL subcutaneous cartridge | NP   | PA; QL(QL Overtime: Allowed 3 over 30 days)  |
| Imitrex STATdose Refill 6 mg/0.5 mL subcutaneous cartridge | NP   | PA; QL(QL Overtime: Allowed 2 over 30 days)  |
| Maxalt 10 mg tablet                                        | NP   | PA; QL(QL Overtime: Allowed 12 over 30 days) |
| Maxalt-MLT 10 mg disintegrating tablet                     | NP   | PA; QL(QL Overtime: Allowed 12 over 30 days) |
| naratriptan 1 mg tablet                                    | NP   | PA; QL(QL Overtime: Allowed 9 over 30 days)  |
| naratriptan 2.5 mg tablet                                  | NP   | PA; QL(QL Overtime: Allowed 9 over 30 days)  |
| Onzetra Xsail 11 mg powder for nasal inhalation            | NP   | PA                                           |
| Relpax 20 mg tablet                                        | NP   | PA; QL(QL Overtime: Allowed 6 over 30 days)  |
| Relpax 40 mg tablet                                        | NP   | PA; QL(QL Overtime: Allowed 6 over 30 days)  |
| rizatriptan 10 mg disintegrating tablet                    | P    | QL(QL Overtime: Allowed 12 over 30 days)     |
| rizatriptan 10 mg tablet                                   | P    | QL(QL Overtime: Allowed 12 over 30 days)     |
| rizatriptan 5 mg disintegrating tablet                     | P    | QL(QL Overtime: Allowed 12 over 30 days)     |

| Drug Name                                               | Tier | Drug Restriction                                                           |
|---------------------------------------------------------|------|----------------------------------------------------------------------------|
| rizatriptan 5 mg tablet                                 | P    | QL(QL Overtime: Allowed 12 over 30 days)                                   |
| sumatriptan 100 mg tablet                               | P    | QL(QL Overtime: Allowed 6 over 30 days)                                    |
| sumatriptan 20 mg/actuation nasal spray                 | P    | QL(QL Overtime: Allowed 6 over 30 days)                                    |
| sumatriptan 25 mg tablet                                | P    | QL(QL Overtime: Allowed 6 over 30 days)                                    |
| sumatriptan 4 mg/0.5 mL subcutaneous cartridge (refill) | P    | QL(QL Overtime: Allowed 3 over 30 days)                                    |
| sumatriptan 4 mg/0.5 mL subcutaneous pen injector       | P    | QL(QL Overtime: Allowed 3 over 30 days)                                    |
| sumatriptan 5 mg/actuation nasal spray                  | P    | QL(QL Overtime: Allowed 6 over 30 days)                                    |
| sumatriptan 50 mg tablet                                | P    | QL(QL Overtime: Allowed 6 over 30 days)                                    |
| sumatriptan 6 mg/0.5 mL subcutaneous cartridge (refill) | P    | QL(QL Overtime: Allowed 2 over 30 days)                                    |
| sumatriptan 6 mg/0.5 mL subcutaneous pen injector       | P    | QL(QL Overtime: Allowed 2 over 30 days)                                    |
| sumatriptan 6 mg/0.5 mL subcutaneous solution           | P    | QL(QL Overtime: Allowed 2.5 over 30 days); QL(Limit 1 fill(s) per 30 days) |

| Drug Name                                                | Tier | Drug Restriction                            |
|----------------------------------------------------------|------|---------------------------------------------|
| sumatriptan 6 mg/0.5 mL subcutaneous syringe             | P    | QL(QL Overtime: Allowed 2 over 30 days)     |
| Tosymra 10 mg/actuation nasal spray                      | NP   | PA                                          |
| Zembrace Symtouch 3 mg/0.5 mL subcutaneous pen injector  | NP   | PA                                          |
| zolmitriptan 2.5 mg disintegrating tablet                | NP   | PA; QL(QL Overtime: Allowed 6 over 30 days) |
| zolmitriptan 2.5 mg tablet                               | NP   | PA; QL(QL Overtime: Allowed 6 over 30 days) |
| zolmitriptan 5 mg disintegrating tablet                  | NP   | PA; QL(QL Overtime: Allowed 6 over 30 days) |
| zolmitriptan 5 mg tablet                                 | NP   | PA; QL(QL Overtime: Allowed 6 over 30 days) |
| Zomig 2.5 mg nasal spray                                 | NP   | PA                                          |
| Zomig 2.5 mg tablet                                      | NP   | PA; QL(QL Overtime: Allowed 6 over 30 days) |
| Zomig 5 mg nasal spray                                   | NP   | PA; QL(QL Overtime: Allowed 6 over 30 days) |
| Zomig 5 mg tablet                                        | NP   | PA; QL(QL Overtime: Allowed 6 over 30 days) |
| Zomig ZMT 2.5 mg disintegrating tablet                   | NP   | PA; QL(QL Overtime: Allowed 6 over 30 days) |
| Zomig ZMT 5 mg disintegrating tablet                     | NP   | PA; QL(QL Overtime: Allowed 6 over 30 days) |
| MIGRAINE THERAPY - SELECTIVE SEROTONIN AGONISTS 5-HT(1F) |      |                                             |

| Drug Name                                                             | Tier | Drug Restriction |
|-----------------------------------------------------------------------|------|------------------|
| Reyvow 100 mg tablet                                                  | NP   | PA               |
| Reyvow 50 mg tablet                                                   | NP   | PA               |
| MIGRAINE THERAPY - SEROTONIN AGONIST 5-HT(1) AND NSAID COMB.          |      |                  |
| sumatriptan 85 mg-naproxen 500 mg tablet                              | NP   | PA               |
| Treximet 85 mg-500 mg tablet                                          | NP   | PA               |
| MOVEMENT DISORDER DRUG THERAPY                                        |      |                  |
| Austedo 12 mg tablet                                                  | NP   | PA; SP           |
| Austedo 6 mg tablet                                                   | NP   | PA; SP           |
| Austedo 9 mg tablet                                                   | NP   | PA; SP           |
| Ingrezza 40 mg capsule                                                | NP   | PA; SP           |
| Ingrezza 80 mg capsule                                                | NP   | PA; SP           |
| Ingrezza Initiation Pack 40 mg (7)-80 mg (21) capsules in a dose pack | NP   | PA; SP           |
| tetrabenazine 12.5 mg tablet                                          | NP   | PA; SP           |
| tetrabenazine 25 mg tablet                                            | NP   | PA; SP           |
| Xenazine 12.5 mg tablet                                               | NP   | PA; SP           |

| Drug Name                                                                    | Tier | Drug Restriction |
|------------------------------------------------------------------------------|------|------------------|
| Xenazine 25 mg tablet                                                        | NP   | PA; SP           |
| <b>MOVEMENT DISORDER THERAPY - RESTLESS LEGS SYNDROME</b>                    |      |                  |
| Horizant ER 300 mg tablet,extended release                                   | NP   | PA               |
| Horizant ER 600 mg tablet,extended release                                   | NP   | PA               |
| <b>NARCOLEPSY AND CATAPLEXY THERAPY AGENTS - SEDATIVE-TYPE</b>               |      |                  |
| Xyrem 500 mg/mL oral solution                                                | NP   | PA; SP           |
| Xywav 0.5 gram/mL oral solution                                              | NP   | PA; SP           |
| <b>NARCOLEPSY THERAPY AGENTS - DOPAMINE AND NE REUPTAKE INHIBITOR (DNRI)</b> |      |                  |
| Sunosi 150 mg tablet                                                         | NP   | PA               |
| Sunosi 75 mg tablet                                                          | NP   | PA               |
| <b>NARCOLEPSY THERAPY AGENTS - H3-RECEPTOR ANTAGONIST/INVERSE AGONIST</b>    |      |                  |
| Wakix 17.8 mg tablet                                                         | NP   | PA; SP           |
| Wakix 4.45 mg tablet                                                         | NP   | PA; SP           |
| <b>NARCOLEPSY THERAPY AGENTS - NON-SYMPATHOMIMETIC</b>                       |      |                  |
| armodafinil 150 mg tablet                                                    | NP   | PA               |
| armodafinil 200 mg tablet                                                    | NP   | PA               |

| Drug Name                                 | Tier | Drug Restriction |
|-------------------------------------------|------|------------------|
| armodafinil 250 mg tablet                 | NP   | PA               |
| armodafinil 50 mg tablet                  | NP   | PA               |
| modafinil 100 mg tablet                   | NP   | PA               |
| modafinil 200 mg tablet                   | NP   | PA               |
| Nuvigil 150 mg tablet                     | NP   | PA               |
| Nuvigil 200 mg tablet                     | NP   | PA               |
| Nuvigil 250 mg tablet                     | NP   | PA               |
| Nuvigil 50 mg tablet                      | NP   | PA               |
| Provigil 100 mg tablet                    | NP   | PA               |
| Provigil 200 mg tablet                    | NP   | PA               |
| <b>NEUROPATHIC PAIN THERAPY</b>           |      |                  |
| Lyrica CR 165 mg tablet,extended release  | NP   | PA               |
| Lyrica CR 330 mg tablet,extended release  | NP   | PA               |
| Lyrica CR 82.5 mg tablet,extended release | NP   | PA               |
| <b>POSTHERPETIC NEURALGIA AGENTS</b>      |      |                  |

| Drug Name                                                      | Tier | Drug Restriction        |
|----------------------------------------------------------------|------|-------------------------|
| Gralise 300 mg tablet,extended release                         | NP   | PA                      |
| Gralise 600 mg tablet,extended release                         | NP   | PA                      |
| <b>PSEUDOBULBAR AFFECT (PBA) AGENTS, NMDA ANTAGONISTS TYPE</b> |      |                         |
| Nuedexta 20 mg-10 mg capsule                                   | NP   | PA                      |
| <b>SEDATIVE-HYPNOTIC - ANTIHISTAMINES</b>                      |      |                         |
| Alka-Seltzer Plus Allergy 25 mg tablet                         | P    | QL(Allowed 4 per 1 day) |
| Compoz 25 mg tablet                                            | P    |                         |
| Nighttime Sleep 50 mg capsule                                  | P    |                         |
| NightTime Sleep Aid (diphenhydramine) 25 mg tablet             | P    | QL(Allowed 1 per 1 day) |
| NightTime Sleep Aid (diphenhydramine) 50 mg capsule            | P    |                         |
| Nighttime Sleep-Aid (doxylamine) 25 mg tablet                  | P    |                         |
| Nytol 25 mg tablet                                             | P    | QL(Allowed 1 per 1 day) |
| Ormir 50 mg capsule                                            | P    |                         |
| Restfully Sleep 25 mg tablet                                   | P    | QL(Allowed 1 per 1 day) |

| Drug Name                                              | Tier | Drug Restriction        |
|--------------------------------------------------------|------|-------------------------|
| Simply Sleep 25 mg tablet                              | P    | QL(Allowed 1 per 1 day) |
| Sleep 25 mg tablet                                     | P    | QL(Allowed 1 per 1 day) |
| Sleep Aid (diphenhydramine) 25 mg tablet               | P    | QL(Allowed 1 per 1 day) |
| Sleep Aid (diphenhydramine) 50 mg capsule              | P    |                         |
| Sleep Aid (doxylamine) 25 mg tablet                    | P    |                         |
| Sleep Aid Max Strength (diphenhydramine) 50 mg capsule | P    |                         |
| Sleep II 25 mg tablet                                  | P    | QL(Allowed 1 per 1 day) |
| Sleep Tablet (diphenhydramine) 25 mg tablet            | P    | QL(Allowed 1 per 1 day) |
| Sleep-Tabs 25 mg tablet                                | P    | QL(Allowed 1 per 1 day) |
| Ultra Sleep (doxylamine succinate) 25 mg tablet        | P    |                         |
| Unisom (doxylamine) 25 mg tablet                       | P    |                         |
| Unisom SleepGels 50 mg capsule                         | P    |                         |

| Drug Name                                       | Tier | Drug Restriction               |
|-------------------------------------------------|------|--------------------------------|
| Wal-Som<br>(diphenhydramine)<br>50 mg capsule   | P    |                                |
| Wal-Som<br>(doxylamine) 25<br>mg tablet         | P    |                                |
| SEDATIVE-HYPNOTIC - BARBITURATES                |      |                                |
| Seconal Sodium<br>100 mg capsule                | NP   | PA                             |
| SEDATIVE-HYPNOTIC - BENZODIAZEPINES             |      |                                |
| estazolam 1 mg<br>tablet                        | P    |                                |
| estazolam 2 mg<br>tablet                        | P    |                                |
| flurazepam 15 mg<br>capsule                     | NP   | PA; QL(Allowed 1 per 1<br>day) |
| flurazepam 30 mg<br>capsule                     | NP   | PA; QL(Allowed 1 per 1<br>day) |
| Halcion 0.25 mg<br>tablet                       | NP   | PA; QL(Allowed 1 per 1<br>day) |
| midazolam 10<br>mg/5 mL (2<br>mg/mL) oral syrup | NP   | PA                             |
| midazolam 2<br>mg/mL oral syrup                 | NP   | PA                             |
| Restoril 15 mg<br>capsule                       | NP   | PA; QL(Allowed 1 per 1<br>day) |
| Restoril 22.5 mg<br>capsule                     | NP   | PA                             |
| Restoril 30 mg<br>capsule                       | NP   | PA; QL(Allowed 1 per 1<br>day) |
| Restoril 7.5 mg<br>capsule                      | NP   | PA                             |

| Drug Name                                       | Tier | Drug Restriction               |
|-------------------------------------------------|------|--------------------------------|
| temazepam 15 mg<br>capsule                      | P    | QL(Allowed 1 per 1 day)        |
| temazepam 22.5<br>mg capsule                    | P    |                                |
| temazepam 30 mg<br>capsule                      | P    | QL(Allowed 1 per 1 day)        |
| temazepam 7.5 mg<br>capsule                     | P    |                                |
| triazolam 0.125 mg<br>tablet                    | P    | QL(Allowed 1 per 1 day)        |
| triazolam 0.25 mg<br>tablet                     | P    | QL(Allowed 1 per 1 day)        |
| SEDATIVE-HYPNOTIC - GABA-RECEPTOR<br>MODULATORS |      |                                |
| Ambien 10 mg<br>tablet                          | NP   | PA; QL(Allowed 1 per 1<br>day) |
| Ambien 5 mg tablet                              | NP   | PA; QL(Allowed 1 per 1<br>day) |
| Ambien CR 12.5<br>mg tablet,extended<br>release | NP   | PA                             |
| Ambien CR 6.25<br>mg tablet,extended<br>release | NP   | PA                             |
| eszopiclone 1 mg<br>tablet                      | NP   | PA                             |
| eszopiclone 2 mg<br>tablet                      | NP   | PA                             |
| eszopiclone 3 mg<br>tablet                      | NP   | PA                             |
| Lunesta 1 mg tablet                             | NP   | PA                             |

| Drug Name                                              | Tier | Drug Restriction            |
|--------------------------------------------------------|------|-----------------------------|
| Lunesta 2 mg tablet                                    | NP   | PA                          |
| Lunesta 3 mg tablet                                    | NP   | PA                          |
| zaleplon 10 mg capsule                                 | NP   | PA; QL(Allowed 1 per 1 day) |
| zaleplon 5 mg capsule                                  | NP   | PA; QL(Allowed 1 per 1 day) |
| zolpidem 10 mg tablet                                  | P    | QL(Allowed 1 per 1 day)     |
| zolpidem 5 mg tablet                                   | P    | QL(Allowed 1 per 1 day)     |
| zolpidem ER 12.5 mg tablet,extended release,multiphase | NP   | PA                          |
| zolpidem ER 6.25 mg tablet,extended release,multiphase | NP   | PA                          |
| Zolpimist 5 mg/spray (0.1 mL) oral spray               | NP   | PA                          |
| <b>SEDATIVE-HYPNOTIC - OREXIN RECEPTOR ANTAGONIST</b>  |      |                             |
| Belsomra 10 mg tablet                                  | NP   | PA                          |
| Belsomra 15 mg tablet                                  | NP   | PA                          |
| Belsomra 20 mg tablet                                  | NP   | PA                          |
| Belsomra 5 mg tablet                                   | NP   | PA                          |
| Dayvigo 10 mg tablet                                   | NP   | PA                          |

| Drug Name                                                                    | Tier | Drug Restriction |
|------------------------------------------------------------------------------|------|------------------|
| Dayvigo 5 mg tablet                                                          | NP   | PA               |
| <b>SEDATIVE-HYPNOTIC - TRICYCLIC ANTIDEPRESSANT TYPE</b>                     |      |                  |
| doxepin 3 mg tablet                                                          | NP   | PA               |
| doxepin 6 mg tablet                                                          | NP   | PA               |
| Silenor 3 mg tablet                                                          | NP   | PA               |
| Silenor 6 mg tablet                                                          | NP   | PA               |
| <b>CHEMICAL DEPENDENCY, AGENTS TO TREAT</b>                                  |      |                  |
| <b>AGENTS FOR OPIOID WITHDRAWAL, CENTRAL ALPHA-2 ADRENERGIC AGONIST-TYPE</b> |      |                  |
| Lucemyra 0.18 mg tablet                                                      | P    |                  |
| <b>AGENTS FOR OPIOID WITHDRAWAL, OPIOID-TYPE</b>                             |      |                  |
| Bunavail 2.1 mg-0.3 mg buccal film                                           | P    |                  |
| Bunavail 4.2 mg-0.7 mg buccal film                                           | P    |                  |
| Bunavail 6.3 mg-1 mg buccal film                                             | P    |                  |
| buprenorphine 12 mg-naloxone 3 mg sublingual film                            | P    |                  |
| buprenorphine 2 mg-naloxone 0.5 mg sublingual film                           | P    |                  |
| buprenorphine 2 mg-naloxone 0.5 mg sublingual tablet                         | P    |                  |

| Drug Name                                                              | Tier | Drug Restriction |
|------------------------------------------------------------------------|------|------------------|
| buprenorphine 4 mg-naloxone 1 mg sublingual film                       | P    |                  |
| buprenorphine 8 mg-naloxone 2 mg sublingual film                       | P    |                  |
| buprenorphine 8 mg-naloxone 2 mg sublingual tablet                     | P    |                  |
| buprenorphine HCl 2 mg sublingual tablet                               | P    |                  |
| buprenorphine HCl 8 mg sublingual tablet                               | P    |                  |
| Probuphine 74.2 mg subdermal implant                                   | P    | SP               |
| Sublocade 100 mg/0.5 mL solution,extended release subcutaneous syringe | P    | SP               |
| Sublocade 300 mg/1.5 mL solution,extended release subcutaneous syringe | P    | SP               |
| Suboxone 12 mg-3 mg sublingual film                                    | P    |                  |
| Suboxone 2 mg-0.5 mg sublingual film                                   | P    |                  |
| Suboxone 4 mg-1 mg sublingual film                                     | P    |                  |

| Drug Name                                                    | Tier | Drug Restriction |
|--------------------------------------------------------------|------|------------------|
| Suboxone 8 mg-2 mg sublingual film                           | P    |                  |
| Zubsolv 0.7 mg-0.18 mg sublingual tablet                     | P    |                  |
| Zubsolv 1.4 mg-0.36 mg sublingual tablet                     | P    |                  |
| Zubsolv 11.4 mg-2.9 mg sublingual tablet                     | P    |                  |
| Zubsolv 2.9 mg-0.71 mg sublingual tablet                     | P    |                  |
| Zubsolv 5.7 mg-1.4 mg sublingual tablet                      | P    |                  |
| Zubsolv 8.6 mg-2.1 mg sublingual tablet                      | P    |                  |
| ALCOHOL ABSTINENCE THERAPY - GLUTAMATE AND GABA SYSTEM TYPE  |      |                  |
| acamprosate 333 mg tablet,delayed release                    | P    |                  |
| ALCOHOL ABSTINENCE THERAPY - OPIOID RECEPTOR ANTAGONIST-TYPE |      |                  |
| Vivitrol 380 mg intramuscular suspension,extended release    | P    | SP               |
| ALCOHOL DETERRENTS                                           |      |                  |
| Antabuse 250 mg tablet                                       | P    |                  |
| Antabuse 500 mg tablet                                       | P    |                  |



| Drug Name                                                                  | Tier | Drug Restriction                                                            |
|----------------------------------------------------------------------------|------|-----------------------------------------------------------------------------|
| disulfiram 250 mg tablet                                                   | P    |                                                                             |
| disulfiram 500 mg tablet                                                   | P    |                                                                             |
| <b>SMOKING DETERRENTS - NE AND DOPAMINE REUPTAKE INHIBITOR (NDRI)-TYPE</b> |      |                                                                             |
| bupropion HCl 150 mg tablet, 12 hr sustained-release (smoking deterrent)   | P    | QL(Allowed 2 per 1 day); QL(QL (Limit 180 days supply(ies) per 365 days ))  |
| <b>SMOKING DETERRENTS - NICOTINE-TYPE</b>                                  |      |                                                                             |
| nicotine (polacrilex) 2 mg buccal lozenge                                  | P    | QL(Allowed 20 per 1 day); QL(QL (Limit 180 days supply(ies) per 365 days )) |
| nicotine (polacrilex) 2 mg buccal mini lozenge                             | P    | QL(Allowed 20 per 1 day); QL(QL (Limit 180 days supply(ies) per 365 days )) |
| nicotine (polacrilex) 2 mg gum                                             | P    | QL(Allowed 24 per 1 day); QL(QL (Limit 180 days supply(ies) per 365 days )) |
| nicotine (polacrilex) 4 mg buccal lozenge                                  | P    | QL(Allowed 20 per 1 day); QL(QL (Limit 180 days supply(ies) per 365 days )) |
| nicotine (polacrilex) 4 mg buccal mini lozenge                             | P    | QL(Allowed 20 per 1 day); QL(QL (Limit 180 days supply(ies) per 365 days )) |
| nicotine (polacrilex) 4 mg gum                                             | P    | QL(Allowed 24 per 1 day); QL(QL (Limit 180 days supply(ies) per 365 days )) |
| nicotine 14 mg/24 hr daily transdermal patch                               | P    | QL(Allowed 1 per 1 day); QL(QL (Limit 180 days supply(ies) per 365 days ))  |

| Drug Name                                                                   | Tier | Drug Restriction                                                                             |
|-----------------------------------------------------------------------------|------|----------------------------------------------------------------------------------------------|
| nicotine 21 mg/24 hr daily transdermal patch                                | P    | QL(Allowed 1 per 1 day); QL(QL (Limit 180 days supply(ies) per 365 days ))                   |
| nicotine 21mg/24hr-14mg/24hr-7mg/24hr daily transdermal patches, sequential | P    | QL(Allowed 56 per Rx); QL(QL (Limit 180 days supply(ies) per 365 days ))                     |
| nicotine 7 mg/24 hr daily transdermal patch                                 | P    | QL(QL (Limit 180 days supply(ies) per 365 days ))                                            |
| Nicotrol 10 mg inhalation cartridge                                         | P    | QL(QL Overtime: Allowed 504 over 30 days); QL(QL (Limit 180 days supply(ies) per 365 days )) |
| Nicotrol NS 10 mg/mL nasal spray                                            | P    | QL(QL Overtime: Allowed 120 over 30 days); QL(QL (Limit 180 days supply(ies) per 365 days )) |
| <b>SMOKING DETERRENTS - NICOTINIC RECEPTOR PARTIAL AGONIST, ALPHA4BETA2</b> |      |                                                                                              |
| Chantix 0.5 mg tablet                                                       | P    | QL(Allowed 2 per 1 day); QL(QL (Limit 180 days supply(ies) per 365 days ))                   |
| Chantix 1 mg tablet                                                         | P    | QL(Allowed 2 per 1 day); QL(QL (Limit 180 days supply(ies) per 365 days ))                   |
| Chantix Continuing Month Box 1 mg tablet                                    | P    | QL(Allowed 2 per 1 day); QL(QL (Limit 180 days supply(ies) per 365 days ))                   |
| Chantix Starting Month Box 0.5 mg (11)-1 mg (42) tablets in dose pack       | P    | QL(Allowed 53 per Rx); QL(QL (Limit 180 days supply(ies) per 365 days ))                     |
| <b>CHEMICALS-PHARMACEUTICAL ADJUVANTS</b>                                   |      |                                                                                              |
| <b>BULK CHEMICALS</b>                                                       |      |                                                                                              |

| Drug Name                                                      | Tier | Drug Restriction                |
|----------------------------------------------------------------|------|---------------------------------|
| formaldehyde (bulk) 10 % solution                              | P    | QL(Allowed 90 per Rx)           |
| <b>PHARMACEUTICAL ADJUVANT - INHALATION VEHICLES</b>           |      |                                 |
| sodium chloride 0.9 % for nebulization                         | P    |                                 |
| sodium chloride 3 % for nebulization                           | P    |                                 |
| <b>COGNITIVE DISORDER THERAPY</b>                              |      |                                 |
| <b>ALZHEIMER'S DISEASE THERAPY - CHOLINESTERASE INHIBITORS</b> |      |                                 |
| Aricept 10 mg tablet                                           | NP   | PA; QL(Allowed 1 per 1 day); MT |
| Aricept 23 mg tablet                                           | NP   | PA                              |
| Aricept 5 mg tablet                                            | NP   | PA; QL(Allowed 1 per 1 day); MT |
| donepezil 10 mg disintegrating tablet                          | P    |                                 |
| donepezil 10 mg tablet                                         | P    | QL(Allowed 1 per 1 day); MT     |
| donepezil 23 mg tablet                                         | P    |                                 |
| donepezil 5 mg disintegrating tablet                           | P    |                                 |
| donepezil 5 mg tablet                                          | P    | QL(Allowed 1 per 1 day); MT     |
| Exelon Patch 13.3 mg/24 hour transdermal                       | NP   | PA                              |
| Exelon Patch 4.6 mg/24 hr transdermal                          | NP   | PA; QL(Allowed 1 per 1 day)     |

| Drug Name                                           | Tier | Drug Restriction            |
|-----------------------------------------------------|------|-----------------------------|
| Exelon Patch 9.5 mg/24 hr transdermal               | NP   | PA; QL(Allowed 1 per 1 day) |
| galantamine 12 mg tablet                            | NP   | PA; QL(Allowed 2 per 1 day) |
| galantamine 4 mg tablet                             | NP   | PA; QL(Allowed 2 per 1 day) |
| galantamine 4 mg/mL oral solution                   | NP   | PA; QL(Allowed 6 per 1 day) |
| galantamine 8 mg tablet                             | NP   | PA; QL(Allowed 2 per 1 day) |
| galantamine ER 16 mg 24 hr capsule,extended release | NP   | PA; QL(Allowed 1 per 1 day) |
| galantamine ER 24 mg 24 hr capsule,extended release | NP   | PA; QL(Allowed 1 per 1 day) |
| galantamine ER 8 mg 24 hr capsule,extended release  | NP   | PA; QL(Allowed 1 per 1 day) |
| Razadyne ER 16 mg capsule,extended release          | NP   | PA; QL(Allowed 1 per 1 day) |
| Razadyne ER 24 mg capsule,extended release          | NP   | PA; QL(Allowed 1 per 1 day) |
| Razadyne ER 8 mg capsule,extended release           | NP   | PA; QL(Allowed 1 per 1 day) |

| Drug Name                                                      | Tier | Drug Restriction            |
|----------------------------------------------------------------|------|-----------------------------|
| rivastigmine 1.5 mg capsule                                    | NP   | PA; QL(Allowed 2 per 1 day) |
| rivastigmine 13.3 mg/24 hour transdermal patch                 | NP   | PA                          |
| rivastigmine 3 mg capsule                                      | NP   | PA; QL(Allowed 2 per 1 day) |
| rivastigmine 4.5 mg capsule                                    | NP   | PA; QL(Allowed 2 per 1 day) |
| rivastigmine 4.6 mg/24 hour transdermal patch                  | NP   | PA; QL(Allowed 1 per 1 day) |
| rivastigmine 6 mg capsule                                      | NP   | PA; QL(Allowed 2 per 1 day) |
| rivastigmine 9.5 mg/24 hour transdermal patch                  | NP   | PA; QL(Allowed 1 per 1 day) |
| <b>ALZHEIMER'S DISEASE THERAPY - NMDA RECEPTOR ANTAGONISTS</b> |      |                             |
| memantine 10 mg tablet                                         | P    | QL(Allowed 2 per 1 day); MT |
| memantine 14 mg capsule sprinkle,extended release 24hr         | NP   | PA                          |
| memantine 2 mg/mL oral solution                                | NP   | PA                          |
| memantine 21 mg capsule sprinkle,extended release 24hr         | NP   | PA                          |
| memantine 28 mg capsule sprinkle,extended release 24hr         | NP   | PA                          |

| Drug Name                                               | Tier | Drug Restriction                |
|---------------------------------------------------------|------|---------------------------------|
| memantine 5 mg tablet                                   | P    | QL(Allowed 2 per 1 day); MT     |
| memantine 5 mg-10 mg tablets in a dose pack             | NP   | PA; QL(Allowed 49 per Rx)       |
| memantine 7 mg capsule sprinkle,extended release 24hr   | NP   | PA                              |
| Namenda 10 mg tablet                                    | NP   | PA; QL(Allowed 2 per 1 day); MT |
| Namenda 5 mg tablet                                     | NP   | PA; QL(Allowed 2 per 1 day); MT |
| Namenda Titration Pak 5 mg-10 mg tablets in a dose pack | NP   | PA; QL(Allowed 49 per Rx)       |
| Namenda XR 14 mg capsule sprinkle,extended release      | NP   | PA                              |
| Namenda XR 21 mg capsule sprinkle,extended release      | NP   | PA                              |
| Namenda XR 28 mg capsule sprinkle,extended release      | NP   | PA                              |
| Namenda XR 7 mg capsule sprinkle,extended release       | NP   | PA                              |

| Drug Name                                                               | Tier | Drug Restriction |
|-------------------------------------------------------------------------|------|------------------|
| Namenda XR 7 mg-14 mg-21 mg-28 mg capsule,sprinkle,ext rel, dose pack   | NP   | PA               |
| ALZHEIMER'S THX - NMDA RECEPTOR ANTAG. AND CHOLINESTERASE INHIB. COMB   |      |                  |
| Namzaric 14 mg-10 mg capsule sprinkle,extended release                  | NP   | PA               |
| Namzaric 21 mg-10 mg capsule sprinkle,extended release                  | NP   | PA               |
| Namzaric 28 mg-10 mg capsule sprinkle,extended release                  | NP   | PA               |
| Namzaric 7 mg-10 mg capsule sprinkle,extended release                   | NP   | PA               |
| Namzaric 7/14/21/28 mg-10 mg capsule,sprinkle,ext end release,dose pack | NP   | PA               |
| COGNITIVE DISORDER THERAPY - CEREBRAL VASODILATORS                      |      |                  |
| ergoloid 1 mg tablet                                                    | P    |                  |
| CONTRACEPTIVES                                                          |      |                  |
| CONTRACEPTIVE - VAGINAL PH MODULATOR                                    |      |                  |
| Phexxi 1.8 %-1 %-0.4 % vaginal gel                                      | P    |                  |
| CONTRACEPTIVE INJECTABLE - PROGESTIN                                    |      |                  |

| Drug Name                                                          | Tier | Drug Restriction            |
|--------------------------------------------------------------------|------|-----------------------------|
| Depo-Provera 150 mg/mL intramuscular suspension                    | P    | QL(Allowed 1 per Rx)        |
| Depo-Provera 150 mg/mL intramuscular syringe                       | P    |                             |
| Depo-SubQ provera 104 104 mg/0.65 mL subcutaneous syringe          | P    |                             |
| medroxyprogesterone 150 mg/mL intramuscular suspension             | P    | QL(Allowed 1 per Rx)        |
| medroxyprogesterone 150 mg/mL intramuscular syringe                | P    |                             |
| CONTRACEPTIVE ORAL - BIPHASIC                                      |      |                             |
| Amethia 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack    | P    | QL(Allowed 1 per 1 day)     |
| Amethia Lo 0.10 mg-20 mcg (84)/10 mcg(7) tablets,3 month dose pack | P    |                             |
| Ashlyna 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack    | P    | QL(Allowed 1 per 1 day)     |
| Azurette (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet              | P    | QL(Allowed 1 per 1 day); MT |

| Drug Name                                                                 | Tier | Drug Restriction            |
|---------------------------------------------------------------------------|------|-----------------------------|
| Bekyree (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet                      | P    | QL(Allowed 1 per 1 day); MT |
| Camrese 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack           | P    | QL(Allowed 1 per 1 day)     |
| Camrese Lo 0.10 mg-20 mcg (84)/10 mcg(7) tablets,3 month dose pack        | P    |                             |
| Daysee 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack            | P    | QL(Allowed 1 per 1 day)     |
| desogestrel-e.estradiol 0.15 mg-0.02 mg(21)/e.estradiol 0.01 mg(5) tablet | P    | QL(Allowed 1 per 1 day); MT |
| Jaimiess 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack          | P    | QL(Allowed 1 per 1 day)     |
| Kariva (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet                       | P    | QL(Allowed 1 per 1 day); MT |
| L norgest/E estradiol-E estradiol 0.10 mg-20 mcg (84)/10 mcg(7) tabs,3mos | P    |                             |
| L norgest/E estradiol-E estradiol 0.15 mg-30 mcg (84)/10 mcg(7) tabs,3mos | P    | QL(Allowed 1 per 1 day)     |

| Drug Name                                                            | Tier | Drug Restriction            |
|----------------------------------------------------------------------|------|-----------------------------|
| Lo Loestrin Fe 1 mg-10 mcg (24)/10 mcg (2) tablet                    | P    |                             |
| LoJaimiess 0.10 mg-20 mcg (84)/10 mcg(7) tablets,3 month dose pack   | P    |                             |
| LoSeasonique 0.10 mg-20 mcg (84)/10 mcg(7) tablets,3 month dose pack | P    |                             |
| Mircette (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet                | P    | QL(Allowed 1 per 1 day); MT |
| Pimtreea (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet                | P    | QL(Allowed 1 per 1 day); MT |
| Seasonique 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack   | P    | QL(Allowed 1 per 1 day)     |
| Simliya (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet                 | P    | QL(Allowed 1 per 1 day); MT |
| Simpesse 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack     | P    | QL(Allowed 1 per 1 day)     |
| Viorele (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet                 | P    | QL(Allowed 1 per 1 day); MT |
| Volnea (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet                  | P    | QL(Allowed 1 per 1 day); MT |

| Drug Name                                                   | Tier | Drug Restriction            |
|-------------------------------------------------------------|------|-----------------------------|
| CONTRACEPTIVE ORAL - MONOPHASIC                             |      |                             |
| Afirmelle 0.1 mg-20 mcg tablet                              | P    | QL(Allowed 1 per 1 day); MT |
| Altavera (28) 0.15 mg-0.03 mg tablet                        | P    | QL(Allowed 1 per 1 day); MT |
| Alyacen 1/35 (28) 1 mg-35 mcg tablet                        | P    | QL(Allowed 1 per 1 day); MT |
| Amethyst (28) 90 mcg-20 mcg tablet                          | P    |                             |
| Apri 0.15 mg-0.03 mg tablet                                 | P    | QL(Allowed 1 per 1 day); MT |
| Aubra 0.1 mg-20 mcg tablet                                  | P    | QL(Allowed 1 per 1 day); MT |
| Aubra EQ 0.1 mg-20 mcg tablet                               | P    | QL(Allowed 1 per 1 day); MT |
| Aurovela 1.5/30 (21) 1.5 mg-30 mcg tablet                   | P    | QL(Allowed 1 per 1 day); MT |
| Aurovela 1/20 (21) 1 mg-20 mcg tablet                       | P    | QL(Allowed 1 per 1 day); MT |
| Aurovela 24 Fe 1 mg-20 mcg (24)/75 mg (4) tablet            | P    |                             |
| Aurovela Fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet | P    | QL(Allowed 1 per 1 day); MT |
| Aurovela Fe 1-20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet     | P    | QL(Allowed 1 per 1 day); MT |
| Aviane 0.1 mg-20 mcg tablet                                 | P    | QL(Allowed 1 per 1 day); MT |

| Drug Name                                                  | Tier | Drug Restriction            |
|------------------------------------------------------------|------|-----------------------------|
| Ayuna 0.15 mg-0.03 mg tablet                               | P    | QL(Allowed 1 per 1 day); MT |
| Balcoltra 0.1 mg-0.02 mg(21)/36.5 mg(7) tablet             | P    |                             |
| Balziva (28) 0.4 mg-35 mcg tablet                          | P    | QL(Allowed 1 per 1 day); MT |
| Beyaz (28) 3 mg-0.02 mg-0.451 mg (24)/0.451 mg (4) tablet  | P    |                             |
| Blisovi 24 Fe 1 mg-20 mcg (24)/75 mg (4) tablet            | P    |                             |
| Blisovi Fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet | P    | QL(Allowed 1 per 1 day); MT |
| Blisovi Fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet     | P    | QL(Allowed 1 per 1 day); MT |
| Brielllyn 0.4 mg-35 mcg tablet                             | P    | QL(Allowed 1 per 1 day); MT |
| Charlotte 24 Fe 1 mg-20 mcg (24)/75 mg (4) chewable tablet | P    |                             |
| Chateal (28) 0.15 mg-0.03 mg tablet                        | P    | QL(Allowed 1 per 1 day); MT |
| Chateal EQ (28) 0.15 mg-0.03 mg tablet                     | P    | QL(Allowed 1 per 1 day); MT |
| Cryselle (28) 0.3 mg-30 mcg tablet                         | P    | QL(Allowed 2 per 1 day); MT |

| Drug Name                                                         | Tier | Drug Restriction            |
|-------------------------------------------------------------------|------|-----------------------------|
| Cyclafem 1/35 (28)<br>1 mg-35 mcg tablet                          | P    | QL(Allowed 1 per 1 day); MT |
| Cyred 0.15 mg-<br>0.03 mg tablet                                  | P    | QL(Allowed 1 per 1 day); MT |
| Cyred EQ 0.15 mg-<br>0.03 mg tablet                               | P    | QL(Allowed 1 per 1 day); MT |
| Dasetta 1/35 (28) 1<br>mg-35 mcg tablet                           | P    | QL(Allowed 1 per 1 day); MT |
| drospiren-e.estradiol 3 mg-0.02 mg-0.451 mg(24)/0.451 mg(4)tablet | P    |                             |
| drospiren-e.estradiol 3 mg-0.03 mg-0.451 mg(21)/0.451 mg(7)tablet | P    |                             |
| drospirenone 3 mg-ethinyl estradiol 0.02 mg tablet                | P    | QL(Allowed 1 per 1 day); MT |
| drospirenone 3 mg-ethinyl estradiol 0.03 mg tablet                | P    | QL(Allowed 1 per 1 day); MT |
| Elinest 0.3 mg-30 mcg tablet                                      | P    | QL(Allowed 2 per 1 day); MT |
| Emoquette 0.15 mg-0.03 mg tablet                                  | P    | QL(Allowed 1 per 1 day); MT |
| Enskyce 0.15 mg-0.03 mg tablet                                    | P    | QL(Allowed 1 per 1 day); MT |
| Estarlyla 0.25 mg-35 mcg tablet                                   | P    | QL(Allowed 1 per 1 day); MT |

| Drug Name                                                 | Tier | Drug Restriction            |
|-----------------------------------------------------------|------|-----------------------------|
| ethynodiol diacetate-ethinyl estradiol 1 mg-35 mcg tablet | P    | QL(Allowed 1 per 1 day); MT |
| ethynodiol diacetate-ethinyl estradiol 1 mg-50 mcg tablet | P    | MT                          |
| Falmina (28) 0.1 mg-20 mcg tablet                         | P    | QL(Allowed 1 per 1 day); MT |
| Femynor 0.25 mg-35 mcg tablet                             | P    | QL(Allowed 1 per 1 day); MT |
| Gemmily 1 mg-20 mcg (24)/75 mg (4) capsule                | P    |                             |
| Generess Fe 0.8 mg-25 mcg (24)/75 mg (4) chewable tablet  | P    |                             |
| Gianvi (28) 3 mg-0.02 mg tablet                           | P    | QL(Allowed 1 per 1 day); MT |
| Hailey 1.5 mg-30 mcg tablet                               | P    | QL(Allowed 1 per 1 day); MT |
| Hailey 24 Fe 1 mg-20 mcg (24)/75 mg (4) tablet            | P    |                             |
| Hailey Fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet | P    | QL(Allowed 1 per 1 day); MT |
| Hailey Fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet     | P    | QL(Allowed 1 per 1 day); MT |

| Drug Name                                                | Tier | Drug Restriction            |
|----------------------------------------------------------|------|-----------------------------|
| Introvale 0.15 mg-30 mcg (91) tablets,3 month dose pack  | P    | QL(Allowed 1 per 1 day)     |
| Isibloom 0.15 mg-0.03 mg tablet                          | P    | QL(Allowed 1 per 1 day); MT |
| Jasmiel (28) 3 mg-0.02 mg tablet                         | P    | QL(Allowed 1 per 1 day); MT |
| Jolessa 0.15 mg-30 mcg (91) tablets,3 month dose pack    | P    | QL(Allowed 1 per 1 day)     |
| Juleber 0.15 mg-0.03 mg tablet                           | P    | QL(Allowed 1 per 1 day); MT |
| Junel 1.5/30 (21) 1.5 mg-30 mcg tablet                   | P    | QL(Allowed 1 per 1 day); MT |
| Junel 1/20 (21) 1 mg-20 mcg tablet                       | P    | QL(Allowed 1 per 1 day); MT |
| Junel FE 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet | P    | QL(Allowed 1 per 1 day); MT |
| Junel FE 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet     | P    | QL(Allowed 1 per 1 day); MT |
| Junel Fe 24 1 mg-20 mcg (24)/75 mg (4) tablet            | P    |                             |
| Kaitlib Fe 0.8 mg-25 mcg (24)/75 mg (4) chewable tablet  | P    |                             |
| Kalliga 0.15 mg-0.03 mg tablet                           | P    | QL(Allowed 1 per 1 day); MT |

| Drug Name                                                | Tier | Drug Restriction            |
|----------------------------------------------------------|------|-----------------------------|
| Kelnor 1/35 (28) 1 mg-35 mcg tablet                      | P    | QL(Allowed 1 per 1 day); MT |
| Kelnor 1-50 (28) 1 mg-50 mcg tablet                      | P    | MT                          |
| Kurvelo (28) 0.15 mg-0.03 mg tablet                      | P    | QL(Allowed 1 per 1 day); MT |
| Larin 1.5/30 (21) 1.5 mg-30 mcg tablet                   | P    | QL(Allowed 1 per 1 day); MT |
| Larin 1/20 (21) 1 mg-20 mcg tablet                       | P    | QL(Allowed 1 per 1 day); MT |
| Larin 24 Fe 1 mg-20 mcg (24)/75 mg (4) tablet            | P    |                             |
| Larin Fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet | P    | QL(Allowed 1 per 1 day); MT |
| Larin Fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet     | P    | QL(Allowed 1 per 1 day); MT |
| Larissia 0.1 mg-20 mcg tablet                            | P    | QL(Allowed 1 per 1 day); MT |
| Layolis Fe 0.8 mg-25 mcg (24)/75 mg (4) chewable tablet  | P    |                             |
| Lessina 0.1 mg-20 mcg tablet                             | P    | QL(Allowed 1 per 1 day); MT |
| levonorgestrel 0.15 mg-ethinyl estradiol 0.03 mg tablet  | P    | QL(Allowed 1 per 1 day); MT |



| Drug Name                                                              | Tier | Drug Restriction            |
|------------------------------------------------------------------------|------|-----------------------------|
| levonorgestrel 0.15 mg-ethinyl estradiol 30 mcg tablets,3 mos pack(91) | P    | QL(Allowed 1 per 1 day)     |
| levonorgestrel-ethinyl estradiol 0.1 mg-20 mcg tablet                  | P    | QL(Allowed 1 per 1 day); MT |
| levonorgestrel-ethinyl estradiol 90 mcg-20 mcg (28) tablet             | P    |                             |
| Levora-28 0.15 mg-0.03 mg tablet                                       | P    | QL(Allowed 1 per 1 day); MT |
| Lillow (28) 0.15 mg-0.03 mg tablet                                     | P    | QL(Allowed 1 per 1 day); MT |
| Loestrin 1.5/30 (21) 1.5 mg-30 mcg tablet                              | P    | QL(Allowed 1 per 1 day); MT |
| Loestrin 1/20 (21) 1 mg-20 mcg tablet                                  | P    | QL(Allowed 1 per 1 day); MT |
| Loestrin Fe 1.5/30 (28-Day) 1.5 mg-30 mcg (21)/75 mg (7) tablet        | P    | QL(Allowed 1 per 1 day); MT |
| Loestrin Fe 1/20 (28-Day) 1 mg-20 mcg (21)/75 mg (7) tablet            | P    | QL(Allowed 1 per 1 day); MT |
| Loryna (28) 3 mg-0.02 mg tablet                                        | P    | QL(Allowed 1 per 1 day); MT |
| Low-Ogestrel (28) 0.3 mg-30 mcg tablet                                 | P    | QL(Allowed 2 per 1 day); MT |

| Drug Name                                                      | Tier | Drug Restriction            |
|----------------------------------------------------------------|------|-----------------------------|
| Lo-Zumandimine (28) 3 mg-0.02 mg tablet                        | P    | QL(Allowed 1 per 1 day); MT |
| Lutera (28) 0.1 mg-20 mcg tablet                               | P    | QL(Allowed 1 per 1 day); MT |
| Marlissa (28) 0.15 mg-0.03 mg tablet                           | P    | QL(Allowed 1 per 1 day); MT |
| Melodetta 24 Fe 1 mg-20 mcg (24)/75 mg (4) chewable tablet     | P    |                             |
| Mibelas 24 Fe 1 mg-20 mcg (24)/75 mg (4) chewable tablet       | P    |                             |
| Microgestin 1.5/30 (21) 1.5 mg-30 mcg tablet                   | P    | MT                          |
| Microgestin 1/20 (21) 1 mg-20 mcg tablet                       | P    | MT                          |
| Microgestin 24 FE 1 mg-20 mcg (24)/75 mg (4) tablet            | P    | MT                          |
| Microgestin Fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet | P    | QL(Allowed 1 per 1 day); MT |
| Microgestin FE 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet     | P    | MT                          |
| Mili 0.25 mg-35 mcg tablet                                     | P    | QL(Allowed 1 per 1 day); MT |

| Drug Name                                                              | Tier | Drug Restriction            |
|------------------------------------------------------------------------|------|-----------------------------|
| Minastrin 24 Fe 1 mg-20 mcg (24)/75 mg (4) chewable tablet             | P    |                             |
| Mono-Linyah 0.25 mg-35 mcg tablet                                      | P    | QL(Allowed 1 per 1 day); MT |
| Necon 0.5/35 (28) 0.5 mg-35 mcg tablet                                 | P    | QL(Allowed 1 per 1 day); MT |
| Nikki (28) 3 mg-0.02 mg tablet                                         | P    | QL(Allowed 1 per 1 day); MT |
| norethindrone 1 mg-e. estradiol 20 mcg (24)-iron 75 mg (4) chew tablet | P    |                             |
| norethindrone 1 mg-ethin. estradiol 20 mcg (24)-iron 75 mg (4) capsule | P    |                             |
| norethindrone 1 mg-ethinyl estradiol 20 mcg (21)-iron 75 mg (7) tablet | P    | QL(Allowed 1 per 1 day); MT |
| norethindrone 1.5 mg-ethinyl estradiol 30 mcg(21)/iron 75 mg(7) tablet | P    | QL(Allowed 1 per 1 day); MT |
| norethindrone acetate 1 mg-ethinyl estradiol 20 mcg tablet             | P    | QL(Allowed 1 per 1 day); MT |
| norethindrone acetate 1.5 mg-ethinyl estradiol 30 mcg tablet           | P    | QL(Allowed 1 per 1 day); MT |

| Drug Name                                                              | Tier | Drug Restriction            |
|------------------------------------------------------------------------|------|-----------------------------|
| norethin-ethinyl estradiol-iron 0.4 mg-35 mcg(21)/75 mg(7) chew tablet | P    |                             |
| norethin-ethinyl estradiol-iron 0.8 mg-25 mcg(24)/75 mg(4) chew tablet | P    |                             |
| norgestimate 0.25 mg-ethinyl estradiol 35 mcg tablet                   | P    | QL(Allowed 1 per 1 day); MT |
| Nortrel 0.5/35 (28) 0.5 mg-35 mcg tablet                               | P    | QL(Allowed 1 per 1 day); MT |
| Nortrel 1/35 (21) 1 mg-35 mcg tablet                                   | P    | QL(Allowed 1 per 1 day); MT |
| Nortrel 1/35 (28) 1 mg-35 mcg tablet                                   | P    | QL(Allowed 1 per 1 day); MT |
| Ocella 3 mg-0.03 mg tablet                                             | P    | QL(Allowed 1 per 1 day); MT |
| Orsythia 0.1 mg-20 mcg tablet                                          | P    | QL(Allowed 1 per 1 day); MT |
| Philith 0.4 mg-35 mcg tablet                                           | P    | QL(Allowed 1 per 1 day); MT |
| Pirmella 1 mg-35 mcg tablet                                            | P    | QL(Allowed 1 per 1 day); MT |
| Portia 28 0.15 mg-0.03 mg tablet                                       | P    | QL(Allowed 1 per 1 day); MT |
| Previfem 0.25 mg-35 mcg tablet                                         | P    | QL(Allowed 1 per 1 day); MT |
| Reclipsen (28) 0.15 mg-0.03 mg tablet                                  | P    | QL(Allowed 1 per 1 day); MT |

| Drug Name                                                | Tier | Drug Restriction            |
|----------------------------------------------------------|------|-----------------------------|
| Safyral 3 mg-0.03 mg-0.451 mg (21)/0.451 mg (7) tablet   | P    |                             |
| Setlakin 0.15 mg-30 mcg (91) tablets,3 month dose pack   | P    | QL(Allowed 1 per 1 day)     |
| Sprintec (28) 0.25 mg-35 mcg tablet                      | P    | QL(Allowed 1 per 1 day); MT |
| Sronyx 0.1 mg-20 mcg tablet                              | P    | QL(Allowed 1 per 1 day); MT |
| Syeda 3 mg-0.03 mg tablet                                | P    | QL(Allowed 1 per 1 day); MT |
| Tarina 24 Fe 1 mg-20 mcg (24)/75 mg (4) tablet           | P    |                             |
| Tarina Fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet    | P    | QL(Allowed 1 per 1 day); MT |
| Tarina Fe 1-20 EQ (28) 1 mg-20 mcg (21)/75 mg (7) tablet | P    | QL(Allowed 1 per 1 day); MT |
| Taytulla 1 mg-20 mcg (24)/75 mg (4) capsule              | P    |                             |
| Tyblume 0.1 mg-20 mcg tablet                             | P    | MT                          |
| Tydemy 3 mg-0.03 mg-0.451 mg (21)(7) tablet              | P    |                             |
| Vienva 0.1 mg-20 mcg tablet                              | P    | QL(Allowed 1 per 1 day); MT |

| Drug Name                                              | Tier | Drug Restriction            |
|--------------------------------------------------------|------|-----------------------------|
| Vyfemla (28) 0.4 mg-35 mcg tablet                      | P    | QL(Allowed 1 per 1 day); MT |
| VyLibra 0.25 mg-35 mcg tablet                          | P    | QL(Allowed 1 per 1 day); MT |
| Wera (28) 0.5 mg-35 mcg tablet                         | P    | QL(Allowed 1 per 1 day); MT |
| Wymzya Fe 0.4 mg-35 mcg (21)/75 mg (7) chewable tablet | P    |                             |
| Yasmin (28) 3 mg-0.03 mg tablet                        | P    | QL(Allowed 1 per 1 day); MT |
| YAZ (28) 3 mg-0.02 mg tablet                           | P    | QL(Allowed 1 per 1 day); MT |
| Zarah 3 mg-0.03 mg tablet                              | P    | QL(Allowed 1 per 1 day); MT |
| Zenchant (28) 0.4 mg-35 mcg tablet                     | P    | QL(Allowed 1 per 1 day); MT |
| Zovia 1/35E (28) 1 mg-35 mcg tablet                    | P    | QL(Allowed 1 per 1 day); MT |
| Zovia 1-35 (28) 1 mg-35 mcg tablet                     | P    | MT                          |
| Zumandimine (28) 3 mg-0.03 mg tablet                   | P    | QL(Allowed 1 per 1 day); MT |
| CONTRACEPTIVE ORAL - PROGESTIN                         |      |                             |
| Camila 0.35 mg tablet                                  | P    | QL(Allowed 1 per 1 day)     |
| Deblitane 0.35 mg tablet                               | P    | QL(Allowed 1 per 1 day)     |
| Errin 0.35 mg tablet                                   | P    | QL(Allowed 1 per 1 day)     |

| Drug Name                                                       | Tier | Drug Restriction        |
|-----------------------------------------------------------------|------|-------------------------|
| Heather 0.35 mg tablet                                          | P    | QL(Allowed 1 per 1 day) |
| Incassia 0.35 mg tablet                                         | P    | QL(Allowed 1 per 1 day) |
| Jencycla 0.35 mg tablet                                         | P    | QL(Allowed 1 per 1 day) |
| Jolivet 0.35 mg tablet                                          | P    | QL(Allowed 1 per 1 day) |
| Lyza 0.35 mg tablet                                             | P    | QL(Allowed 1 per 1 day) |
| Nora-BE 0.35 mg tablet                                          | P    | QL(Allowed 1 per 1 day) |
| norethindrone (contraceptive) 0.35 mg tablet                    | P    | QL(Allowed 1 per 1 day) |
| Norlyda 0.35 mg tablet                                          | P    | QL(Allowed 1 per 1 day) |
| Ortho Micronor 0.35 mg tablet                                   | P    | QL(Allowed 1 per 1 day) |
| Sharobel 0.35 mg tablet                                         | P    | QL(Allowed 1 per 1 day) |
| Slynd 4 mg (28) tablet                                          | P    |                         |
| Tulana 0.35 mg tablet                                           | P    | QL(Allowed 1 per 1 day) |
| CONTRACEPTIVE ORAL - QUADRAPHASIC                               |      |                         |
| Fayosim 0.15 mg-20 mcg/0.15 mg-25 mcg tablets,3 month dose pack | P    |                         |

| Drug Name                                                              | Tier | Drug Restriction            |
|------------------------------------------------------------------------|------|-----------------------------|
| L norgest/E estradiol-E estrad 0.15 mg-20 mcg/0.15 mg-25 mcg tabs,3mos | P    |                             |
| Natazia 3 mg/2 mg-2 mg/2 mg-3 mg/1 mg tablet                           | P    |                             |
| Quartette 0.15 mg-20 mcg/0.15 mg-25 mcg tablets,3 month dose pack      | P    |                             |
| Rivelsa 0.15 mg-20 mcg/0.15 mg-25 mcg tablets,3 month dose pack        | P    |                             |
| CONTRACEPTIVE ORAL - TRIPHASIC                                         |      |                             |
| Alyacen 7/7/7 (28) 0.5 mg/0.75 mg/1 mg-35 mcg tablet                   | P    | QL(Allowed 1 per 1 day); MT |
| Aranelle (28) 0.5 mg/1 mg/0.5 mg-35 mcg tablet                         | P    | QL(Allowed 1 per 1 day); MT |
| Caziant (28) 0.1 mg/0.125 mg/0.15 mg-25 mcg tablet                     | P    | QL(Allowed 1 per 1 day); MT |
| Cyclafem 7/7/7 (28) 0.5 mg/0.75 mg/1 mg-35 mcg tablet                  | P    | QL(Allowed 1 per 1 day); MT |
| Cyclessa (28) 0.1 mg/0.125 mg/0.15 mg-25 mcg tablet                    | P    | QL(Allowed 1 per 1 day); MT |
| Dasetta 7/7/7 (28) 0.5 mg(7)/0.75 mg(7)/1 mg(7)-35 mcg tablet          | P    | QL(Allowed 1 per 1 day); MT |

| Drug Name                                                              | Tier | Drug Restriction            |
|------------------------------------------------------------------------|------|-----------------------------|
| Enpresse 50-30 (6)/75-40(5)/125-30(10) tablet                          | P    | QL(Allowed 1 per 1 day); MT |
| Estrostep Fe-28 1-20 (5)/1-30(7)/1mg-35mcg(9) tablet                   | P    |                             |
| l.norgest-eth.estradiol triphasic 50-30 (6)/75-40(5)/125-30(10) tablet | P    | QL(Allowed 1 per 1 day); MT |
| Leena 28 0.5 mg/1 mg/0.5 mg-35 mcg tablet                              | P    | QL(Allowed 1 per 1 day); MT |
| Levonest (28) 50-30 (6)/75-40(5)/125-30(10) tablet                     | P    | QL(Allowed 1 per 1 day); MT |
| norgestimate 0.18 mg/0.215 mg/0.25 mg-ethinyl estradiol 25 mcg tablet  | P    | MT                          |
| norgestimate-ethinyl estradiol 0.18 mg/0.215mg/0.25mg-35 mcg(28)tablet | P    | QL(Allowed 1 per 1 day); MT |
| Nortrel 7/7/7 (28) 0.5 mg/0.75 mg/1 mg-35 mcg tablet                   | P    | QL(Allowed 1 per 1 day); MT |
| Pirmella 0.5/0.75/1 mg-35 mcg tablet                                   | P    | QL(Allowed 1 per 1 day); MT |
| Tilia Fe 1-20 (5)/1-30(7)/1mg-35mcg(9) tablet                          | P    |                             |

| Drug Name                                                          | Tier | Drug Restriction            |
|--------------------------------------------------------------------|------|-----------------------------|
| Tri Femynor (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet   | P    | QL(Allowed 1 per 1 day); MT |
| Tri-Estarylla (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet | P    | QL(Allowed 1 per 1 day); MT |
| Tri-Legest Fe 1-20 (5)/1-30(7)/1mg-35mcg(9) tablet                 | P    |                             |
| Tri-Linyah (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet    | P    | QL(Allowed 1 per 1 day); MT |
| Tri-Lo-Estarylla 0.18 mg/0.215 mg/0.25 mg-25 mcg tablet            | P    | MT                          |
| Tri-Lo-Marzia 0.18 mg/0.215 mg/0.25 mg-25 mcg tablet               | P    | MT                          |
| Tri-Lo-Mili 0.18/0.215/0.25 mg-25 mcg tablet                       | P    | MT                          |
| Tri-Lo-Sprintec 0.18 mg/0.215 mg/0.25 mg-25 mcg tablet             | P    | MT                          |
| Tri-Mili (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet      | P    | QL(Allowed 1 per 1 day); MT |
| TriNessa (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet      | P    | QL(Allowed 1 per 1 day); MT |

| Drug Name                                                                     | Tier | Drug Restriction                        |
|-------------------------------------------------------------------------------|------|-----------------------------------------|
| Tri-Previfem (28)<br>0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet          | P    | QL(Allowed 1 per 1 day); MT             |
| Tri-Sprintec (28)<br>0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet          | P    | QL(Allowed 1 per 1 day); MT             |
| Trivora (28) 50-30 (6)/75-40(5)/125-30(10) tablet                             | P    | QL(Allowed 1 per 1 day); MT             |
| Tri-VyLibra (28)<br>0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet           | P    | QL(Allowed 1 per 1 day); MT             |
| Tri-VyLibra Lo<br>0.18/0.215/0.25 mg-25 mcg tablet                            | P    | MT                                      |
| Velivet Triphasic Regimen (28) 0.1 mg/0.125 mg/0.15 mg-25 mcg tablet          | P    | QL(Allowed 1 per 1 day); MT             |
| <b>CONTRACEPTIVE TRANSDERMAL COMBINATIONS - ESTROGEN AND PROGESTIN COMB.</b>  |      |                                         |
| Xulane 150 mcg-35 mcg/24 hr transdermal patch                                 | P    | QL(QL Overtime: Allowed 3 over 28 days) |
| <b>CONTRACEPTIVES - INTRAVAGINAL, SYSTEMIC - ESTROGEN AND PROGESTIN COMB.</b> |      |                                         |
| Annovera 0.15 mg-0.013 mg/24 hr vaginal ring                                  | P    |                                         |
| EluRyng 0.12 mg-0.015 mg/24 hr vaginal ring                                   | P    |                                         |

| Drug Name                                                          | Tier | Drug Restriction                         |
|--------------------------------------------------------------------|------|------------------------------------------|
| etonogestrel 0.12 mg-ethinyl estradiol 0.015 mg/24 hr vaginal ring | P    |                                          |
| NuvaRing 0.12 mg-0.015 mg/24 hr vaginal                            | P    |                                          |
| <b>EMERGENCY CONTRACEPTIVES</b>                                    |      |                                          |
| Aftera 1.5 mg tablet                                               | P    | QL(QL Overtime: Allowed 1 over 21 days)  |
| EContra EZ 1.5 mg tablet                                           | P    | QL(QL Overtime: Allowed 1 over 21 days)  |
| Econtra One-Step 1.5 mg tablet                                     | P    | QL(QL Overtime: Allowed 1 over 21 days)  |
| Ella 30 mg tablet                                                  | P    | QL(QL Overtime: Allowed 4 over 365 days) |
| Fallback Solo 1.5 mg tablet                                        | P    | QL(QL Overtime: Allowed 1 over 21 days)  |
| levonorgestrel 1.5 mg tablet                                       | P    | QL(QL Overtime: Allowed 1 over 21 days)  |
| My Choice 1.5 mg tablet                                            | P    | QL(QL Overtime: Allowed 1 over 21 days)  |
| My Way 1.5 mg tablet                                               | P    | QL(QL Overtime: Allowed 1 over 21 days)  |
| New Day 1.5 mg tablet                                              | P    | QL(QL Overtime: Allowed 1 over 21 days)  |
| Opcicon One-Step 1.5 mg tablet                                     | P    | QL(QL Overtime: Allowed 1 over 21 days)  |
| Option-2 1.5 mg tablet                                             | P    | QL(QL Overtime: Allowed 1 over 21 days)  |
| Plan B One-Step 1.5 mg tablet                                      | P    | QL(QL Overtime: Allowed 1 over 21 days)  |

| Drug Name                                                | Tier | Drug Restriction                                      |
|----------------------------------------------------------|------|-------------------------------------------------------|
| Take Action 1.5 mg tablet                                | P    | QL(QL Overtime: Allowed 1 over 21 days)               |
| <b>DERMATOLOGICAL</b>                                    |      |                                                       |
| <b>ACNE THERAPY SYSTEMIC - RETINOIDS AND DERIVATIVES</b> |      |                                                       |
| Absorica 10 mg capsule                                   | NP   | AL(Minimum Age 12 Years); PA; QL(Allowed 2 per 1 day) |
| Absorica 20 mg capsule                                   | NP   | AL(Minimum Age 12 Years); PA; QL(Allowed 2 per 1 day) |
| Absorica 25 mg capsule                                   | NP   | PA                                                    |
| Absorica 30 mg capsule                                   | NP   | PA                                                    |
| Absorica 35 mg capsule                                   | NP   | PA                                                    |
| Absorica 40 mg capsule                                   | NP   | AL(Minimum Age 12 Years); PA; QL(Allowed 2 per 1 day) |
| Absorica LD 16 mg capsule                                | NP   | PA                                                    |
| Absorica LD 24 mg capsule                                | NP   | PA                                                    |
| Absorica LD 32 mg capsule                                | NP   | PA                                                    |
| Absorica LD 8 mg capsule                                 | NP   | PA                                                    |
| Amnesteem 10 mg capsule                                  | NP   | AL(Minimum Age 12 Years); PA; QL(Allowed 2 per 1 day) |
| Amnesteem 20 mg capsule                                  | NP   | AL(Minimum Age 12 Years); PA; QL(Allowed 2 per 1 day) |
| Amnesteem 40 mg capsule                                  | NP   | AL(Minimum Age 12 Years); PA; QL(Allowed 2 per 1 day) |

| Drug Name                  | Tier | Drug Restriction                                      |
|----------------------------|------|-------------------------------------------------------|
| Claravis 10 mg capsule     | NP   | AL(Minimum Age 12 Years); PA; QL(Allowed 2 per 1 day) |
| Claravis 20 mg capsule     | NP   | AL(Minimum Age 12 Years); PA; QL(Allowed 2 per 1 day) |
| Claravis 30 mg capsule     | NP   | PA                                                    |
| Claravis 40 mg capsule     | NP   | AL(Minimum Age 12 Years); PA; QL(Allowed 2 per 1 day) |
| isotretinoin 10 mg capsule | NP   | AL(Minimum Age 12 Years); PA; QL(Allowed 2 per 1 day) |
| isotretinoin 20 mg capsule | NP   | AL(Minimum Age 12 Years); PA; QL(Allowed 2 per 1 day) |
| isotretinoin 30 mg capsule | NP   | PA                                                    |
| isotretinoin 40 mg capsule | NP   | AL(Minimum Age 12 Years); PA; QL(Allowed 2 per 1 day) |
| Myorisan 10 mg capsule     | NP   | AL(Minimum Age 12 Years); PA; QL(Allowed 2 per 1 day) |
| Myorisan 20 mg capsule     | NP   | AL(Minimum Age 12 Years); PA; QL(Allowed 2 per 1 day) |
| Myorisan 30 mg capsule     | NP   | PA                                                    |
| Myorisan 40 mg capsule     | NP   | AL(Minimum Age 12 Years); PA; QL(Allowed 2 per 1 day) |
| Zenatane 10 mg capsule     | NP   | AL(Minimum Age 12 Years); PA; QL(Allowed 2 per 1 day) |
| Zenatane 20 mg capsule     | NP   | AL(Minimum Age 12 Years); PA; QL(Allowed 2 per 1 day) |
| Zenatane 30 mg capsule     | NP   | PA                                                    |

| Drug Name                               | Tier | Drug Restriction                                      |
|-----------------------------------------|------|-------------------------------------------------------|
| Zenatane 40 mg capsule                  | NP   | AL(Minimum Age 12 Years); PA; QL(Allowed 2 per 1 day) |
| ACNE THERAPY TOPICAL - ANTI-INFECTIVE   |      |                                                       |
| Aczone 5 % topical gel                  | NP   | PA                                                    |
| Aczone 7.5 % topical gel with pump      | NP   | PA                                                    |
| Amzeeq 4 % topical foam                 | NP   | PA                                                    |
| Azelex 20 % topical cream               | NP   | PA                                                    |
| Cleocin T 1 % lotion                    | NP   | PA; QL(Allowed 60 per Rx)                             |
| Cleocin T 1 % topical gel               | NP   | PA; QL(Allowed 75 per Rx)                             |
| Clindacin ETZ 1 % topical swab          | P    |                                                       |
| Clindacin P 1 % topical swab            | P    |                                                       |
| Clindagel 1 % topical gel, once daily   | NP   | PA; QL(Allowed 75 per Rx)                             |
| clindamycin 1 % lotion                  | P    | QL(Allowed 60 per Rx)                                 |
| clindamycin 1 % topical foam            | NP   | PA                                                    |
| clindamycin 1 % topical gel             | P    | QL(Allowed 75 per Rx)                                 |
| clindamycin 1 % topical gel, once daily | P    | QL(Allowed 75 per Rx)                                 |

| Drug Name                                                | Tier | Drug Restriction           |
|----------------------------------------------------------|------|----------------------------|
| clindamycin phosphate 1 % topical solution               | P    |                            |
| clindamycin phosphate 1 % topical swab                   | P    |                            |
| dapsone 5 % topical gel                                  | NP   | PA                         |
| dapsone 7.5 % topical gel with pump                      | NP   | PA                         |
| Ery Pads 2 % topical swab                                | NP   | PA                         |
| Erygel 2 % topical                                       | NP   | PA; QL(Allowed 60 per Rx)  |
| erythromycin with ethanol 2 % topical gel                | P    | QL(Allowed 60 per Rx)      |
| erythromycin with ethanol 2 % topical solution           | P    |                            |
| erythromycin with ethanol 2 % topical swab               | NP   | PA                         |
| Evoclin 1 % topical foam                                 | NP   | PA                         |
| Klaron 10 % lotion (suspension)                          | NP   | PA; QL(Allowed 120 per Rx) |
| sulfacetamide sodium (acne) 10 % lotion (suspension)     | NP   | PA; QL(Allowed 120 per Rx) |
| ACNE THERAPY TOPICAL - ANTI-INFECTIVE COMBINATIONS OTHER |      |                            |



| Drug Name                                                             | Tier | Drug Restriction |
|-----------------------------------------------------------------------|------|------------------|
| Clindacin ETZ 1 % topical kit                                         | NP   | PA               |
| Clindacin Pac 1 % topical kit                                         | NP   | PA               |
| <b>ACNE THERAPY TOPICAL - ANTI-INFECTIVE-KERATOLYTIC COMBINATIONS</b> |      |                  |
| Acanya 1.2 %-2.5 % topical gel with pump                              | NP   | PA               |
| Aktipak 3 %-5 % topical gel                                           | P    |                  |
| Benzaclin 1 %-5 % topical gel                                         | NP   | PA               |
| Benzaclin Pump 1 %-5 % topical gel                                    | NP   | PA               |
| Benzamycin 3 %-5 % topical gel                                        | NP   | PA               |
| BP 10-1 10 %-1 % topical cleanser                                     | NP   | PA               |
| Cleansing Wash 10 %-4 %-10 % topical cleanser                         | NP   | PA               |
| clindamycin 1 %-benzoyl peroxide 5 % topical gel                      | NP   | PA               |
| clindamycin 1 %-benzoyl peroxide 5 % topical gel with pump            | NP   | PA               |
| clindamycin 1.2 % (1 % base)-benzoyl peroxide 5 % topical gel         | NP   | PA               |

| Drug Name                                                      | Tier | Drug Restriction |
|----------------------------------------------------------------|------|------------------|
| clindamycin 1.2 %-benzoyl peroxide 2.5 % topical gel with pump | NP   | PA               |
| erythromycin-benzoyl peroxide 3 %-5 % topical gel              | P    |                  |
| Neuac 1.2 % (1 % base)-5 % topical gel                         | NP   | PA               |
| Neuac Kit 1.2 %-5 % topical pack,cream and gel                 | NP   | PA               |
| Onexton 1.2 % (1 % base)-3.75 % topical gel                    | NP   | PA               |
| Onexton 1.2 % (1 % base)-3.75 % topical gel with pump          | NP   | PA               |
| SSS 10-5 10 %-5 % (w/w) topical cream                          | NP   | PA               |
| SSS 10-5 10 %-5 % topical foam                                 | NP   | PA               |
| sulfacetamide sodium 9.8 %-sulfur 4.8 % topical cleanser       | NP   | PA               |
| sulfacetamide sodium-sulfur 10 %-2 % topical cleanser          | NP   | PA               |
| sulfacetamide sodium-sulfur 10 %-2 % topical cream             | NP   | PA               |

| Drug Name                                                       | Tier | Drug Restriction |
|-----------------------------------------------------------------|------|------------------|
| sulfacetamide sodium-sulfur 10 %-4 % topical pads               | NP   | PA               |
| sulfacetamide sodium-sulfur 10 %-5 % (w/w) topical cleanser     | NP   | PA               |
| sulfacetamide sodium-sulfur 10 %-5 % (w/w) topical cream        | NP   | PA               |
| sulfacetamide sodium-sulfur 8 %-4 % topical suspension          | NP   | PA               |
| sulfacetamide sodium-sulfur 9 %-4 % topical cleanser            | NP   | PA               |
| sulfacetamide sodium-sulfur 9 %-4.5 % topical cleanser          | NP   | PA               |
| sulfacetamide sodium-sulfur-urea 10 %-5 %-10 % topical cleanser | NP   | PA               |
| Sumadan 9 %-4.5 % topical cleanser                              | NP   | PA               |
| Sumadan 9 %-4.5 % topical kit                                   | NP   | PA               |
| Sumadan XLT 9 %-4.5 %-SPF 25 topical pack,cleanser and cream    | NP   | PA               |

| Drug Name                                                    | Tier | Drug Restriction |
|--------------------------------------------------------------|------|------------------|
| Sumaxin 10 %-4 % topical pads                                | NP   | PA               |
| Sumaxin 9 %-4 % topical cleanser                             | NP   | PA               |
| Sumaxin CP 10 %-4 % topical kit                              | NP   | PA               |
| Sumaxin TS 8 %-4 % topical suspension                        | NP   | PA               |
| ACNE THERAPY TOPICAL - ANTI-INFECTIVE-RETINOID COMBINATIONS  |      |                  |
| clindamycin-tretinoin 1.2 %-0.025 % topical gel              | NP   | PA               |
| Ziana 1.2 %-0.025 % topical gel                              | NP   | PA               |
| ACNE THERAPY TOPICAL - RETINOID COMBINATIONS OTHER           |      |                  |
| adapalene 0.1 %-benzoyl peroxide 2.5 % topical gel with pump | NP   | PA               |
| Epiduo 0.1 %-2.5 % topical gel with pump                     | NP   | PA               |
| Epiduo Forte 0.3 %-2.5 % topical gel with pump               | NP   | PA               |
| ACNE THERAPY TOPICAL - RETINOID AND DERIVATIVES              |      |                  |
| adapalene 0.1 % topical cream                                | NP   | PA               |
| adapalene 0.1 % topical gel                                  | NP   | PA               |
| adapalene 0.1 % topical solution                             | NP   | PA               |

| Drug Name                             | Tier | Drug Restriction                                    |
|---------------------------------------|------|-----------------------------------------------------|
| adapalene 0.3 % topical gel           | NP   | PA                                                  |
| adapalene 0.3 % topical gel with pump | NP   | PA                                                  |
| Aklief 0.005 % topical cream          | NP   | PA                                                  |
| Altreno 0.05 % lotion                 | NP   | PA                                                  |
| Arazlo 0.045 % lotion                 | NP   | PA                                                  |
| Atralin 0.05 % topical gel            | NP   | PA                                                  |
| Avita 0.025 % topical cream           | P    | AL(Maximum Age 35 Years); QL(Allowed 20 per Rx)     |
| Avita 0.025 % topical gel             | P    | AL(Maximum Age 35 Years); QL(Allowed 45 per Rx)     |
| Differin 0.1 % lotion                 | NP   | PA                                                  |
| Differin 0.1 % topical cream          | NP   | PA                                                  |
| Differin 0.3 % topical gel with pump  | NP   | PA                                                  |
| Fabior 0.1 % topical foam             | NP   | PA                                                  |
| Retin-A 0.01 % topical gel            | NP   | AL(Maximum Age 35 Years); PA; QL(Allowed 45 per Rx) |
| Retin-A 0.025 % topical cream         | NP   | AL(Maximum Age 35 Years); PA; QL(Allowed 20 per Rx) |
| Retin-A 0.025 % topical gel           | NP   | AL(Maximum Age 35 Years); PA; QL(Allowed 45 per Rx) |

| Drug Name                             | Tier | Drug Restriction                                                       |
|---------------------------------------|------|------------------------------------------------------------------------|
| Retin-A 0.05 % topical cream          | NP   | AL(Maximum Age 35 Years); PA; QL(QL Overtime: Allowed 20 over 30 days) |
| Retin-A 0.1 % topical cream           | NP   | AL(Maximum Age 35 Years); PA; QL(QL Overtime: Allowed 20 over 30 days) |
| Retin-A Micro 0.04 % topical gel      | NP   | PA                                                                     |
| Retin-A Micro 0.1 % topical gel       | NP   | PA                                                                     |
| Retin-A Micro Pump 0.04 % topical gel | NP   | PA                                                                     |
| Retin-A Micro Pump 0.06 % topical gel | NP   | PA                                                                     |
| Retin-A Micro Pump 0.08 % topical gel | NP   | PA                                                                     |
| Retin-A Micro Pump 0.1 % topical gel  | NP   | PA                                                                     |
| tretinoin 0.01 % topical gel          | P    | AL(Maximum Age 35 Years); QL(Allowed 45 per Rx)                        |
| tretinoin 0.025 % topical cream       | P    | AL(Maximum Age 35 Years); QL(Allowed 20 per Rx)                        |
| tretinoin 0.025 % topical gel         | P    | AL(Maximum Age 35 Years); QL(Allowed 45 per Rx)                        |
| tretinoin 0.05 % topical cream        | P    | AL(Maximum Age 35 Years); QL(QL Overtime: Allowed 20 over 30 days)     |
| tretinoin 0.05 % topical gel          | P    |                                                                        |

| Drug Name                                                               | Tier | Drug Restriction                                                   |
|-------------------------------------------------------------------------|------|--------------------------------------------------------------------|
| tretinoin 0.1 % topical cream                                           | P    | AL(Maximum Age 35 Years); QL(QL Overtime: Allowed 20 over 30 days) |
| tretinoin microspheres 0.04 % topical gel                               | NP   | PA                                                                 |
| tretinoin microspheres 0.04 % topical gel with pump                     | NP   | PA                                                                 |
| tretinoin microspheres 0.1 % topical gel                                | NP   | PA                                                                 |
| tretinoin microspheres 0.1 % topical gel with pump                      | NP   | PA                                                                 |
| TRETIN-X 0.075 % topical cream                                          | NP   | PA                                                                 |
| <b>ANTIPSORIATIC - RETINOID (VITAMIN A DERIVATIVE) - GLUCOCORTICOID</b> |      |                                                                    |
| Duobrii 0.01 %-0.045 % lotion                                           | NP   | PA                                                                 |
| <b>ANTIPSORIATIC - VITAMIN D ANALOG - GLUCOCORTICOID COMBINATIONS</b>   |      |                                                                    |
| calcipotriene-betamethasone 0.005 %-0.064 % topical ointment            | NP   | PA                                                                 |
| calcipotriene-betamethasone 0.005 %-0.064 % topical suspension          | NP   | PA                                                                 |
| Enstilar 0.005 %-0.064 % topical foam                                   | NP   | PA                                                                 |

| Drug Name                                                                      | Tier | Drug Restriction |
|--------------------------------------------------------------------------------|------|------------------|
| Taclonex 0.005 %-0.064 % topical ointment                                      | NP   | PA               |
| Taclonex 0.005 %-0.064 % topical suspension                                    | NP   | PA               |
| <b>ANTIPSORIATIC AGENTS - INTERLEUKIN 12 AND IL-23 INHIBITORS, MC ANTIBODY</b> |      |                  |
| Stelara 45 mg/0.5 mL subcutaneous solution                                     | NP   | PA; SP           |
| Stelara 45 mg/0.5 mL subcutaneous syringe                                      | NP   | PA; SP           |
| Stelara 90 mg/mL subcutaneous syringe                                          | NP   | PA; SP           |
| <b>ANTIPSORIATIC AGENTS - INTERLEUKIN-23 (IL-23) ANTAGONIST, MC ANTIBODY</b>   |      |                  |
| Ilumya 100 mg/mL subcutaneous syringe                                          | NP   | PA; SP           |
| Skyrizi 150 mg/1.66 mL(75 mg/0.83 mL x 2) subcutaneous syringe kit             | NP   | PA; SP           |
| Tremfya 100 mg/mL subcutaneous auto-injector                                   | NP   | PA; SP           |
| Tremfya 100 mg/mL subcutaneous syringe                                         | NP   | PA; SP           |
| <b>ANTIPSORIATIC AGENTS-INTERLEUKIN-17 (IL-17) ANTAGONIST, MC ANTIBODY</b>     |      |                  |

| Drug Name                                                                     | Tier | Drug Restriction |
|-------------------------------------------------------------------------------|------|------------------|
| Cosentyx 150 mg/mL subcutaneous syringe                                       | NP   | PA; SP           |
| Cosentyx 300 mg/2 Syringes (150 mg/mL) subcutaneous                           | NP   | PA; SP           |
| Cosentyx Pen 150 mg/mL subcutaneous                                           | NP   | PA; SP           |
| Cosentyx Pen 300 mg/2 Pens (150 mg/mL) subcutaneous                           | NP   | PA; SP           |
| Siliq 210 mg/1.5 mL subcutaneous syringe                                      | NP   | PA; SP           |
| Taltz Autoinjector (2 Pack) 80 mg/mL subcutaneous                             | NP   | PA; SP           |
| Taltz Autoinjector (3 Pack) 80 mg/mL subcutaneous                             | NP   | PA; SP           |
| Taltz Autoinjector 80 mg/mL subcutaneous                                      | NP   | PA; SP           |
| Taltz Syringe 80 mg/mL subcutaneous                                           | NP   | PA; SP           |
| <b>DERMATITIS OR ECZEMA AGENTS, SYSTEMIC-INTERLEUKIN-4 (IL-4RA) ANTAG.MAB</b> |      |                  |
| Dupixent 200 mg/1.14 mL subcutaneous syringe                                  | P    | PA; SP           |

| Drug Name                                                                    | Tier | Drug Restriction       |
|------------------------------------------------------------------------------|------|------------------------|
| Dupixent 300 mg/2 mL subcutaneous pen injector                               | NP   | PA; SP                 |
| Dupixent 300 mg/2 mL subcutaneous syringe                                    | NP   | PA; SP                 |
| <b>DERMATITIS OR ECZEMA AGENTS, TOPICAL - PHOSPHODIESTERASE-4 INHIBITORS</b> |      |                        |
| Eucrisa 2 % topical ointment                                                 | P    | PA                     |
| <b>DERMATOLOGICAL - ANTIBACTERIAL AMINOGLYCOSIDES</b>                        |      |                        |
| gentamicin 0.1 % topical cream                                               | P    | QL(Allowed 30 per Rx)  |
| gentamicin 0.1 % topical ointment                                            | P    | QL(Allowed 30 per Rx)  |
| <b>DERMATOLOGICAL - ANTIBACTERIAL MIXTURES</b>                               |      |                        |
| Antibiotic(neomy-bacit-polym) 3.5 mg-400 unit-5,000 unit/gram top oint       | P    | QL(Allowed 454 per Rx) |
| First Aid Antibiotic 3.5 mg-400 unit-5,000 unit/gram topical ointment        | P    | QL(Allowed 454 per Rx) |
| First Aid Antibiotic 3.5 mg-500 unit-10,000 unit topical ointment            | P    | QL(Allowed 454 per Rx) |
| Neosporin (neo-bac-polym) 3.5 mg-400 unit-5,000 unit/gram top ointment       | P    | QL(Allowed 454 per Rx) |
| Neosporin(neo-bac-polym) 3.5 mg-400 unit-5,000 unit top ointment packt       | P    | QL(Allowed 454 per Rx) |

| Drug Name                                                            | Tier | Drug Restriction            |
|----------------------------------------------------------------------|------|-----------------------------|
| Triple Antibiotic 3.5 mg-400 unit-5,000 unit topical ointment packet | P    | QL(Allowed 454 per Rx)      |
| Triple Antibiotic 3.5 mg-400 unit-5,000 unit/gram topical ointment   | P    | QL(Allowed 454 per Rx)      |
| <b>DERMATOLOGICAL - ANTIBACTERIAL OTHER</b>                          |      |                             |
| Centany 2 % topical ointment                                         | NP   | PA; QL(Allowed 2160 per Rx) |
| Centany AT 2 % ointment topical kit                                  | NP   | PA                          |
| mupirocin 2 % topical ointment                                       | P    | QL(Allowed 2160 per Rx)     |
| mupirocin calcium 2 % topical cream                                  | NP   | PA; QL(Allowed 30 per Rx)   |
| silver nitrate 0.5 % topical solution                                | NP   | PA                          |
| <b>DERMATOLOGICAL - ANTIBACTERIAL QUINOLONES</b>                     |      |                             |
| Xepi 1 % topical cream                                               | NP   | PA                          |
| <b>DERMATOLOGICAL - ANTIBACTERIAL-GLUCOCORTICOID COMBINATIONS</b>    |      |                             |
| Cortisporin 1 % topical ointment                                     | P    |                             |
| Cortisporin 3.5 mg/g-10,000 unit/g-0.5 % topical cream               | NP   | PA                          |
| Neo-Synalar 0.5 % (0.35 % base)-0.025 % topical cream                | NP   | PA                          |

| Drug Name                                                              | Tier | Drug Restriction        |
|------------------------------------------------------------------------|------|-------------------------|
| Neo-Synalar Kit 0.5 % (0.35 % base)-0.025 % topical cream              | NP   | PA                      |
| <b>DERMATOLOGICAL - ANTIBACTERIAL-LOCAL ANESTHETIC COMBINATIONS</b>    |      |                         |
| Antibiotic Plus (pramoxine) 3.5 mg-10,000 unit-10 mg/gram top cream    | P    | QL(Allowed 28.3 per Rx) |
| Antibiotic Plus Pain Relief 3.5 mg-10,000 unit-10 mg/gram top cream    | P    | QL(Allowed 28.3 per Rx) |
| First Aid ABX Pain Relief 3.5 mg-10,000 unit-10 mg/gram topical cream  | P    | QL(Allowed 28.3 per Rx) |
| Multi Antibiotic Plus 3.5 mg-10,000 unit-10 mg/gram topical cream      | P    | QL(Allowed 28.3 per Rx) |
| Neosporin Plus Pain Relief 3.5 mg-10,000 unit-10 mg/gram topical cream | P    | QL(Allowed 28.3 per Rx) |
| <b>DERMATOLOGICAL - ANTICHOLINERGIC HYPERHIDROSIS TREATMENT AGENTS</b> |      |                         |
| Qbrexza 2.4 % towelette                                                | NP   | PA                      |
| <b>DERMATOLOGICAL - ANTIFUNGAL ALLYLAMINES</b>                         |      |                         |
| naftifine 1 % topical cream                                            | NP   | PA                      |
| naftifine 1 % topical gel                                              | NP   | PA                      |

| Drug Name                                                        | Tier | Drug Restriction      |
|------------------------------------------------------------------|------|-----------------------|
| naftifine 2 % topical cream                                      | NP   | PA                    |
| Naftin 1 % topical gel                                           | NP   | PA                    |
| Naftin 2 % topical cream                                         | NP   | PA                    |
| Naftin 2 % topical gel                                           | NP   | PA                    |
| <b>DERMATOLOGICAL - ANTIFUNGAL AMPHOTERIC POLYENE MACROLIDES</b> |      |                       |
| Nyamyce 100,000 unit/gram topical powder                         | P    | QL(Allowed 60 per Rx) |
| nystatin 100,000 unit/gram topical cream                         | P    | QL(Allowed 30 per Rx) |
| nystatin 100,000 unit/gram topical ointment                      | P    | QL(Allowed 30 per Rx) |
| nystatin 100,000 unit/gram topical powder                        | P    | QL(Allowed 60 per Rx) |
| Nystop 100,000 unit/gram topical powder                          | P    | QL(Allowed 60 per Rx) |
| <b>DERMATOLOGICAL - ANTIFUNGAL BENZYLAMINES</b>                  |      |                       |
| Mentax 1 % topical cream                                         | NP   | PA                    |
| <b>DERMATOLOGICAL - ANTIFUNGAL HYDROXYPYRIDINONE</b>             |      |                       |
| Ciclodan 0.77 % topical cream                                    | NP   | PA                    |
| Ciclodan 8 % topical solution                                    | NP   | PA                    |

| Drug Name                                                       | Tier | Drug Restriction |
|-----------------------------------------------------------------|------|------------------|
| Ciclodan Kit 0.77 % topical combo pack                          | NP   | PA               |
| Ciclodan Kit 8 % topical solution                               | NP   | PA               |
| ciclopirox 0.77 % topical cream                                 | NP   | PA               |
| ciclopirox 0.77 % topical gel                                   | NP   | PA               |
| ciclopirox 0.77 % topical suspension                            | NP   | PA               |
| ciclopirox 1 % shampoo                                          | NP   | PA               |
| ciclopirox 8 % topical solution                                 | NP   | PA               |
| ciclopirox 8 %-urea-camphor-menthol-eucalyptol topical solution | NP   | PA               |
| Loprox (as olamine) 0.77 % topical cream                        | NP   | PA               |
| Loprox (as olamine) 0.77 % topical suspension                   | NP   | PA               |
| Loprox 1 % shampoo                                              | NP   | PA               |
| Loprox Kit 0.77 % topical combo pack                            | NP   | PA               |
| Loprox Kit 0.77 %, suspension and cleanser                      | NP   | PA               |
| <b>DERMATOLOGICAL - ANTIFUNGAL IMIDAZOLE AND RELATED AGENTS</b> |      |                  |

| Drug Name                          | Tier | Drug Restriction          |
|------------------------------------|------|---------------------------|
| clotrimazole 1 % topical cream     | P    | QL(Allowed 113 per Rx)    |
| clotrimazole 1 % topical solution  | NP   | PA; QL(Allowed 60 per Rx) |
| Econasil 1 %-4" X 4" topical kit   | NP   | PA                        |
| econazole 1 % topical cream        | P    | QL(Allowed 30 per Rx)     |
| Ertaczo 2 % topical cream          | NP   | PA                        |
| Exelderm 1 % topical cream         | NP   | PA                        |
| Exelderm 1 % topical solution      | NP   | PA                        |
| Extina 2 % topical foam            | NP   | PA                        |
| ketoconazole 2 % shampoo           | P    | QL(Allowed 120 per Rx)    |
| ketoconazole 2 % topical cream     | P    | QL(Allowed 60 per Rx)     |
| ketoconazole 2 % topical foam      | NP   | PA                        |
| Ketodan 2 % topical foam           | NP   | PA                        |
| Ketodan Kit 2 % topical combo pack | NP   | PA                        |
| luliconazole 1 % topical cream     | NP   | PA                        |
| Luzu 1 % topical cream             | NP   | PA                        |

| Drug Name                                                              | Tier | Drug Restriction          |
|------------------------------------------------------------------------|------|---------------------------|
| miconazole nit 0.25 %-zinc ox 15 %-petrolatum 81.35 % topical ointment | NP   | PA                        |
| oxiconazole 1 % topical cream                                          | NP   | PA                        |
| Oxistat 1 % lotion                                                     | NP   | PA                        |
| Oxistat 1 % topical cream                                              | NP   | PA                        |
| Vusion 0.25 %-15 %-81.35 % topical ointment                            | NP   | PA                        |
| Zolpak 1 %-6 cm X 7 cm topical kit                                     | NP   | PA                        |
| <b>DERMATOLOGICAL - ANTIFUNGAL OXABOROLE</b>                           |      |                           |
| Kerydin 5 % topical solution with applicator                           | NP   | PA                        |
| tavaborole 5 % topical solution with applicator                        | NP   | PA                        |
| <b>DERMATOLOGICAL - ANTIFUNGAL TRIAZOLE</b>                            |      |                           |
| Jublia 10 % topical solution with applicator                           | NP   | PA                        |
| <b>DERMATOLOGICAL - ANTIFUNGAL-GLUCOCORTICOID COMBINATIONS</b>         |      |                           |
| clotrimazole-betamethasone 1 %-0.05 % lotion                           | NP   | PA; QL(Allowed 30 per Rx) |
| clotrimazole-betamethasone 1 %-0.05 % topical cream                    | NP   | PA; QL(Allowed 45 per Rx) |



| Drug Name                                                                         | Tier | Drug Restriction          |
|-----------------------------------------------------------------------------------|------|---------------------------|
| nystatin-triamcinolone<br>100,000 unit/g-0.1 % topical cream                      | NP   | PA; QL(Allowed 60 per Rx) |
| nystatin-triamcinolone<br>100,000 unit/gram-0.1 % topical ointment                | NP   | PA; QL(Allowed 60 per Rx) |
| <b>DERMATOLOGICAL - ANTINEOPLASTIC ALKYLATING AGENTS</b>                          |      |                           |
| Valchlor 0.016 % topical gel                                                      | NP   | PA; SP                    |
| <b>DERMATOLOGICAL - ANTINEOPLASTIC ANTIMETABOLITES</b>                            |      |                           |
| Carac 0.5 % topical cream                                                         | NP   | PA                        |
| Efudex 5 % topical cream                                                          | NP   | PA; QL(Allowed 40 per Rx) |
| fluorouracil 0.5 % topical cream                                                  | NP   | PA; QL(Allowed 30 per Rx) |
| fluorouracil 2 % topical solution                                                 | NP   | PA; QL(Allowed 10 per Rx) |
| fluorouracil 5 % topical cream                                                    | NP   | PA; QL(Allowed 40 per Rx) |
| fluorouracil 5 % topical solution                                                 | NP   | PA; QL(Allowed 10 per Rx) |
| Tolak 4 % topical cream                                                           | NP   | PA                        |
| <b>DERMATOLOGICAL - ANTINEOPLASTIC OR PREMALIGNANT LESIONS - DITERPENE ESTERS</b> |      |                           |
| Picato 0.015 % topical gel                                                        | NP   | PA                        |
| Picato 0.05 % topical gel                                                         | NP   | PA                        |

| Drug Name                                                                    | Tier | Drug Restriction       |
|------------------------------------------------------------------------------|------|------------------------|
| <b>DERMATOLOGICAL - ANTINEOPLASTIC OR PREMALIGNANT LESIONS - NSAID'S</b>     |      |                        |
| diclofenac 3 % topical gel                                                   | NP   | PA                     |
| <b>DERMATOLOGICAL - ANTINEOPLASTIC RETINOIDS</b>                             |      |                        |
| Panretin 0.1 % topical gel                                                   | P    |                        |
| <b>DERMATOLOGICAL - ANTINEOPLASTIC SELECTIVE RETINOID X RECEPTOR AGONIST</b> |      |                        |
| Targretin 1 % topical gel                                                    | P    | SP                     |
| <b>DERMATOLOGICAL - ANTIPERSPIRANTS</b>                                      |      |                        |
| Xerac AC 6.25 % topical solution                                             | NP   | PA                     |
| <b>DERMATOLOGICAL - ANTIPRURITICS COMBINATIONS</b>                           |      |                        |
| Anti-Itch (menthol-camphor) 0.5 %-0.5 % lotion                               | P    | QL(Allowed 222 per Rx) |
| DermaSarra Anti-Itch (menthol-camphor) 0.5 %-0.5 % lotion                    | P    | QL(Allowed 222 per Rx) |
| Men-Phor 0.5 %-0.5 % lotion                                                  | P    | QL(Allowed 222 per Rx) |
| Sarna Original 0.5 %-0.5 % lotion                                            | P    | QL(Allowed 222 per Rx) |
| <b>DERMATOLOGICAL - ANTIPSORIATIC AGENTS SYSTEMIC, PHOTSENSITIZING</b>       |      |                        |
| methoxsalen 10 mg liquid-filled,rapid release capsule                        | NP   | PA                     |
| Oxsoralen Ultra 10 mg liquid-filled,rapid release capsule                    | NP   | PA                     |
| <b>DERMATOLOGICAL - ANTIPSORIATIC AGENTS SYSTEMIC, VITAMIN A DERIVATIVES</b> |      |                        |

| Drug Name                                            | Tier | Drug Restriction           |
|------------------------------------------------------|------|----------------------------|
| acitretin 10 mg capsule                              | NP   | PA                         |
| acitretin 17.5 mg capsule                            | NP   | PA                         |
| acitretin 25 mg capsule                              | NP   | PA                         |
| Soriatane 10 mg capsule                              | NP   | PA                         |
| Soriatane 25 mg capsule                              | NP   | PA                         |
| <b>DERMATOLOGICAL - ANTIPSORIATIC AGENTS TOPICAL</b> |      |                            |
| calcipotriene 0.005 % scalp solution                 | P    | QL(Allowed 60 per Rx)      |
| calcipotriene 0.005 % topical cream                  | P    | QL(Allowed 60 per Rx)      |
| calcipotriene 0.005 % topical ointment               | P    |                            |
| calcitriol 3 mcg/gram topical ointment               | NP   | PA                         |
| Dovonex 0.005 % topical cream                        | NP   | PA; QL(Allowed 60 per Rx)  |
| Sorilux 0.005 % topical foam                         | NP   | PA                         |
| Tazorac 0.05 % topical cream                         | NP   | PA; QL(Allowed 100 per Rx) |
| Tazorac 0.05 % topical gel                           | NP   | PA; QL(Allowed 100 per Rx) |
| Tazorac 0.1 % topical cream                          | NP   | PA; QL(Allowed 60 per Rx)  |

| Drug Name                                                     | Tier | Drug Restriction                             |
|---------------------------------------------------------------|------|----------------------------------------------|
| Tazorac 0.1 % topical gel                                     | NP   | PA; QL(Allowed 100 per Rx)                   |
| Vectical 3 mcg/gram topical ointment                          | NP   | PA                                           |
| <b>DERMATOLOGICAL - ANTISEBORRHEIC</b>                        |      |                                              |
| Ovace Plus 9.8 % lotion                                       | NP   | PA                                           |
| selenium sulfide 2.25 % shampoo                               | NP   | PA                                           |
| selenium sulfide 2.3 % shampoo                                | NP   | PA                                           |
| selenium sulfide 2.5 % lotion                                 | P    | QL(Allowed 120 per Rx)                       |
| sulfacetamide sodium 10 % topical cleanser                    | NP   | PA; QL(Allowed 480 per Rx)                   |
| sulfacetamide sodium 10 % topical cleanser, gel               | NP   | PA                                           |
| <b>DERMATOLOGICAL - ANTIVIRAL, HERPES</b>                     |      |                                              |
| acyclovir 5 % topical cream                                   | NP   | PA; QL(Allowed 5 per Rx)                     |
| acyclovir 5 % topical ointment                                | NP   | PA; QL(QL Overtime: Allowed 30 over 30 days) |
| Denavir 1 % topical cream                                     | NP   | PA                                           |
| Zovirax 5 % topical cream                                     | NP   | PA; QL(Allowed 5 per Rx)                     |
| Zovirax 5 % topical ointment                                  | NP   | PA; QL(QL Overtime: Allowed 30 over 30 days) |
| <b>DERMATOLOGICAL - ANTIVIRAL-GLUCOCORTICOID COMBINATIONS</b> |      |                                              |

| Drug Name                                            | Tier | Drug Restriction                             |
|------------------------------------------------------|------|----------------------------------------------|
| Xerese 5 %-1 % topical cream                         | NP   | PA                                           |
| <b>DERMATOLOGICAL - BURN PRODUCTS ANTI-INFECTIVE</b> |      |                                              |
| mafenide 50 gram topical packet                      | P    |                                              |
| Silvadene 1 % topical cream                          | NP   | PA; QL(Allowed 1000 per Rx)                  |
| silver sulfadiazine 1 % topical cream                | P    | QL(Allowed 1000 per Rx)                      |
| SSD 1 % topical cream                                | P    | QL(Allowed 1000 per Rx)                      |
| Sulfamylon 50 gram topical packet                    | NP   | PA                                           |
| Sulfamylon 85 mg/g topical cream                     | P    |                                              |
| <b>DERMATOLOGICAL - CALCINEURIN INHIBITORS</b>       |      |                                              |
| Elidel 1 % topical cream                             | P    | PA; QL(QL Overtime: Allowed 30 over 30 days) |
| pimecrolimus 1 % topical cream                       | P    | PA; QL(QL Overtime: Allowed 30 over 30 days) |
| Protopic 0.03 % topical ointment                     | P    | PA; QL(QL Overtime: Allowed 30 over 30 days) |
| Protopic 0.1 % topical ointment                      | P    | PA; QL(QL Overtime: Allowed 30 over 30 days) |
| tacrolimus 0.03 % topical ointment                   | P    | PA; QL(QL Overtime: Allowed 30 over 30 days) |
| tacrolimus 0.1 % topical ointment                    | P    | PA; QL(QL Overtime: Allowed 30 over 30 days) |
| <b>DERMATOLOGICAL - DEPIGMENTING AGENTS</b>          |      |                                              |
| Blanche 4 % topical cream                            | P    | QL(Allowed 56.8 per Rx)                      |

| Drug Name                                  | Tier | Drug Restriction           |
|--------------------------------------------|------|----------------------------|
| hydroquinone 4 % topical cream             | P    | QL(Allowed 56.8 per Rx)    |
| <b>DERMATOLOGICAL - EMOLLIENT MIXTURES</b> |      |                            |
| HylatopicPlus lotion                       | NP   | PA                         |
| HylatopicPlus topical cream                | NP   | PA                         |
| <b>DERMATOLOGICAL - EMOLLIENTS</b>         |      |                            |
| ammonium lactate 12 % lotion               | P    | QL(Allowed 1368 per Rx)    |
| ammonium lactate 12 % topical cream        | NP   | PA; QL(Allowed 385 per Rx) |
| <b>DERMATOLOGICAL - ENZYMES</b>            |      |                            |
| Santyl 250 unit/gram topical ointment      | NP   | PA                         |
| <b>DERMATOLOGICAL - EYELID CLEANSERS</b>   |      |                            |
| HypoCyn 0.01 % topical spray               | NP   | PA                         |
| <b>DERMATOLOGICAL - GLUCOCORTICOID</b>     |      |                            |
| alclometasone 0.05 % topical cream         | P    |                            |
| alclometasone 0.05 % topical ointment      | P    |                            |
| amcinonide 0.1 % lotion                    | NP   | PA                         |
| amcinonide 0.1 % topical cream             | NP   | PA                         |
| ApexiCon E 0.05 % topical cream            | NP   | PA; QL(Allowed 60 per Rx)  |
| Beser 0.05 % lotion                        | NP   | PA                         |

| Drug Name                                          | Tier | Drug Restriction                    |
|----------------------------------------------------|------|-------------------------------------|
| betamethasone dipropionate 0.05 % lotion           | NP   | PA                                  |
| betamethasone dipropionate 0.05 % topical cream    | NP   | PA; QL(Limit 1 package(s) per fill) |
| betamethasone dipropionate 0.05 % topical ointment | NP   | PA                                  |
| betamethasone valerate 0.1 % lotion                | P    | QL(Allowed 60 per Rx)               |
| betamethasone valerate 0.1 % topical cream         | P    | QL(Allowed 45 per Rx)               |
| betamethasone valerate 0.1 % topical ointment      | P    | QL(Allowed 45 per Rx)               |
| betamethasone valerate 0.12 % topical foam         | NP   | PA                                  |
| betamethasone, augmented 0.05 % lotion             | NP   | PA                                  |
| betamethasone, augmented 0.05 % topical cream      | NP   | PA; QL(Allowed 45 per Rx)           |
| betamethasone, augmented 0.05 % topical gel        | NP   | PA                                  |
| betamethasone, augmented 0.05 % topical ointment   | NP   | PA                                  |
| Bryhali 0.01 % lotion                              | NP   | PA                                  |

| Drug Name                                 | Tier | Drug Restriction      |
|-------------------------------------------|------|-----------------------|
| Capex 0.01 % shampoo                      | NP   | PA                    |
| clobetasol 0.05 % lotion                  | NP   | PA                    |
| clobetasol 0.05 % scalp solution          | P    | QL(Allowed 50 per Rx) |
| clobetasol 0.05 % shampoo                 | NP   | PA                    |
| clobetasol 0.05 % topical cream           | P    | QL(Allowed 60 per Rx) |
| clobetasol 0.05 % topical foam            | NP   | PA                    |
| clobetasol 0.05 % topical gel             | P    | QL(Allowed 60 per Rx) |
| clobetasol 0.05 % topical ointment        | P    | QL(Allowed 60 per Rx) |
| clobetasol 0.05 % topical spray           | NP   | PA                    |
| clobetasol-emollient 0.05 % topical cream | P    | QL(Allowed 60 per Rx) |
| clobetasol-emollient 0.05 % topical foam  | NP   | PA                    |
| Clobex 0.05 % shampoo                     | NP   | PA                    |
| Clobex 0.05 % topical spray               | NP   | PA                    |
| clocortolone pivalate 0.1 % topical cream | NP   | PA                    |

| Drug Name                              | Tier | Drug Restriction                |
|----------------------------------------|------|---------------------------------|
| Clodan 0.05 % shampoo                  | NP   | PA                              |
| Cloderm 0.1 % topical cream            | NP   | PA                              |
| Cordran Tape Large Roll 4 mcg/cm2      | NP   | PA                              |
| Cutivate 0.05 % lotion                 | NP   | PA                              |
| Derma-Smothe/FS Body Oil 0.01 %        | NP   | PA                              |
| Derma-Smothe/FS Scalp Oil 0.01 %       | NP   | PA                              |
| Desonate 0.05 % topical gel            | NP   | PA                              |
| desonide 0.05 % lotion                 | NP   | PA                              |
| desonide 0.05 % topical cream          | P    | QL(Limit 1 package(s) per fill) |
| desonide 0.05 % topical ointment       | P    | QL(Limit 1 package(s) per fill) |
| desoximetasone 0.05 % topical cream    | NP   | PA; QL(Allowed 300 per Rx)      |
| desoximetasone 0.05 % topical gel      | NP   | PA; QL(Allowed 2 per 1 day)     |
| desoximetasone 0.05 % topical ointment | NP   | PA                              |
| desoximetasone 0.25 % topical cream    | NP   | PA; QL(Allowed 2 per 1 day)     |

| Drug Name                                     | Tier | Drug Restriction            |
|-----------------------------------------------|------|-----------------------------|
| desoximetasone 0.25 % topical ointment        | NP   | PA; QL(Allowed 2 per 1 day) |
| desoximetasone 0.25 % topical spray           | NP   | PA                          |
| diflorasone 0.05 % topical cream              | P    | QL(Allowed 60 per Rx)       |
| diflorasone 0.05 % topical ointment           | P    | QL(Allowed 100 per Rx)      |
| Diprolene (augmented) 0.05 % topical ointment | NP   | PA                          |
| fluocinolone 0.01 % scalp oil and shower cap  | P    |                             |
| fluocinolone 0.01 % topical body oil          | P    |                             |
| fluocinolone 0.01 % topical cream             | P    |                             |
| fluocinolone 0.01 % topical solution          | P    |                             |
| fluocinolone 0.025 % topical cream            | P    |                             |
| fluocinolone 0.025 % topical ointment         | P    |                             |
| fluocinonide 0.05 % topical cream             | P    | QL(Allowed 60 per Rx)       |
| fluocinonide 0.05 % topical gel               | P    | QL(Allowed 60 per Rx)       |
| fluocinonide 0.05 % topical ointment          | P    | QL(Allowed 60 per Rx)       |

| Drug Name                                       | Tier | Drug Restriction      |
|-------------------------------------------------|------|-----------------------|
| fluocinonide 0.05 % topical solution            | P    | QL(Allowed 60 per Rx) |
| fluocinonide 0.1 % topical cream                | P    |                       |
| Fluocinonide-E 0.05 % topical cream             | P    | QL(Allowed 60 per Rx) |
| fluocinonide-emollient 0.05 % topical cream     | P    | QL(Allowed 60 per Rx) |
| flurandrenolide 0.05 % lotion                   | NP   | PA                    |
| flurandrenolide 0.05 % topical cream            | NP   | PA                    |
| flurandrenolide 0.05 % topical ointment         | NP   | PA                    |
| fluticasone propionate 0.005 % topical ointment | P    | QL(Allowed 60 per Rx) |
| fluticasone propionate 0.05 % lotion            | NP   | PA                    |
| fluticasone propionate 0.05 % topical cream     | P    | QL(Allowed 60 per Rx) |
| halcinonide 0.1 % topical cream                 | NP   | PA                    |
| halobetasol propionate 0.05 % topical cream     | P    |                       |
| halobetasol propionate 0.05 % topical foam      | NP   | PA                    |

| Drug Name                                      | Tier | Drug Restriction       |
|------------------------------------------------|------|------------------------|
| halobetasol propionate 0.05 % topical ointment | P    |                        |
| Halog 0.1 % topical cream                      | NP   | PA                     |
| Halog 0.1 % topical ointment                   | NP   | PA                     |
| Halog 0.1 % topical solution                   | NP   | PA                     |
| hydrocortisone 0.5 % topical cream             | P    |                        |
| hydrocortisone 1 % topical cream               | P    | QL(Allowed 454 per Rx) |
| hydrocortisone 1 % topical ointment            | P    | QL(Allowed 454 per Rx) |
| hydrocortisone 2.5 % lotion                    | P    | QL(Allowed 118 per Rx) |
| hydrocortisone 2.5 % topical cream             | P    | QL(Allowed 454 per Rx) |
| hydrocortisone 2.5 % topical ointment          | P    | QL(Allowed 454 per Rx) |
| hydrocortisone acetate 0.5 % topical cream     | P    |                        |
| hydrocortisone butyrate 0.1 % lotion           | NP   | PA                     |
| hydrocortisone butyrate 0.1 % topical cream    | NP   | PA                     |
| hydrocortisone butyrate 0.1 % topical ointment | NP   | PA                     |

| Drug Name                                             | Tier | Drug Restriction          |
|-------------------------------------------------------|------|---------------------------|
| hydrocortisone butyrate 0.1 % topical solution        | NP   | PA; QL(Allowed 60 per Rx) |
| hydrocortisone butyrate-emollient 0.1 % topical cream | NP   | PA                        |
| hydrocortisone valerate 0.2 % topical cream           | P    |                           |
| hydrocortisone valerate 0.2 % topical ointment        | P    |                           |
| Impeklo 0.05 % topical lotion in pump                 | NP   | PA                        |
| Kenalog 0.147 mg/gram topical aerosol                 | NP   | PA                        |
| Lexette 0.05 % topical foam                           | NP   | PA                        |
| Locoid 0.1 % lotion                                   | NP   | PA                        |
| Locoid Lipocream 0.1 % topical                        | NP   | PA                        |
| Luxiq 0.12 % topical foam                             | NP   | PA                        |
| mometasone 0.1 % topical cream                        | P    | QL(Allowed 50 per Rx)     |
| mometasone 0.1 % topical ointment                     | P    | QL(Allowed 45 per Rx)     |
| mometasone 0.1 % topical solution                     | P    | QL(Allowed 60 per Rx)     |

| Drug Name                            | Tier | Drug Restriction            |
|--------------------------------------|------|-----------------------------|
| Olux 0.05 % topical foam             | NP   | PA                          |
| Olux-E 0.05 % topical foam           | NP   | PA                          |
| Pandel 0.1 % topical cream           | NP   | PA                          |
| prednicarbate 0.1 % topical cream    | NP   | PA; QL(Allowed 60 per Rx)   |
| prednicarbate 0.1 % topical ointment | NP   | PA; QL(Allowed 60 per Rx)   |
| Psorcon 0.05 % topical cream         | NP   | PA; QL(Allowed 60 per Rx)   |
| Synalar 0.01 % topical solution      | NP   | PA                          |
| Synalar 0.025 % topical cream        | NP   | PA                          |
| Synalar 0.025 % topical ointment     | NP   | PA                          |
| Tasoprol 0.05 %-4" X 4" topical kit  | NP   | PA                          |
| Temovate 0.05 % topical cream        | NP   | PA; QL(Allowed 60 per Rx)   |
| Temovate 0.05 % topical ointment     | NP   | PA; QL(Allowed 60 per Rx)   |
| Texacort 2.5 % topical solution      | NP   | PA                          |
| Topicort 0.05 % topical cream        | NP   | PA; QL(Allowed 300 per Rx)  |
| Topicort 0.05 % topical gel          | NP   | PA; QL(Allowed 2 per 1 day) |

| Drug Name                                        | Tier | Drug Restriction            |
|--------------------------------------------------|------|-----------------------------|
| Topicort 0.05 % topical ointment                 | NP   | PA                          |
| Topicort 0.25 % topical cream                    | NP   | PA; QL(Allowed 2 per 1 day) |
| Topicort 0.25 % topical ointment                 | NP   | PA; QL(Allowed 2 per 1 day) |
| Topicort 0.25 % topical spray                    | NP   | PA                          |
| Tovet Emollient 0.05 % topical foam              | NP   | PA                          |
| triamcinolone acetonide 0.025 % lotion           | P    | QL(Allowed 60 per Rx)       |
| triamcinolone acetonide 0.025 % topical cream    | P    | QL(Allowed 908 per Rx)      |
| triamcinolone acetonide 0.025 % topical ointment | P    | QL(Allowed 454 per Rx)      |
| triamcinolone acetonide 0.05 % topical ointment  | NP   | PA                          |
| triamcinolone acetonide 0.1 % lotion             | P    | QL(Allowed 60 per Rx)       |
| triamcinolone acetonide 0.1 % topical cream      | P    | QL(Allowed 454 per Rx)      |
| triamcinolone acetonide 0.1 % topical ointment   | P    | QL(Allowed 60 per Rx)       |

| Drug Name                                                        | Tier | Drug Restriction       |
|------------------------------------------------------------------|------|------------------------|
| triamcinolone acetonide 0.147 mg/gram topical aerosol            | NP   | PA                     |
| triamcinolone acetonide 0.5 % topical cream                      | P    | QL(Allowed 15 per Rx)  |
| triamcinolone acetonide 0.5 % topical ointment                   | P    | QL(Allowed 15 per Rx)  |
| Trianex 0.05 % topical ointment                                  | NP   | PA                     |
| Ultravate 0.05 % lotion                                          | NP   | PA                     |
| Ultravate 0.05 % topical cream                                   | NP   | PA                     |
| Ultravate 0.05 % topical ointment                                | NP   | PA                     |
| Vanos 0.1 % topical cream                                        | NP   | PA                     |
| <b>DERMATOLOGICAL - GLUCOCORTICOID-EMOLLIENT COMBINATIONS</b>    |      |                        |
| Beser Kit 0.05 % kit,top lotion and cream,emollient              | NP   | PA                     |
| Fluopar 0.1 %-5 % topical kit                                    | NP   | PA                     |
| hydrocortisone-mineral oil-white petrolatum 1 % topical ointment | P    | QL(Allowed 454 per Rx) |
| Synalar Cream Kit 0.025 % topical                                | NP   | PA                     |



| Drug Name                                                                 | Tier | Drug Restriction |
|---------------------------------------------------------------------------|------|------------------|
| Synalar Ointment Kit 0.025 % topical pack, ointment and cream             | NP   | PA               |
| Tovet Kit 0.05 % foam and cream, topical pack                             | NP   | PA               |
| Ultravate X 0.05 %-10 % topical pack, cream and cream                     | NP   | PA               |
| Ultravate X 0.05 %-10 % topical pack, ointment and cream                  | NP   | PA               |
| <b>DERMATOLOGICAL - GLUCOCORTICOID-LOCAL ANESTHETIC COMBINATIONS</b>      |      |                  |
| Epifoam 1 %-1 % topical                                                   | NP   | PA               |
| lidocaine 3 %-hydrocortisone 0.5 % topical cream                          | NP   | PA               |
| Lidocort 3 %-0.5 % topical cream                                          | NP   | PA               |
| <b>DERMATOLOGICAL - GLUCOCORTICOID-SKIN CLEANSER COMBINATIONS</b>         |      |                  |
| Clodan Kit 0.05 % topical kit, shampoo and cleanser                       | NP   | PA               |
| Synalar TS 0.01 % topical kit                                             | NP   | PA               |
| <b>DERMATOLOGICAL - IMMUNOMODULATOR - CATECHINS - GENITAL WART/HPV TX</b> |      |                  |
| Veregen 15 % topical ointment                                             | NP   | PA               |
| <b>DERMATOLOGICAL - IMMUNOMODULATOR - IMIDAZOQUINOLINAMINES</b>           |      |                  |

| Drug Name                                                     | Tier | Drug Restriction                                              |
|---------------------------------------------------------------|------|---------------------------------------------------------------|
| Aldara 5 % topical cream packet                               | NP   | PA; QL(QL Overtime: Allowed 48 over 180 days)                 |
| imiquimod 3.75 % topical cream in a pump                      | NP   | PA                                                            |
| imiquimod 5 % topical cream packet                            | P    | QL(QL Overtime: Allowed 48 over 180 days)                     |
| Zyclara 2.5 % topical cream in a pump                         | NP   | PA                                                            |
| Zyclara 3.75 % topical cream in a pump                        | NP   | PA                                                            |
| Zyclara 3.75 % topical cream packet                           | NP   | PA                                                            |
| <b>DERMATOLOGICAL - INSECT REPELLENTS</b>                     |      |                                                               |
| Off Deep Woods 25 % topical spray                             | P    | QL(Allowed 170 per Rx, QL Overtime: Allowed 340 over 30 days) |
| Off Deep Woods Dry 25 % topical spray powder                  | P    | QL(Allowed 113 per Rx, QL Overtime: Allowed 226 over 30 days) |
| Ultrathon 25 % topical spray                                  | P    | QL(Allowed 170 per Rx, QL Overtime: Allowed 340 over 30 days) |
| Ultrathon 34.34 % lotion                                      | P    | QL(Allowed 57 per Rx, QL Overtime: Allowed 114 over 30 days)  |
| <b>DERMATOLOGICAL - KERATOLYTIC-ANTIMITOTIC COMBINATIONS</b>  |      |                                                               |
| silver nitrate applicators 75 %-25 % topical stick            | NP   | PA                                                            |
| <b>DERMATOLOGICAL - KERATOLYTIC-ANTIMITOTIC SINGLE AGENTS</b> |      |                                                               |
| Bensal HP 3 % topical ointment                                | NP   | PA                                                            |

| Drug Name                                          | Tier | Drug Restriction       |
|----------------------------------------------------|------|------------------------|
| Condylox 0.5 % topical gel                         | P    |                        |
| Podocon 25 % topical liquid                        | NP   | PA                     |
| podofilox 0.5 % topical solution                   | P    | QL(Allowed 4 per Rx)   |
| Salex 6 % shampoo                                  | NP   | PA                     |
| salicylic acid 27.5 % topical film-forming liquid  | P    |                        |
| salicylic acid 6 % topical foam                    | NP   | PA                     |
| salicylic acid 6 % topical gel                     | P    |                        |
| urea 35 % topical foam                             | NP   | PA                     |
| urea 39 % topical cream                            | P    |                        |
| urea 40 % lotion                                   | P    | QL(Allowed 325 per Rx) |
| urea 40 % topical cream                            | P    | QL(Allowed 200 per Rx) |
| urea 41 % topical cream                            | P    |                        |
| <b>DERMATOLOGICAL - KERATOPLASTIC TAR PRODUCTS</b> |      |                        |
| Anti-Dandruff (coal tar) 0.5 % shampoo             | P    |                        |
| DHS Tar 0.5 % shampoo                              | P    |                        |

| Drug Name                                             | Tier | Drug Restriction          |
|-------------------------------------------------------|------|---------------------------|
| DHS Tar Gel 0.5 % shampoo                             | P    |                           |
| Neutrogena T-Gel 0.5 % shampoo                        | P    |                           |
| Tera-Gel Tar Shampoo 0.5 %                            | P    |                           |
| Thera-Gel 0.5 % shampoo                               | P    |                           |
| Therapeutic Shampoo 0.5 %                             | P    |                           |
| Therapeutic Shampoo 1 %                               | P    |                           |
| Therapeutic Shampoo 2 %                               | P    |                           |
| T-Plus 0.5 % shampoo                                  | P    |                           |
| <b>DERMATOLOGICAL - LOCAL ANESTHETIC COMBINATIONS</b> |      |                           |
| Aprizio Pak II 2.5 %-2.5 % topical kit                | NP   | PA                        |
| Empricaine-II 2.5 %-2.5 % topical kit                 | NP   | PA                        |
| lidocaine-prilocaine 2.5 %-2.5 % topical cream        | NP   | PA; QL(Allowed 30 per Rx) |
| lidocaine-prilocaine 2.5 %-2.5 % topical kit          | NP   | PA                        |
| Nuvakaan-II 2.5 %-2.5 % topical kit                   | NP   | PA                        |
| Prizopak II 2.5 %-2.5 % topical kit                   | NP   | PA                        |

| Drug Name                                                                         | Tier | Drug Restriction                          |
|-----------------------------------------------------------------------------------|------|-------------------------------------------|
| Prizotral-II 2.5 %-<br>2.5 %-3.88 %<br>topical cream                              | NP   | PA                                        |
| <b>DERMATOLOGICAL - NSAID COMBINATIONS</b>                                        |      |                                           |
| Diclofex DC 1.5<br>%-0.025 % topical,<br>solution and cream                       | NP   | PA                                        |
| Diclofex 1.5 %-10<br>%-4 % topical kit                                            | NP   | PA                                        |
| <b>DERMATOLOGICAL - NSAID SINGLE AGENTS</b>                                       |      |                                           |
| diclofenac 1 %<br>topical gel                                                     | NP   | PA; QL(Limit 2<br>package(s) per 30 days) |
| diclofenac 1.5 %<br>topical drops                                                 | NP   | PA                                        |
| diclofenac<br>epolamine 1.3 %<br>transdermal 12<br>hour patch                     | NP   | PA                                        |
| Flector 1.3 %<br>transdermal 12<br>hour patch                                     | NP   | PA                                        |
| Licart 1.3 %<br>transdermal 24<br>hour patch                                      | NP   | PA                                        |
| Pennsaid 2 %<br>topical solution in<br>packet                                     | NP   | PA                                        |
| Pennsaid 20<br>mg/gram/actuation<br>(2 %) topical soln<br>in metered-dose<br>pump | NP   | PA                                        |
| VennGel One 1 %<br>topical kit                                                    | NP   | PA                                        |

| Drug Name                                                                        | Tier | Drug Restriction                          |
|----------------------------------------------------------------------------------|------|-------------------------------------------|
| Voltaren 1 %<br>topical gel                                                      | NP   | PA; QL(Limit 2<br>package(s) per 30 days) |
| Vopac MDS 1.5 %<br>topical kit                                                   | NP   | PA                                        |
| <b>DERMATOLOGICAL - PHOTODYNAMIC THERAPY<br/>AGENTS TOPICAL</b>                  |      |                                           |
| Ameluz 10 %<br>topical gel                                                       | NP   | PA                                        |
| Levulan 20 %<br>topical solution                                                 | P    | SP                                        |
| <b>DERMATOLOGICAL - PROTECTANTS</b>                                              |      |                                           |
| Nuvail 16 % nail<br>film solution                                                | NP   | PA                                        |
| Tetrix topical<br>cream                                                          | NP   | PA                                        |
| <b>DERMATOLOGICAL - RETINOIDS (VITAMIN A<br/>DERIVATIVES) - TOPICAL COSMETIC</b> |      |                                           |
| tazarotene 0.1 %<br>topical cream                                                | NP   | PA; QL(Allowed 60 per<br>Rx)              |
| <b>DERMATOLOGICAL - ROSACEA THERAPY, SYSTEMIC</b>                                |      |                                           |
| doxycycline<br>monohydrate 40<br>mg<br>capsule,immediate<br>- delay release      | NP   | PA                                        |
| Oracea 40 mg<br>capsule,immediate<br>- delay release                             | NP   | PA                                        |
| <b>DERMATOLOGICAL - ROSACEA THERAPY, TOPICAL</b>                                 |      |                                           |
| azelaic acid 15 %<br>topical gel                                                 | NP   | PA                                        |
| Finacea 15 %<br>topical foam                                                     | NP   | PA                                        |
| Finacea 15 %<br>topical gel                                                      | NP   | PA                                        |

| Drug Name                                   | Tier | Drug Restriction          |
|---------------------------------------------|------|---------------------------|
| ivermectin 1 % topical cream                | NP   | PA                        |
| MetroCream 0.75 % topical                   | NP   | PA; QL(Allowed 45 per Rx) |
| Metrogel 1 % topical                        | NP   | PA                        |
| metronidazole 0.75 % lotion                 | P    |                           |
| metronidazole 0.75 % topical cream          | P    | QL(Allowed 45 per Rx)     |
| metronidazole 0.75 % topical gel            | P    | QL(Allowed 45 per Rx)     |
| metronidazole 1 % topical gel               | P    |                           |
| metronidazole 1 % topical gel with pump     | P    |                           |
| Mirvaso 0.33 % topical gel with pump        | NP   | PA                        |
| Noritate 1 % topical cream                  | NP   | PA                        |
| Rhofade 1 % topical cream                   | NP   | PA                        |
| Rosadan 0.75 % top,cleanser and cream kit   | NP   | PA                        |
| Rosadan 0.75 % topical cleanser and gel kit | NP   | PA                        |
| Rosadan 0.75 % topical cream                | P    | QL(Allowed 45 per Rx)     |

| Drug Name                                        | Tier | Drug Restriction      |
|--------------------------------------------------|------|-----------------------|
| Rosadan 0.75 % topical gel                       | P    | QL(Allowed 45 per Rx) |
| Soolantra 1 % topical cream                      | NP   | PA                    |
| Zilxi 1.5 % topical foam                         | NP   | PA                    |
| DERMATOLOGICAL - TOPICAL LOCAL ANESTHETIC AMIDES |      |                       |
| Glydo 2 % mucosal jelly in applicator            | P    | QL(Allowed 30 per Rx) |
| lidocaine 2 % mucosal jelly in applicator        | P    | QL(Allowed 30 per Rx) |
| lidocaine 5 % topical ointment                   | P    |                       |
| lidocaine 5 % topical patch                      | P    |                       |
| lidocaine HCl 3 % topical cream                  | P    |                       |
| Lidoderm 5 % topical patch                       | NP   | PA                    |
| Lidozion 3 % lotion                              | NP   | PA                    |
| Pliaglis 7 %-7 % topical cream                   | NP   | PA                    |
| Synera 70 mg-70 mg patch                         | NP   | PA                    |
| ZTlido 1.8 % topical patch                       | NP   | PA                    |
| DERMATOLOGICAL - TOPICAL LOCAL ANESTHETIC OTHERS |      |                       |
| pramoxine 1 % topical foam                       | P    | QL(Allowed 15 per Rx) |

| Drug Name                                                          | Tier | Drug Restriction           |
|--------------------------------------------------------------------|------|----------------------------|
| Proctofoam 1 % topical                                             | P    | QL(Allowed 15 per Rx)      |
| <b>DERMATOLOGICAL - TOPICAL LOCAL ANESTHETICS AND COMBINATIONS</b> |      |                            |
| Prilo Patch II 5 %-2.5 %-2.5 % kit, patch, medicated and cream     | NP   | PA                         |
| <b>DERMATOLOGICAL ANTIPRURITICS - ANTIHISTAMINES</b>               |      |                            |
| doxepin 5 % topical cream                                          | NP   | PA                         |
| Prudoxin 5 % topical cream                                         | NP   | PA                         |
| Zonalon 5 % topical cream                                          | NP   | PA                         |
| <b>DERMATOLOGICAL IRRITANTS-COUNTER-IRRITANT SINGLE AGENTS</b>     |      |                            |
| Qutenza 8 % topical kit                                            | NP   | PA                         |
| <b>SCABICIDE AND PEDICULICIDE COMBINATIONS</b>                     |      |                            |
| Lice Killing 0.33 %-4 % shampoo                                    | P    |                            |
| Lice Treatment 0.33 %-4 % shampoo                                  | P    |                            |
| <b>SCABICIDE AND PEDICULICIDE SINGLE AGENTS</b>                    |      |                            |
| Crotan 10 % lotion                                                 | NP   | PA; QL(Allowed 454 per Rx) |
| Elimite 5 % topical cream                                          | NP   | PA; QL(Allowed 60 per Rx)  |
| Eurax 10 % lotion                                                  | NP   | PA; QL(Allowed 454 per Rx) |
| Eurax 10 % topical cream                                           | P    | QL(Allowed 60 per Rx)      |

| Drug Name                                      | Tier | Drug Restriction                |
|------------------------------------------------|------|---------------------------------|
| ivermectin 0.5 % lotion                        | NP   | PA                              |
| Lice Treatment (permethrin) 1 % topical liquid | P    | QL(Limit 2 package(s) per fill) |
| Lice Treatment 1 % topical liquid              | P    | QL(Limit 2 package(s) per fill) |
| lindane 1 % shampoo                            | NP   | PA                              |
| malathion 0.5 % lotion                         | NP   | PA; QL(Allowed 59 per Rx)       |
| Natroba 0.9 % topical suspension               | P    |                                 |
| Ovide 0.5 % lotion                             | NP   | PA; QL(Allowed 59 per Rx)       |
| permethrin 5 % topical cream                   | P    | QL(Allowed 60 per Rx)           |
| Sklice 0.5 % lotion                            | NP   | PA                              |
| spinosad 0.9 % topical suspension              | NP   | PA                              |
| <b>WOUND CARE - DRESSINGS</b>                  |      |                                 |
| Biatain 4" X 4" bandage                        | P    |                                 |
| Bioguard gauze 0.3 %-2" X 2" bandage           | P    |                                 |
| Bioguard gauze 0.3 %-4" X 4" bandage           | P    |                                 |
| Bioguard gauze 0.3 %-4.5" X 4.1 yard bandage   | P    |                                 |

| Drug Name                                                                     | Tier | Drug Restriction |
|-------------------------------------------------------------------------------|------|------------------|
| Copa Hydrophilic Foam 4" X 4" bandage                                         | P    |                  |
| Curity AMD (with polyhexamethylene ) 0.2 %-2" X 2" sponge                     | P    |                  |
| Dermalevin 4" X 4" bandage                                                    | P    |                  |
| DryMax Extra 4" X 4" bandage                                                  | P    |                  |
| Excilon AMD (with polyhexamethylene ) 0.2 %-4" X 4" sponge                    | P    |                  |
| Flexzan Wound Dressing 4" X 4"                                                | P    |                  |
| Optifoam Non-Adhesive 4" X 4" bandage                                         | P    |                  |
| Restore 4" X 4" bandage                                                       | P    |                  |
| Tegaderm Foam 4" X 4" bandage                                                 | P    |                  |
| <b>WOUND CARE - GROWTH FACTOR AGENTS</b>                                      |      |                  |
| Regranex 0.01 % topical gel                                                   | NP   | PA               |
| <b>WOUND CARE COMBINATIONS OTHER</b>                                          |      |                  |
| BPCO topical ointment in packet                                               | NP   | PA               |
| <b>DRUGS TO TREAT ERECTILE DYSFUNCTION</b>                                    |      |                  |
| <b>ERECTILE DYSFUNCTION (ED) DRUGS-SEL.CGMP PHOSPHODIESTERASE TYPE5 INHIB</b> |      |                  |

| Drug Name                                           | Tier | Drug Restriction            |
|-----------------------------------------------------|------|-----------------------------|
| Cialis 5 mg tablet                                  | NP   | PA                          |
| tadalafil 5 mg tablet                               | NP   | PA                          |
| <b>EATING DISORDER THERAPY</b>                      |      |                             |
| <b>APPETITE STIMULANTS - PROGESTIN HORMONE TYPE</b> |      |                             |
| megestrol 400 mg/10 mL (10 mL) oral suspension      | P    |                             |
| megestrol 400 mg/10 mL (40 mg/mL) oral suspension   | P    |                             |
| megestrol 625 mg/5 mL (125 mg/mL) oral suspension   | NP   | PA                          |
| megestrol 800 mg/20 mL (20 mL) oral suspension      | P    |                             |
| <b>ELECTROLYTE BALANCE-NUTRITIONAL PRODUCTS</b>     |      |                             |
| <b>AMINO ACID - CARNITINE DERIVATIVES</b>           |      |                             |
| levocarnitine 330 mg tablet                         | NP   | PA; QL(Allowed 3 per 1 day) |
| <b>B-COMPLEX VITAMIN COMBINATIONS</b>               |      |                             |
| Activite 1 mg tablet                                | P    | QL(Allowed 1 per 1 day)     |
| Dialyvite 100 mg-1 mg tablet                        | P    | QL(Allowed 1 per 1 day)     |
| Dialyvite 800-Ultra D 0.8 mg-2,000 unit tablet      | P    | QL(Allowed 1 per 1 day)     |
| Folika-T 1 mg-100 mg-300 mcg tablet                 | P    | QL(Allowed 1 per 1 day)     |

| Drug Name                                             | Tier | Drug Restriction        |
|-------------------------------------------------------|------|-------------------------|
| Genicin Vita-S 1 mg-100 mg-300 mcg tablet             | P    | QL(Allowed 1 per 1 day) |
| Lorid 1 mg-200 mg-300 mcg tablet                      | P    | QL(Allowed 1 per 1 day) |
| Lysiplex Plus tablet                                  | P    | QL(Allowed 1 per 1 day) |
| Mynephrocaps 1 mg capsule                             | P    | QL(Allowed 1 per 1 day) |
| Mynephron 1 mg capsule                                | P    | QL(Allowed 1 per 1 day) |
| Nephrocaps 1 mg capsule                               | P    | QL(Allowed 1 per 1 day) |
| Nephronex-SL 800 mcg-2,000 unit disintegrating tablet | P    | QL(Allowed 1 per 1 day) |
| ProRenal 8 mg iron-800 mcg-1,000 unit tablet          | P    | QL(Allowed 1 per 1 day) |
| Quin B Strong 500 mg-400 mcg-15 mg tablet             | P    | QL(Allowed 1 per 1 day) |
| Renal Caps 1 mg capsule                               | P    | QL(Allowed 1 per 1 day) |
| RenaPlex 800 mcg-12.5 mg tablet                       | P    | QL(Allowed 1 per 1 day) |
| RenaPlex-D 800 mcg-12.5 mg-2,000 unit tablet          | P    | QL(Allowed 1 per 1 day) |
| Reno Caps 1 mg capsule                                | P    | QL(Allowed 1 per 1 day) |
| Triphrocaps 1 mg capsule                              | P    | QL(Allowed 1 per 1 day) |

| Drug Name                                              | Tier | Drug Restriction                              |
|--------------------------------------------------------|------|-----------------------------------------------|
| TRONVite 1 mg-100 mg-300 mcg tablet                    | P    | QL(Allowed 1 per 1 day)                       |
| Virt-Caps 1 mg capsule                                 | P    | QL(Allowed 1 per 1 day)                       |
| Vitasure 1 mg-100 mg-300 mcg tablet                    | P    | QL(Allowed 1 per 1 day)                       |
| Xvite 1 mg-100 mg-300 mcg tablet                       | P    | QL(Allowed 1 per 1 day)                       |
| <b>B-COMPLEX VITAMINS AND COMBINATIONS</b>             |      |                                               |
| Nephro-Vite Rx 1 mg-60 mg-300 mcg tablet               | P    | QL(Allowed 1 per 1 day)                       |
| Rena-Vite Rx 1 mg-60 mg-300 mcg tablet                 | P    | QL(Allowed 1 per 1 day)                       |
| Vol-Care Rx 1 mg-60 mg-300 mcg tablet                  | P    | QL(Allowed 1 per 1 day)                       |
| VP-Vite Rx 1 mg-60 mg-300 mcg tablet                   | P    | QL(Allowed 1 per 1 day)                       |
| <b>DEXTROSE SOLUTIONS</b>                              |      |                                               |
| dextrose 5 % in water (D5W) intravenous piggyback      | P    | QL(QL (Limit 14 days supply(ies) per claim )) |
| dextrose 5 % in water (D5W) intravenous solution       | P    | QL(QL (Limit 14 days supply(ies) per claim )) |
| <b>DIETARY PRODUCT - DIETARY SUPPLEMENTS</b>           |      |                                               |
| Diabetic Support Formula 167 mcg-100 mcg-83 mcg tablet | P    | QL(Allowed 1 per 1 day)                       |

| Drug Name                                                             | Tier | Drug Restriction        |
|-----------------------------------------------------------------------|------|-------------------------|
| Hair, Skin and Nails Advanced 3.3 mg iron-25 mcg tablet               | P    | QL(Allowed 1 per 1 day) |
| Megavite 18 mg iron-800 mcg-150 mg tablet                             | P    | QL(Allowed 1 per 1 day) |
| Megavite Golden Years 55+ 800 mcg-150 mg-25 mg tablet                 | P    | QL(Allowed 1 per 1 day) |
| Niacin-Azelaic AC-Turner-FA-B6-ZN-CU 700 mg-500 mcg-8 mg-12 mg tablet | P    | QL(Allowed 1 per 1 day) |
| Nicadan 800 mg-10 mg-100 mg-500 mcg tablet                            | P    | QL(Allowed 1 per 1 day) |
| Nicadan ZX 400 mg-5 mg-250 mcg-10 mg tablet                           | P    | QL(Allowed 1 per 1 day) |
| Nicazel 600 mg-5 mg-10 mg-5 mg-1.5 mg tablet                          | P    | QL(Allowed 1 per 1 day) |
| NicAzal Forte 700 mg-500 mcg-8 mg-12 mg tablet                        | P    | QL(Allowed 1 per 1 day) |
| One Daily 300 mg-18 mg-400 mcg-50 mg tablet                           | P    | QL(Allowed 1 per 1 day) |
| One Daily Women's Metabolism 300 mg-18 mg-400 mcg-50 mg tablet        | P    | QL(Allowed 1 per 1 day) |

| Drug Name                                                            | Tier | Drug Restriction                              |
|----------------------------------------------------------------------|------|-----------------------------------------------|
| Vitamin D3 Complete 18 mg iron-800 mcg-150 mg tablet                 | P    | QL(Allowed 1 per 1 day)                       |
| VP-Zel 600 mg-5 mg-10 mg-5 mg-1.5 mg tablet                          | P    | QL(Allowed 1 per 1 day)                       |
| <b>DILUENTS - SODIUM CHLORIDE</b>                                    |      |                                               |
| sodium chloride 0.9 % injection solution                             | P    | QL(QL (Limit 14 days supply(ies) per claim )) |
| sodium chloride 0.9 % injection syringe                              | P    | QL(QL (Limit 14 days supply(ies) per claim )) |
| <b>ELECTROLYTE DEPLETERS - ION EXCHANGE RESIN</b>                    |      |                                               |
| Kionex (with sorbitol) 15 gram-19.3 gram/60 mL oral suspension       | P    |                                               |
| Lokelma 10 gram oral powder packet                                   | NP   | PA                                            |
| Lokelma 5 gram oral powder packet                                    | NP   | PA                                            |
| sodium polystyrene sulfonate (sorbitol free) 15 gram/60 mL oral susp | P    |                                               |
| sodium polystyrene sulfonate oral powder                             | P    | QL(Allowed 454 per Rx)                        |
| SPS (with sorbitol) 15 gram-20 gram/60 mL oral suspension            | P    |                                               |
| SPS (with sorbitol) 30 gram-40 gram/120 mL enema                     | P    |                                               |



| Drug Name                                      | Tier | Drug Restriction        |
|------------------------------------------------|------|-------------------------|
| Veltassa 16.8 gram oral powder packet          | NP   | PA                      |
| Veltassa 25.2 gram oral powder packet          | NP   | PA                      |
| Veltassa 8.4 gram oral powder packet           | NP   | PA                      |
| <b>GERIATRIC VITAMINS</b>                      |      |                         |
| A Thru Z High Potency tablet                   | P    | QL(Allowed 1 per 1 day) |
| A Thru Z Select tablet                         | P    | QL(Allowed 1 per 1 day) |
| Centravites 50 Plus tablet                     | P    | QL(Allowed 1 per 1 day) |
| Cerovite Senior tablet                         | P    | QL(Allowed 1 per 1 day) |
| Complete Senior tablet                         | P    | QL(Allowed 1 per 1 day) |
| Milltrium Senior tablet                        | P    | QL(Allowed 1 per 1 day) |
| Multivitamin 50 Plus tablet                    | P    | QL(Allowed 1 per 1 day) |
| multivitamin with minerals tablet              | P    | QL(Allowed 1 per 1 day) |
| Spectravite Senior tablet                      | P    | QL(Allowed 1 per 1 day) |
| Theratrums Complete 50 Plus with Lutein tablet | P    | QL(Allowed 1 per 1 day) |
| Vision Plus Lutein tablet                      | P    | QL(Allowed 1 per 1 day) |
| Vitrum Senior tablet                           | P    | QL(Allowed 1 per 1 day) |

| Drug Name                                                             | Tier | Drug Restriction                          |
|-----------------------------------------------------------------------|------|-------------------------------------------|
| <b>IRRIGATION SOLUTIONS</b>                                           |      |                                           |
| Aqua Care Sodium Chloride 0.9 % irrigation solution                   | P    | Use Generic Products                      |
| sodium chloride 0.9 % irrigation solution                             | P    |                                           |
| Sterile Saline 0.9 % irrigation solution                              | P    | Use Generic Products                      |
| <b>MINERALS AND ELECTROLYTES - CALCIUM REPLACEMENT</b>                |      |                                           |
| calcium carbonate 500 mg calcium (1,250 mg) chewable tablet           | P    |                                           |
| calcium carbonate 500 mg/5 mL calcium (1,250 mg/5 mL) oral suspension | P    | QL(QL Overtime: Allowed 500 over 30 days) |
| <b>MINERALS AND ELECTROLYTES - CALCIUM REPLACEMENT COMBINATIONS</b>   |      |                                           |
| Ortho-Tabs 500 mg calcium-400 unit-15 mcg tablet                      | P    | QL(Allowed 1 per 1 day)                   |
| Pro-Cal 187.5 mg-40 mg-7.5 mg tablet                                  | P    | QL(Allowed 1 per 1 day)                   |
| <b>MINERALS AND ELECTROLYTES - IRON</b>                               |      |                                           |
| FeroSul 220 mg (44 mg iron)/5 mL oral elixir                          | P    | QL(Allowed 16 per 1 day)                  |
| FeroSul 325 mg (65 mg iron) tablet                                    | P    | MT                                        |
| Ferretts 325 mg (106 mg iron) tablet                                  | P    | QL(Allowed 2 per 1 day)                   |

| Drug Name                                                   | Tier | Drug Restriction         |
|-------------------------------------------------------------|------|--------------------------|
| Ferrex 150 mg iron capsule                                  | P    | QL(Allowed 1 per 1 day)  |
| Ferric x-150 150 mg iron capsule                            | P    | QL(Allowed 1 per 1 day)  |
| Ferrocite 324 mg (106 mg iron) tablet                       | P    | QL(Allowed 2 per 1 day)  |
| Ferro-Time 325 mg (65 mg iron) tablet                       | P    | MT                       |
| ferrous fumarate 324 mg (106 mg iron) tablet                | P    | QL(Allowed 2 per 1 day)  |
| ferrous sulfate 15 mg iron (75 mg)/mL oral drops            | P    | QL(Allowed 10 per 1 day) |
| ferrous sulfate 220 mg (44 mg iron)/5 mL oral elixir        | P    | QL(Allowed 16 per 1 day) |
| ferrous sulfate 220 mg (44 mg iron)/5 mL oral solution      | P    | QL(Allowed 16 per 1 day) |
| ferrous sulfate 325 mg (65 mg iron) tablet                  | P    | MT                       |
| ferrous sulfate 325 mg (65 mg iron) tablet, delayed release | P    | MT                       |
| FerrouSul 325 mg (65 mg iron) tablet                        | P    | MT                       |
| Hemocyte 324 mg (106 mg iron) tablet                        | P    | QL(Allowed 2 per 1 day)  |
| iFerex 150 150 mg iron capsule                              | P    | QL(Allowed 1 per 1 day)  |

| Drug Name                                          | Tier | Drug Restriction        |
|----------------------------------------------------|------|-------------------------|
| Iron (ferrous sulfate) 325 mg (65 mg iron) tablet  | P    | MT                      |
| iron 325 mg (65 mg iron) tablet                    | P    | MT                      |
| Myferon 150 150 mg iron capsule                    | P    | QL(Allowed 1 per 1 day) |
| Nu-Iron 150 mg iron capsule                        | P    | QL(Allowed 1 per 1 day) |
| Poly-Iron 150 mg iron capsule                      | P    | QL(Allowed 1 per 1 day) |
| polysaccharide iron complex 150 mg iron capsule    | P    | QL(Allowed 1 per 1 day) |
| MINERALS AND ELECTROLYTES - IRON COMBINATIONS      |      |                         |
| Parvlex 29 mg iron-400 mcg tablet                  | P    | QL(Allowed 1 per 1 day) |
| Siderol tablet                                     | P    | QL(Allowed 1 per 1 day) |
| Stress Formula tablet                              | P    | QL(Allowed 1 per 1 day) |
| MINERALS AND ELECTROLYTES - MAGNESIUM              |      |                         |
| magnesium 400 mg (as magnesium oxide) tablet       | P    |                         |
| magnesium oxide 400 mg (241.3 mg magnesium) tablet | P    |                         |
| MagOx 400 mg (241.3 mg magnesium) tablet           | P    |                         |

| Drug Name                                                        | Tier | Drug Restriction |
|------------------------------------------------------------------|------|------------------|
| MgO 400 mg<br>(241.3 mg<br>magnesium) tablet                     | P    |                  |
| MINERALS AND ELECTROLYTES - ORAL ELECTROLYTES                    |      |                  |
| CeraLyte-70 70<br>mEq-60 mEq-20<br>mEq-30 mEq/L<br>oral solution | P    |                  |
| CeraSport 115 mg-<br>40 mg-40 kcal/250<br>mL oral liquid         | P    |                  |
| CeraSport EX1 200<br>mg-100 mg-20<br>kcal/250mL oral<br>liquid   | P    |                  |
| electrolytes-<br>dextrose oral<br>solution                       | P    |                  |
| Enfamil Enfalyte<br>oral solution                                | P    |                  |
| Oralyte oral<br>solution                                         | P    |                  |
| Pedialyte<br>Advanced Care<br>oral solution                      | P    |                  |
| Pedialyte Freezer<br>Pops oral solution                          | P    |                  |
| Pedialyte oral<br>solution                                       | P    |                  |
| Pedialyte Singles<br>oral solution                               | P    |                  |
| Pediatric<br>Electrolyte oral<br>solution                        | P    |                  |

| Drug Name                                                                    | Tier | Drug Restriction            |
|------------------------------------------------------------------------------|------|-----------------------------|
| Pediatric Freezer<br>Pops oral solution                                      | P    |                             |
| PediaVance 5.3<br>mEq-2.35 mEq-<br>4.15 mEq oral<br>concentrate in<br>packet | P    |                             |
| MINERALS AND ELECTROLYTES - POTASSIUM, ORAL                                  |      |                             |
| Effer-K 25 mEq<br>effervescent tablet                                        | P    |                             |
| K-Effervescent 25<br>mEq tablet                                              | P    |                             |
| Klor-Con 10 mEq<br>tablet,extended<br>release                                | P    | MT; Use Generic<br>Products |
| Klor-Con 20 mEq<br>oral packet                                               | P    | Use Generic Products        |
| Klor-Con 8 mEq<br>tablet,extended<br>release                                 | P    | MT; Use Generic<br>Products |
| Klor-Con M10<br>mEq<br>tablet,extended<br>release                            | P    | MT; Use Generic<br>Products |
| Klor-Con M15<br>mEq<br>tablet,extended<br>release                            | P    |                             |
| Klor-Con M20<br>mEq<br>tablet,extended<br>release                            | P    | MT; Use Generic<br>Products |
| Klor-Con Sprinkle<br>10 mEq<br>capsule,extended<br>release                   | P    | MT; Use Generic<br>Products |

| Drug Name                                                    | Tier | Drug Restriction                                  |
|--------------------------------------------------------------|------|---------------------------------------------------|
| Klor-Con Sprinkle 8 mEq capsule,extended release             | P    | QL(Allowed 1 per 1 day); MT; Use Generic Products |
| Klor-Con/25 mEq oral packet                                  | P    |                                                   |
| Klor-Con/EF 25 mEq effervescent tablet                       | P    |                                                   |
| K-Sol 20 mEq/15 mL oral liquid                               | P    | Use Generic Products                              |
| K-Sol 40 mEq/15 mL oral liquid                               | P    | Use Generic Products                              |
| K-Tab 10 mEq tablet,extended release                         | P    | MT; Use Generic Products                          |
| K-Tab 8 mEq tablet,extended release                          | P    | MT                                                |
| potassium bicarbonate-citric acid 25 mEq effervescent tablet | P    |                                                   |
| potassium chloride 20 mEq oral packet                        | P    |                                                   |
| potassium chloride 20 mEq/15 mL oral liquid                  | P    |                                                   |
| potassium chloride 40 mEq/15 mL oral liquid                  | P    |                                                   |
| potassium chloride ER 10 mEq capsule,extended release        | P    | MT                                                |

| Drug Name                                                        | Tier | Drug Restriction            |
|------------------------------------------------------------------|------|-----------------------------|
| potassium chloride ER 10 mEq tablet,extended release             | P    | MT                          |
| potassium chloride ER 10 mEq tablet,extended release(part/cryst) | P    | MT                          |
| potassium chloride ER 20 mEq tablet,extended release(part/cryst) | P    | MT                          |
| potassium chloride ER 8 mEq capsule,extended release             | P    | QL(Allowed 1 per 1 day); MT |
| potassium chloride ER 8 mEq tablet,extended release              | P    | MT                          |
| MULTIVITAMIN AND MINERAL COMBINATIONS                            |      |                             |
| A Thru Z 18 mg-500 mcg-300 mcg-250 mcg tablet                    | P    | QL(Allowed 1 per 1 day)     |
| A Thru Z Men's Ultimate 8 mg iron-200 mcg-600 mcg tablet         | P    | QL(Allowed 1 per 1 day)     |
| A Thru Z Select 300 mcg-600 mcg-300 mcg tablet                   | P    | QL(Allowed 1 per 1 day)     |
| A Thru Z Select 50 Plus Formula 0.4 mg-300 mcg-250 mcg tablet    | P    | QL(Allowed 1 per 1 day)     |
| A Thru Z Select 500 mcg-300 mcg-250 mcg tablet                   | P    | QL(Allowed 1 per 1 day)     |

| Drug Name                                                              | Tier | Drug Restriction        |
|------------------------------------------------------------------------|------|-------------------------|
| A Thru Z Select Women's tablet                                         | P    | QL(Allowed 1 per 1 day) |
| ABC Complete Senior Women's 8 mg iron-400 mcg-50 mcg tablet            | P    | QL(Allowed 1 per 1 day) |
| ABC Plus 0.4 mg-300 mcg-250 mcg tablet                                 | P    | QL(Allowed 1 per 1 day) |
| Adult 50 Plus Eye Health 250 mg-5 mg-1 mg capsule                      | P    | QL(Allowed 1 per 1 day) |
| Adults 50 Plus 0.4 mg-300 mcg-250 mcg tablet                           | P    | QL(Allowed 1 per 1 day) |
| Adults' Daily Formula 18 mg iron-25 mcg tablet                         | P    | QL(Allowed 1 per 1 day) |
| Adults Multivitamin 18 mg iron-400 mcg-25 mcg tablet                   | P    | QL(Allowed 1 per 1 day) |
| Alive Once Daily Women 50 Plus 800 mcg-100 mcg tablet                  | P    | QL(Allowed 1 per 1 day) |
| Alive Women's 50 Plus (fruit-veg blend) 240 mcg-120 mcg-300 mcg tablet | P    | QL(Allowed 1 per 1 day) |
| Alive Women's Energy 18 mg-400 mcg-80 mcg tablet                       | P    | QL(Allowed 1 per 1 day) |
| Antioxidant A/C/E/Selenium capsule                                     | P    | QL(Allowed 1 per 1 day) |

| Drug Name                                                              | Tier | Drug Restriction        |
|------------------------------------------------------------------------|------|-------------------------|
| Antioxidant Formula (selenium yeast) 8,333 unit-167 mg-133 unit tablet | P    | QL(Allowed 1 per 1 day) |
| Antioxidant Vitamins 1,000 unit-200 mg-60 unit-2mg tablet              | P    | QL(Allowed 1 per 1 day) |
| Bacmin 27 mg iron-1 mg tablet                                          | P    | QL(Allowed 1 per 1 day) |
| Biocel (with Lutein) 800 mcg-250 mcg-750 mcg tablet                    | P    | QL(Allowed 1 per 1 day) |
| Biotin Plus-Calcium and Vit D3 200 mg-450 mcg-400 unit tablet          | P    | QL(Allowed 1 per 1 day) |
| Central-Vite 18 mg iron-400 mcg-25 mcg tablet                          | P    | QL(Allowed 1 per 1 day) |
| Central-Vite Energy 18 mg iron-400 mcg-50 mg tablet                    | P    | QL(Allowed 1 per 1 day) |
| Central-Vite Senior 0.4 mg-300 mcg-250 mcg tablet                      | P    | QL(Allowed 1 per 1 day) |
| Central-Vite Women's Mature 8 mg iron-400 mcg-300 mcg tablet           | P    | QL(Allowed 1 per 1 day) |
| Centravites 0.4 mg-162 mg-18 mg tablet                                 | P    | QL(Allowed 1 per 1 day) |

| Drug Name                                                 | Tier | Drug Restriction        |
|-----------------------------------------------------------|------|-------------------------|
| Centravites 50 Plus 0.4 mg-300 mcg-250 mcg tablet         | P    | QL(Allowed 1 per 1 day) |
| Centravites Adults 18 mg iron-400 mcg-25 mcg tablet       | P    | QL(Allowed 1 per 1 day) |
| Centrum Men 8 mg iron-200 mcg-600 mcg tablet              | P    | QL(Allowed 1 per 1 day) |
| Centrum Silver 0.4 mg-300 mcg-250 mcg tablet              | P    | QL(Allowed 1 per 1 day) |
| Centrum Silver Men 300 mcg-600 mcg-300 mcg tablet         | P    | QL(Allowed 1 per 1 day) |
| Centrum Silver Ultra Men's 300 mcg-600 mcg-300 mcg tablet | P    | QL(Allowed 1 per 1 day) |
| Centrum Silver Women 8 mg iron-400 mcg-300 mcg tablet     | P    | QL(Allowed 1 per 1 day) |
| Centrum Specialist Heart 3 mg-200 mcg-400 mg tablet       | P    | QL(Allowed 1 per 1 day) |
| Centrum Ultra Men's 8 mg iron-200 mcg-600 mcg tablet      | P    | QL(Allowed 1 per 1 day) |
| Century Adults 50 Plus 0.4 mg-300 mcg-250 mcg tablet      | P    | QL(Allowed 1 per 1 day) |

| Drug Name                                                 | Tier | Drug Restriction        |
|-----------------------------------------------------------|------|-------------------------|
| Century Cardio 3 mg-200 mcg-400 mg tablet                 | P    | QL(Allowed 1 per 1 day) |
| Century Mature 0.4 mg-300 mcg-250 mcg tablet              | P    | QL(Allowed 1 per 1 day) |
| Century Mature 400 mcg-30 mcg tablet                      | P    | QL(Allowed 1 per 1 day) |
| Century Men's 8 mg iron-200 mcg-60 mcg tablet             | P    | QL(Allowed 1 per 1 day) |
| Century Ultimate Men's 300 mcg-600 mcg-300 mcg tablet     | P    | QL(Allowed 1 per 1 day) |
| Century Ultimate Men's 8 mg iron-200 mcg-600 mcg tablet   | P    | QL(Allowed 1 per 1 day) |
| Century Ultimate Women's 8 mg iron-400 mcg-300 mcg tablet | P    | QL(Allowed 1 per 1 day) |
| Certa Plus 18 mg-0.4 mg-250 mcg tablet                    | P    | QL(Allowed 1 per 1 day) |
| CertaVite Senior 0.4 mg-300 mcg-250 mcg tablet            | P    | QL(Allowed 1 per 1 day) |
| Compete tablet                                            | P    | QL(Allowed 1 per 1 day) |
| Complete 18 mg-500 mcg-300 mcg-250 mcg tablet             | P    | QL(Allowed 1 per 1 day) |

| Drug Name                                                         | Tier | Drug Restriction        |
|-------------------------------------------------------------------|------|-------------------------|
| Complete 50 Plus 0.4 mg-300 mcg-250 mcg tablet                    | P    | QL(Allowed 1 per 1 day) |
| Complete Men 50 Plus 300 mcg-600 mcg-300 mcg tablet               | P    | QL(Allowed 1 per 1 day) |
| Complete Men 8 mg iron-200 mcg-600 mcg tablet                     | P    | QL(Allowed 1 per 1 day) |
| Complete Multi 18 mg-500 mcg-300 mcg-250 mcg tablet               | P    |                         |
| Complete Multi 50+ 500 mcg-300 mcg-250 mcg tablet                 | P    |                         |
| Complete Multivitamin Adult 50 Plus 0.4 mg-300 mcg-250 mcg tablet | P    | QL(Allowed 1 per 1 day) |
| Complete Multivitamin tablet                                      | P    | QL(Allowed 1 per 1 day) |
| Complete Premium Vitamin tablet                                   | P    | QL(Allowed 1 per 1 day) |
| Complete Senior 0.4 mg-300 mcg-250 mcg tablet                     | P    | QL(Allowed 1 per 1 day) |
| Concept DHA 35 mg-1 mg-200 mg capsule                             | NP   | PA                      |
| Concept OB 85 mg-1 mg capsule                                     | NP   | PA                      |

| Drug Name                                                    | Tier | Drug Restriction        |
|--------------------------------------------------------------|------|-------------------------|
| Corvite Free 1.25 mg-400 mcg-125 mcg-35 mg tablet            | P    | QL(Allowed 1 per 1 day) |
| Daily Multiple 400 mcg-120 mg tablet                         | P    | QL(Allowed 1 per 1 day) |
| Daily Multiple For Men 0.4 mg tablet                         | P    | QL(Allowed 1 per 1 day) |
| Daily Multiple For Women 18 mg iron-400 mcg-500 mg Ca tablet | P    | QL(Allowed 1 per 1 day) |
| Daily Multiple For Women 50+ 0.4 mg tablet                   | P    | QL(Allowed 1 per 1 day) |
| Daily Multiple tablet                                        | P    |                         |
| DAILY VITAMIN FORMULA-MINERALS tablet                        | P    | QL(Allowed 1 per 1 day) |
| Daily Vitamin with Iron and CA tablet                        | P    | QL(Allowed 1 per 1 day) |
| Daily Vites/Iron tablet                                      | P    | QL(Allowed 1 per 1 day) |
| Daily-Vite tablet                                            | P    | QL(Allowed 1 per 1 day) |
| Diabetes Health Formula 500 mcg-250 mcg tablet               | P    | QL(Allowed 1 per 1 day) |
| Elite-OB 50 mg iron-1.25 mg tablet                           | P    |                         |
| ESSENTIAL Daily 18 mg-0.4 mg tablet                          | P    | QL(Allowed 1 per 1 day) |

| Drug Name                                                              | Tier | Drug Restriction        |
|------------------------------------------------------------------------|------|-------------------------|
| ESSENTIAL Man<br>0.4 mg-2 mg-250<br>mcg tablet                         | P    | QL(Allowed 1 per 1 day) |
| ESSENTIAL Man<br>50+ 0.4 mg-2 mg-<br>250 mcg tablet                    | P    | QL(Allowed 1 per 1 day) |
| Essential Woman<br>50+ 0.4 mg-250<br>mcg tablet                        | P    | QL(Allowed 1 per 1 day) |
| Eye Health Plus<br>Lutein 1,000 unit-<br>200 mg-60 unit-<br>2mg tablet | P    | QL(Allowed 1 per 1 day) |
| Eye Vitamin and<br>Minerals 7,160<br>unit-113 mg-100<br>unit tablet    | P    | QL(Allowed 1 per 1 day) |
| EyeProtect 7,160<br>unit-113 mg-100<br>unit tablet                     | P    | QL(Allowed 1 per 1 day) |
| Folika-CI 13 mg<br>iron-1 mg tablet                                    | P    | QL(Allowed 1 per 1 day) |
| Folika-MG 20 mg<br>iron-1,670 mcg<br>DFE tablet                        | P    | QL(Allowed 1 per 1 day) |
| Folivane-OB 85<br>mg-1 mg capsule                                      | NP   | PA                      |
| Fosfree 175.5 mg-<br>14.5 mg tablet                                    | P    | QL(Allowed 1 per 1 day) |
| Freedavite 1.8 mg<br>iron-400 mcg tablet                               | P    | QL(Allowed 1 per 1 day) |
| Hair Formula 400<br>mcg-100 mcg<br>tablet                              | P    | QL(Allowed 1 per 1 day) |

| Drug Name                                                                    | Tier | Drug Restriction        |
|------------------------------------------------------------------------------|------|-------------------------|
| Hair, Skin and<br>Nails-Argan Oil<br>66.7 mcg-1,666.7<br>mcg capsule         | P    | QL(Allowed 1 per 1 day) |
| Hair,Skin and Nails<br>(folic acid-biotin)<br>66.7 mcg-1,000<br>mcg tablet   | P    | QL(Allowed 1 per 1 day) |
| Hair,Skin and Nails<br>(folic acid-biotin)<br>66.7 mcg-1,666.7<br>mcg tablet | P    | QL(Allowed 1 per 1 day) |
| Hair,Skin and Nails<br>1 mg iron-66.7<br>mcg-1,000 mcg<br>tablet             | P    | QL(Allowed 1 per 1 day) |
| Hair,Skin and Nails<br>tablet                                                | P    | QL(Allowed 1 per 1 day) |
| Healthy Eyes 1,000<br>unit-200 mg-60<br>unit-2mg tablet                      | P    | QL(Allowed 1 per 1 day) |
| Healthy Eyes<br>SuperVision<br>14,320 unit-226<br>mg-200 unit<br>capsule     | P    | QL(Allowed 1 per 1 day) |
| ICaps AREDS<br>7,160 unit-113 mg-<br>100 unit<br>tablet,delayed<br>release   | P    | QL(Allowed 1 per 1 day) |
| ICaps AREDS2<br>(copper citrate) 250<br>mg-200 unit-12.5<br>mg-1 mg tablet   | P    | QL(Allowed 1 per 1 day) |



| Drug Name                                                      | Tier | Drug Restriction        |
|----------------------------------------------------------------|------|-------------------------|
| Icaps MV 100 mcg-1.66 mg-0.83 mg tablet,delayed release        | P    | QL(Allowed 1 per 1 day) |
| I-Vite 1,000 unit-200 mg-60 unit-2mg tablet                    | P    | QL(Allowed 1 per 1 day) |
| I-Vite Protect 7,160 unit-113 mg-100 unit tablet               | P    | QL(Allowed 1 per 1 day) |
| K-Pax Immune Support 2.25 mg iron-100 mcg tablet               | P    | QL(Allowed 1 per 1 day) |
| Macuvite Eye Care 7,160 unit-113 mg-1 mg tablet                | P    | QL(Allowed 1 per 1 day) |
| MAXIMUM DAILY GREEN 5 mg-133 mcg tablet                        | P    | QL(Allowed 1 per 1 day) |
| Maximum Daily Multivitamin 18 mg-0.4 mg tablet                 | P    | QL(Allowed 1 per 1 day) |
| Mega Multi for Women 13.5 mg-200 mcg-250 mcg tablet            | P    | QL(Allowed 1 per 1 day) |
| Mega Multivitamin For Men 200 mcg-175 mcg-250 mcg tablet       | P    | QL(Allowed 1 per 1 day) |
| Mega Multivitamin with Minerals 13.5 mg-200 mcg-250 mcg tablet | P    | QL(Allowed 1 per 1 day) |

| Drug Name                                                     | Tier | Drug Restriction        |
|---------------------------------------------------------------|------|-------------------------|
| Men 50 Plus Advanced One Daily 400 mcg-20 mcg-370 mcg tablet  | P    | QL(Allowed 1 per 1 day) |
| Men 50 Plus Multivitamin 300 mcg-600 mcg-300 mcg tablet       | P    | QL(Allowed 1 per 1 day) |
| Men's 50 Plus Daily Formula 400 mcg-20 mcg-370 mcg tablet     | P    | QL(Allowed 1 per 1 day) |
| Men's 50 Plus Multivitamin 400 mcg-20 mcg-370 mcg tablet      | P    | QL(Allowed 1 per 1 day) |
| Men's Daily Formula 400 mcg-20 mcg-300 mcg tablet             | P    | QL(Allowed 1 per 1 day) |
| Men's Daily Multivitamin-Mineral 0.4 mg-600 mcg tablet        | P    | QL(Allowed 1 per 1 day) |
| Men's Multivitamin 400 mcg-20 mcg-300 mcg tablet              | P    | QL(Allowed 1 per 1 day) |
| Mens Multivitamin High Potency 200 mcg-175 mcg-250 mcg tablet | P    | QL(Allowed 1 per 1 day) |
| Men's One Daily 400 mcg-20 mcg-300 mcg tablet                 | P    | QL(Allowed 1 per 1 day) |
| Men's One Daily tablet                                        | P    | QL(Allowed 1 per 1 day) |

| Drug Name                                                            | Tier | Drug Restriction                                   |
|----------------------------------------------------------------------|------|----------------------------------------------------|
| Monocaps 14 mg iron-400 mcg tablet                                   | P    | QL(Allowed 1 per 1 day)                            |
| Multi For Her 18 mg iron-600 mcg-80 mcg tablet                       | P    | QL(Allowed 1 per 1 day)                            |
| Multi Pro 32 mg iron-1 mg-315 mg capsule                             | P    | QL(Allowed 1 per 1 day)                            |
| Multi-Day Plus Minerals 18 mg iron-400 mcg-25 mcg tablet             | P    | QL(Allowed 1 per 1 day)                            |
| Multilex 15 mg iron tablet                                           | P    | QL(Allowed 1 per 1 day)                            |
| Multilex-T and M 15 mg iron tablet                                   | P    | QL(Allowed 1 per 1 day)                            |
| Multiple Vitamin-Minerals tablet                                     | P    | QL(Allowed 1 per 1 day)                            |
| multivitamin with iron tablet                                        | P    | QL(Allowed 1 per 1 day)                            |
| Multivitamin Women 50 Plus 8 mg iron-400 mcg-300 mcg tablet          | P    | QL(Allowed 1 per 1 day)                            |
| multivitamin-minerals-iron fumarate 7.5 mg-folic acid 400 mcg tablet | P    | QL(Allowed 1 per 1 day)                            |
| Neovite 1 mg-100 mg-1 mg tablet                                      | P    | QL(Allowed 1 per 1 day)                            |
| Niva-Plus 27 mg iron-1 mg tablet                                     | P    | QL(QL (Limit 100 days supply(ies) per claim )); MT |
| Nutricap 1 mg tablet                                                 | P    | QL(Allowed 1 per 1 day)                            |

| Drug Name                                                | Tier | Drug Restriction        |
|----------------------------------------------------------|------|-------------------------|
| OB Complete 50 mg iron-1.25 mg tablet                    | P    |                         |
| Ocular Vitamins 7,160 unit-113 mg-0.5 mg tablet          | P    | QL(Allowed 1 per 1 day) |
| Ocutabs tablet                                           | P    | QL(Allowed 1 per 1 day) |
| Ocuvite Eye Plus Multi 200 mcg-15 mcg-150 mcg tablet     | P    | QL(Allowed 1 per 1 day) |
| Ocuvite with Lutein 1,000 unit-200 mg-60 unit-2mg tablet | P    | QL(Allowed 1 per 1 day) |
| One Daily 0.4 mg-600 mcg tablet                          | P    | QL(Allowed 1 per 1 day) |
| One Daily Calcium/Iron tablet                            | P    | QL(Allowed 1 per 1 day) |
| One Daily Complete 18 mg-0.4 mg tablet                   | P    | QL(Allowed 1 per 1 day) |
| One Daily Complete tablet                                | P    | QL(Allowed 1 per 1 day) |
| One Daily Energy tablet                                  | P    | QL(Allowed 1 per 1 day) |
| One Daily For Men 0.4 mg-600 mcg tablet                  | P    | QL(Allowed 1 per 1 day) |
| One Daily For Women 18 mg-0.4 mg tablet                  | P    | QL(Allowed 1 per 1 day) |

| Drug Name                                                           | Tier | Drug Restriction        |
|---------------------------------------------------------------------|------|-------------------------|
| One Daily Healthy Weight 200 mg-18 mg-0.4 mg tablet                 | P    | QL(Allowed 1 per 1 day) |
| One Daily Maximum 18 mg-0.4 mg tablet                               | P    | QL(Allowed 1 per 1 day) |
| One Daily Men's 50 Plus Advanced 400 mcg-20 mcg tablet              | P    | QL(Allowed 1 per 1 day) |
| One Daily Men's 50 Plus with D3 400 mcg-20 mcg-370 mcg tablet       | P    | QL(Allowed 1 per 1 day) |
| One Daily Multivitamins with Minerals 4.5 mg iron tablet            | P    | QL(Allowed 1 per 1 day) |
| One Daily Plus Minerals tablet                                      | P    | QL(Allowed 1 per 1 day) |
| One Daily With Iron tablet                                          | P    | QL(Allowed 1 per 1 day) |
| One Daily Women 50 Plus 400 mcg-120 mg tablet                       | P    | QL(Allowed 1 per 1 day) |
| One Daily Women 50 Plus(Vit K) 400 mcg-500 mg calcium-20 mcg tablet | P    | QL(Allowed 1 per 1 day) |
| One Daily Women's 18 mg iron-400 mcg-25 mcg tablet                  | P    | QL(Allowed 1 per 1 day) |

| Drug Name                                                    | Tier | Drug Restriction        |
|--------------------------------------------------------------|------|-------------------------|
| One Daily Women's 18 mg iron-400 mcg-450 mg Ca tablet        | P    | QL(Allowed 1 per 1 day) |
| One Daily Women's 27 mg-0.4 mg tablet                        | P    | QL(Allowed 1 per 1 day) |
| One Daily Womens 50 Plus 0.4 mg tablet                       | P    | QL(Allowed 1 per 1 day) |
| One Daily Women's Health 18 mg iron-400 mcg-450 mg Ca tablet | P    | QL(Allowed 1 per 1 day) |
| One-A-Day Energy 9 mg iron-400 mcg-200 mg tablet             | P    | QL(Allowed 1 per 1 day) |
| One-A-Day Menopause Formula 400 mcg-60 mg tablet             | P    | QL(Allowed 1 per 1 day) |
| One-A-Day Men's 50 Plus 400 mcg-20 mcg-370 mcg tablet        | P    | QL(Allowed 1 per 1 day) |
| One-A-Day Men's Multivitamin 400 mcg-20 mcg-300 mcg tablet   | P    | QL(Allowed 1 per 1 day) |
| One-A-Day Proactive 65 Plus 200 mcg tablet                   | P    | QL(Allowed 1 per 1 day) |
| One-A-Day Teen Advantage 9 mg iron-400 mcg tablet            | P    | QL(Allowed 1 per 1 day) |

| Drug Name                                                     | Tier | Drug Restriction                                  |
|---------------------------------------------------------------|------|---------------------------------------------------|
| One-A-Day Vitacraves Omega-3 200 mcg-16 mg chewable tablet    | P    | AL(Maximum Age 13 Years); QL(Allowed 1 per 1 day) |
| One-A-Day WeightSmart 200 mg-18 mg-0.4 mg tablet              | P    | QL(Allowed 1 per 1 day)                           |
| One-A-Day Women's 50 Plus 400 mcg-20 mcg tablet               | P    | QL(Allowed 1 per 1 day)                           |
| One-A-Day Women's Active 18 mg iron-400 mcg-180 mg tablet     | P    | QL(Allowed 1 per 1 day)                           |
| One-A-Day Women's Complete 18 mg-400 mcg-25 mcg tablet        | P    | QL(Allowed 1 per 1 day)                           |
| One-A-Day Women's Healthy Skin 18 mg iron-400 mcg-6 mg tablet | P    | QL(Allowed 1 per 1 day)                           |
| One-A-Day Women's Petites 9 mg iron-200 mcg tablet            | P    | QL(Allowed 1 per 1 day)                           |
| Opti-Vitamins 1,000 unit-200 mg-60 unit-2mg tablet            | P    | QL(Allowed 1 per 1 day)                           |
| PNV-Omega 28 mg-1 mg-300 mg capsule                           | NP   | PA                                                |
| PreserVision AREDS 7,160 unit-113 mg-100 unit tablet          | P    | QL(Allowed 1 per 1 day)                           |

| Drug Name                                                 | Tier | Drug Restriction        |
|-----------------------------------------------------------|------|-------------------------|
| ProCerv HP 9 mg iron-300 mcg-50 mcg tablet                | P    | QL(Allowed 1 per 1 day) |
| PureFe OB Plus 106 mg iron-1 mg capsule                   | NP   | PA                      |
| Quintabs-M 10 mg iron-400 mcg tablet                      | P    | QL(Allowed 1 per 1 day) |
| Quintabs-M Iron Free 0.4 mg tablet                        | P    | QL(Allowed 1 per 1 day) |
| REQ49+ 200 mcg-1.5 mg-1.5 mg tablet                       | P    | QL(Allowed 1 per 1 day) |
| SAVision tablet                                           | P    | QL(Allowed 1 per 1 day) |
| Senior Tabs 0.4 mg-300 mcg-250 mcg tablet                 | P    | QL(Allowed 1 per 1 day) |
| Sentry (with lutein) 18 mg-500 mcg-300 mcg-250 mcg tablet | P    | QL(Allowed 1 per 1 day) |
| Sentry Senior 0.4 mg-300 mcg-250 mcg tablet               | P    | QL(Allowed 1 per 1 day) |
| Sentry Senior 500 mcg-300 mcg-250 mcg tablet              | P    | QL(Allowed 1 per 1 day) |
| Solo 400 mcg-80 mcg tablet                                | P    | QL(Allowed 1 per 1 day) |
| Spectravite Adult 50 Plus 0.4 mg-300 mcg-250 mcg tablet   | P    | QL(Allowed 1 per 1 day) |

| Drug Name                                                         | Tier | Drug Restriction        |
|-------------------------------------------------------------------|------|-------------------------|
| Spectravite Men's 8 mg iron-200 mcg-600 mcg tablet                | P    | QL(Allowed 1 per 1 day) |
| Spectravite Senior 500 mcg-300 mcg-250 mcg tablet                 | P    | QL(Allowed 1 per 1 day) |
| Spectravite Ultra Men 50+ 300 mcg-600 mcg-300 mcg tablet          | P    | QL(Allowed 1 per 1 day) |
| Spectravite Ultra Men's Senior 300 mcg-600 mcg-300 mcg tablet     | P    | QL(Allowed 1 per 1 day) |
| Spectravite Ultra Women's Senior 8 mg iron-400 mcg-300 mcg tablet | P    | QL(Allowed 1 per 1 day) |
| Strovite Forte 10 mg-1 mg tablet                                  | P    | QL(Allowed 1 per 1 day) |
| Strovite One 1 mg-1,000 unit-15 mg-5 mg tablet                    | P    | QL(Allowed 1 per 1 day) |
| Sunvite 18 mg iron-400 mcg-25 mcg tablet                          | P    | QL(Allowed 1 per 1 day) |
| Super Antioxidant capsule                                         | P    | QL(Allowed 1 per 1 day) |
| Super Multiple - Low Iron 400 mcg tablet                          | P    | QL(Allowed 1 per 1 day) |
| Super Thera Vite M tablet                                         | P    | QL(Allowed 1 per 1 day) |
| Tab-A-Vite-Minerals tablet                                        | P    | QL(Allowed 1 per 1 day) |

| Drug Name                                                               | Tier | Drug Restriction        |
|-------------------------------------------------------------------------|------|-------------------------|
| Taron-C DHA 35 mg-1 mg-200 mg capsule                                   | NP   | PA                      |
| Thera M Plus (ferrous fumarate) 9 mg iron-400 mcg tablet                | P    | QL(Allowed 1 per 1 day) |
| Theragran-M Premier 50 Plus 400 mcg-250 mcg-375 mcg tablet              | P    | QL(Allowed 1 per 1 day) |
| Theralogix Companion 0.4 mg tablet                                      | P    | QL(Allowed 1 per 1 day) |
| Thera-M 27 mg-0.4 mg tablet                                             | P    | QL(Allowed 1 per 1 day) |
| Thera-M 9 mg iron-400 mcg tablet                                        | P    | QL(Allowed 1 per 1 day) |
| Thera-M tablet                                                          | P    | QL(Allowed 1 per 1 day) |
| Therapeutic M + beta-Carotene 18 mg-0.4 mg tablet                       | P    | QL(Allowed 1 per 1 day) |
| Therapeutic-M 9 mg iron-400 mcg tablet                                  | P    | QL(Allowed 1 per 1 day) |
| Thera-Tabs M 27 mg iron-400 mcg tablet                                  | P    | QL(Allowed 1 per 1 day) |
| Theratrums Complete 50 Plus(lycopene,lutein) 0.4 mg-300 mcg-250 mcg tab | P    | QL(Allowed 1 per 1 day) |

| Drug Name                                                         | Tier | Drug Restriction        |
|-------------------------------------------------------------------|------|-------------------------|
| Theratrums Complete with Lutein tablet                            | P    | QL(Allowed 1 per 1 day) |
| Therems-H 27 mg-0.33 mg tablet                                    | P    | QL(Allowed 1 per 1 day) |
| Therems-M 27 mg-0.4 mg tablet                                     | P    | QL(Allowed 1 per 1 day) |
| TRUEplus Diabetic Multivitamin 500 mcg-10 mcg tablet              | P    | QL(Allowed 1 per 1 day) |
| Ultimate Men's Complete 50+ 300 mcg-600 mcg-300 mcg tablet        | P    | QL(Allowed 1 per 1 day) |
| Ultimate Women's Complete 50+ 8 mg iron-400 mcg-300 mcg tablet    | P    | QL(Allowed 1 per 1 day) |
| Ultra Freeda 267 mcg tablet                                       | P    | QL(Allowed 1 per 1 day) |
| Ultra Freeda 6 mg iron-267 mcg tablet                             | P    | QL(Allowed 1 per 1 day) |
| Unicomplex-M tablet                                               | P    | QL(Allowed 1 per 1 day) |
| Virt-C DHA 35 mg-1 mg-200 mg capsule                              | NP   | PA                      |
| Virt-PN Plus 28 mg-1 mg-300 mg capsule                            | NP   | PA                      |
| Vision Formula (with lutein) 1,000 unit-200 mg-60 unit-2mg tablet | P    | QL(Allowed 1 per 1 day) |

| Drug Name                                                          | Tier | Drug Restriction                                   |
|--------------------------------------------------------------------|------|----------------------------------------------------|
| Vision Formula(A-C-E-Zn-Se-Cu) 1,000 unit-60 mg-30 unit tablet     | P    | QL(Allowed 1 per 1 day)                            |
| Vision-Vite + Zinc tablet                                          | P    | QL(Allowed 1 per 1 day)                            |
| Vitabex Plus 500 mcg-25 mg-10 mg capsule                           | P    | QL(Allowed 1 per 1 day)                            |
| Vitacel (with Lutein) 800 mcg-250 mcg-750 mcg tablet               | P    | QL(Allowed 1 per 1 day)                            |
| Vitamins A-D-E with selenium 10,000 unit-400 unit tablet           | P    | QL(Allowed 1 per 1 day)                            |
| Vitamins and Minerals tablet                                       | P    | QL(Allowed 1 per 1 day)                            |
| Vitatum 18 mg-500 mcg-300 mcg-250 mcg tablet                       | P    | QL(Allowed 1 per 1 day)                            |
| Vitrum Senior 500 mcg-300 mcg-250 mcg tablet                       | P    | QL(Allowed 1 per 1 day)                            |
| Vol-Plus 27 mg iron-1 mg tablet                                    | P    | QL(QL (Limit 100 days supply(ies) per claim )); MT |
| Whole Source Multi-Vitamins tablet                                 | P    | QL(Allowed 1 per 1 day)                            |
| Women's 50 Plus Daily Formula 400 mcg-500 mg calcium-20 mcg tablet | P    | QL(Allowed 1 per 1 day)                            |

| Drug Name                                                         | Tier | Drug Restriction        |
|-------------------------------------------------------------------|------|-------------------------|
| Women's 50 Plus Multivitamin 400 mcg-500 mg calcium-20 mcg tablet | P    | QL(Allowed 1 per 1 day) |
| Women's Active 18 mg iron-400 mcg-180 mg tablet                   | P    | QL(Allowed 1 per 1 day) |
| Women's Daily Caplet 27 mg iron-400 mcg                           | P    |                         |
| Women's Daily Formula 18 mg iron-400 mcg-500 mg Ca tablet         | P    | QL(Allowed 1 per 1 day) |
| Women's Daily Formula 18 mg iron-400 mcg-500 mg tablet            | P    | QL(Allowed 1 per 1 day) |
| Women's Daily Formula 27 mg-0.4 mg tablet                         | P    | QL(Allowed 1 per 1 day) |
| Women's Multivitamin 18 mg iron-400 mcg-500 mg tablet             | P    | QL(Allowed 1 per 1 day) |
| Women's Multivitamin 18 mg-400 mcg-500 mg-50 mcg tablet           | P    | QL(Allowed 1 per 1 day) |
| Womens Multivitamin High Potency 13.5 mg-200 mcg-250 mcg tablet   | P    | QL(Allowed 1 per 1 day) |
| Women's One Daily 18 mg iron-400 mcg-500 mg Ca tablet             | P    | QL(Allowed 1 per 1 day) |

| Drug Name                                               | Tier | Drug Restriction        |
|---------------------------------------------------------|------|-------------------------|
| Zatean-Pn Plus 28 mg-1 mg-300 mg capsule                | NP   | PA                      |
| MULTIVITAMINS                                           |      |                         |
| A Thru Z Advanced Formula 18 mg-400 mcg tablet          | P    | QL(Allowed 1 per 1 day) |
| Calcium PNV 28 mg-1 mg-250 mg capsule                   | NP   | PA                      |
| Central-Vite 18 mg-400 mcg tablet                       | P    | QL(Allowed 1 per 1 day) |
| Centrum Complete 18 mg-400 mcg tablet                   | P    | QL(Allowed 1 per 1 day) |
| Centrum Women 18 mg-400 mcg tablet                      | P    | QL(Allowed 1 per 1 day) |
| Century 18 mg-400 mcg tablet                            | P    | QL(Allowed 1 per 1 day) |
| Century Ultimate Women's 18 mg-400 mcg tablet           | P    | QL(Allowed 1 per 1 day) |
| Cerovite Advanced Formula 18 mg-400 mcg tablet          | P    | QL(Allowed 1 per 1 day) |
| Certavite-Antioxidant 18 mg-400 mcg tablet              | P    | QL(Allowed 1 per 1 day) |
| Complete Multivitamin-Multimineral 18 mg-400 mcg tablet | P    | QL(Allowed 1 per 1 day) |

| Drug Name                                                             | Tier | Drug Restriction        |
|-----------------------------------------------------------------------|------|-------------------------|
| Complete Women 18 mg-400 mcg tablet                                   | P    | QL(Allowed 1 per 1 day) |
| Daily Multiple 18 mg-400 mcg tablet                                   | P    |                         |
| Daily Multiple For Men 50+ 400 mcg-600 mcg-120 mg tablet              | P    |                         |
| EnBrace HR 1.5 mg iron-8.73 mg-6.4 mg capsule,immed and delay release | NP   | PA                      |
| Essentia 18 mg-400 mcg tablet                                         | P    | QL(Allowed 1 per 1 day) |
| ESSENTIAL Balance with Lutein tablet                                  | P    | QL(Allowed 1 per 1 day) |
| Fortavit capsule                                                      | P    | QL(Allowed 1 per 1 day) |
| High Potency Multivitamin 400 mcg tablet                              | P    | QL(Allowed 1 per 1 day) |
| Men's Multi-Vitamin tablet                                            | P    | QL(Allowed 1 per 1 day) |
| Multi Complete with Iron 18 mg-400 mcg tablet                         | P    | QL(Allowed 1 per 1 day) |
| multivitamin tablet                                                   | P    | QL(Allowed 1 per 1 day) |
| Nestabs ONE 38 mg-1 mg-225 mg capsule                                 | NP   | PA                      |

| Drug Name                                                            | Tier | Drug Restriction        |
|----------------------------------------------------------------------|------|-------------------------|
| Once Daily tablet                                                    | P    | QL(Allowed 1 per 1 day) |
| Oncovite tablet                                                      | P    | QL(Allowed 1 per 1 day) |
| One Daily Essential 400 mcg tablet                                   | P    | QL(Allowed 1 per 1 day) |
| One Daily Essential tablet                                           | P    | QL(Allowed 1 per 1 day) |
| One Daily For Men 50+ Advanced 400 mcg-600 mcg-120 mg tablet         | P    | QL(Allowed 1 per 1 day) |
| One Daily Men's 50 Plus Memory Support 400 mcg-600 mcg-120 mg tablet | P    | QL(Allowed 1 per 1 day) |
| One Daily Multivitamin 400 mcg tablet                                | P    | QL(Allowed 1 per 1 day) |
| One Daily Plus Iron 18 mg-400 mcg tablet                             | P    |                         |
| One Daily tablet                                                     | P    | QL(Allowed 1 per 1 day) |
| One-A-Day Men's 50 Plus (with ginkgo) 400 mcg-300 mcg-120 mg tablet  | P    | QL(Allowed 1 per 1 day) |
| One-A-Day Teen Advantage 18 mg-400 mcg tablet                        | P    | QL(Allowed 1 per 1 day) |



| Drug Name                                                             | Tier | Drug Restriction        |
|-----------------------------------------------------------------------|------|-------------------------|
| PNV-DHA 27 mg iron-1 mg-300 mg capsule                                | NP   | PA                      |
| PNV-VP-U 106.5 mg-1 mg capsule                                        | P    |                         |
| Prenate AM 1 mg-500 mg tablet                                         | NP   | PA                      |
| Prenate Chewable 1 mg tablet                                          | NP   | PA                      |
| Prenate Essential (iron asparto glycinate) 18 mg iron-1 mg-300 mg cap | NP   | PA                      |
| Sentry 18 mg-400 mcg tablet                                           | P    | QL(Allowed 1 per 1 day) |
| Spectravite Advanced Formula 18 mg-400 mcg tablet                     | P    | QL(Allowed 1 per 1 day) |
| Spectravite Ultra Women 18 mg-400 mcg tablet                          | P    | QL(Allowed 1 per 1 day) |
| Tab-A-Vite 400 mcg tablet                                             | P    | QL(Allowed 1 per 1 day) |
| Tab-A-Vite Multivitamin w-iron 18 mg-400 mcg tablet                   | P    | QL(Allowed 1 per 1 day) |
| Thera 400 mcg tablet                                                  | P    | QL(Allowed 1 per 1 day) |
| Thera tablet                                                          | P    | QL(Allowed 1 per 1 day) |
| Thera-Tabs tablet                                                     | P    | QL(Allowed 1 per 1 day) |

| Drug Name                                          | Tier | Drug Restriction                                  |
|----------------------------------------------------|------|---------------------------------------------------|
| Therems Multivitamin 400 mcg tablet                | P    | QL(Allowed 1 per 1 day)                           |
| Vinate DHA RF 27 mg iron-1.13 mg-581.28 mg capsule | NP   | PA                                                |
| Virt-PN DHA 27 mg iron-1 mg-300 mg capsule         | NP   | PA                                                |
| Yelets 18 mg-400 mcg tablet                        | P    | QL(Allowed 1 per 1 day)                           |
| Zatean-Pn DHA 27 mg iron-1 mg-300 mg capsule       | NP   | PA                                                |
| PEDIATRIC VITAMINS                                 |      |                                                   |
| ANIMAL CHEWS tablet                                | P    | AL(Maximum Age 13 Years); QL(Allowed 1 per 1 day) |
| Animal Shape Vitamins chewable tablet              | P    | AL(Maximum Age 13 Years); QL(Allowed 1 per 1 day) |
| Animal Shapes chewable tablet                      | P    | QL(Allowed 1 per 1 day)                           |
| Chewable-Vite tablet                               | P    | AL(Maximum Age 13 Years); QL(Allowed 1 per 1 day) |
| Child Multivitamins chewable tablet                | P    | AL(Maximum Age 13 Years)                          |
| Children's Chew Multivitamin tablet                | P    | AL(Maximum Age 13 Years); QL(Allowed 1 per 1 day) |
| Children's Chewable Multivitamin 300 mcg tablet    | P    | AL(Maximum Age 13 Years); QL(Allowed 1 per 1 day) |

| Drug Name                                             | Tier | Drug Restriction                                  |
|-------------------------------------------------------|------|---------------------------------------------------|
| Children's Chewable Vitamin tablet                    | P    | AL(Maximum Age 13 Years); QL(Allowed 1 per 1 day) |
| Children's Chewables 300 mcg tablet                   | P    | AL(Maximum Age 13 Years); QL(Allowed 1 per 1 day) |
| Children's Chewables Extra C 300 mcg tablet           | P    | QL(Allowed 1 per 1 day)                           |
| Children's Multivitamin chewable tablet               | P    | AL(Maximum Age 13 Years); QL(Allowed 1 per 1 day) |
| Childs Chew Vite tablet                               | P    | AL(Maximum Age 13 Years); QL(Allowed 1 per 1 day) |
| Flintstones Gummies Omega-3 DHA 16 mg chewable tablet | P    | AL(Maximum Age 13 Years); QL(Allowed 1 per 1 day) |
| Flintstones Multivitamin chewable tablet              | P    | AL(Maximum Age 13 Years); QL(Allowed 1 per 1 day) |
| Pedia Poly-Vite 750 unit-35 mg-400 unit/mL oral drops | P    | AL(Maximum Age 13 Years); QL(Allowed 50 per Rx)   |
| pediatric multivitamin chewable tablet                | P    | AL(Maximum Age 13 Years); QL(Allowed 1 per 1 day) |
| Poly-Vi-Sol 250 mcg-50 mg-10 mcg/mL oral drops        | P    | QL(Allowed 50 per Rx)                             |
| Poly-Vita 1,500 unit-35 mg-400 unit/mL oral drops     | P    | AL(Maximum Age 13 Years); QL(Allowed 50 per Rx)   |

| Drug Name                                             | Tier | Drug Restriction                                  |
|-------------------------------------------------------|------|---------------------------------------------------|
| Poly-Vita Drops 750 unit-35 mg-400 unit/mL oral       | P    | QL(Allowed 50 per Rx)                             |
| Poly-Vitamin 1,500 unit-35 mg-400 unit/mL oral drops  | P    | AL(Maximum Age 13 Years); QL(Allowed 50 per Rx)   |
| Poly-Vitamins chewable tablet                         | P    | AL(Maximum Age 13 Years); QL(Allowed 1 per 1 day) |
| Tri-Vita 1,500 unit-35 mg-400 unit/mL oral drops      | P    | AL(Maximum Age 13 Years); QL(Allowed 50 per Rx)   |
| Tri-Vitamin 1,500 unit-35 mg-400 unit/mL oral drops   | P    | AL(Maximum Age 13 Years); QL(Allowed 50 per Rx)   |
| Zoo Friends chewable tablet                           | P    | AL(Maximum Age 13 Years); QL(Allowed 1 per 1 day) |
| <b>PEDIATRIC VITAMINS AND MINERAL COMBINATIONS</b>    |      |                                                   |
| Animal Shapes Complete chewable tablet                | P    | AL(Maximum Age 13 Years); QL(Allowed 1 per 1 day) |
| Children's Chewable Complete 9 mg iron-200 mcg tablet | P    | QL(Allowed 1 per 1 day)                           |
| Flintstones Plus Calcium chewable tablet              | P    | AL(Maximum Age 13 Years); QL(Allowed 1 per 1 day) |
| NovaFerrum Pediatric 10 mg iron/mL oral drops         | P    | AL(Maximum Age 13 Years); QL(Allowed 50 per Rx)   |
| Pedia Poly-Vite with Iron 10 mg/mL oral drops         | P    | AL(Maximum Age 13 Years); QL(Allowed 50 per Rx)   |
| Poly-Vi-Sol with Iron 11 mg iron/mL oral drops        | P    | AL(Maximum Age 13 Years); QL(Allowed 50 per Rx)   |

| Drug Name                                                              | Tier | Drug Restriction                                  |
|------------------------------------------------------------------------|------|---------------------------------------------------|
| Poly-Vita (iron) 1,500 unit-400 unit-10 mg/mL oral drops               | P    | AL(Maximum Age 13 Years); QL(Allowed 50 per Rx)   |
| Poly-Vita With Iron 10 mg/mL oral drops                                | P    | QL(Allowed 50 per Rx)                             |
| Poly-Vitamin with Iron 1,500 unit-400 unit-10 mg/mL oral drops         | P    | AL(Maximum Age 13 Years); QL(Allowed 50 per Rx)   |
| <b>PEDIATRIC VITAMINS WITH FLUORIDE AND MINERALS COMBINATIONS</b>      |      |                                                   |
| Multi-Vit with Fluoride and Iron 0.25 mg-10 mg/mL oral drops           | P    | AL(Maximum Age 13 Years); QL(Allowed 50 per Rx)   |
| pediatric vitamins A,C,and D-fluoride 0.25 mg-iron 10 mg/mL oral drops | P    | AL(Maximum Age 13 Years); QL(Allowed 50 per Rx)   |
| Tri-Vit with Fluoride and Iron 0.25 mg-10 mg/mL oral drops             | P    | AL(Maximum Age 13 Years); QL(Allowed 50 per Rx)   |
| <b>PEDIATRIC VITAMINS WITH FLUORIDE COMBINATIONS</b>                   |      |                                                   |
| Floriva Plus (with biotin) 0.25 mg fluoride (0.55 mg)/mL oral drops    | P    | AL(Maximum Age 13 Years); QL(Allowed 50 per Rx)   |
| Floriva Plus 0.25 mg fluoride (0.55 mg)/mL oral drops                  | P    | AL(Maximum Age 13 Years); QL(Allowed 50 per Rx)   |
| Multi-Vitamin With Fluoride 0.25 mg chewable tablet                    | P    | AL(Maximum Age 13 Years); QL(Allowed 1 per 1 day) |

| Drug Name                                                    | Tier | Drug Restriction                                  |
|--------------------------------------------------------------|------|---------------------------------------------------|
| Multi-Vitamin With Fluoride 0.25 mg/mL oral drops            | P    | AL(Maximum Age 13 Years); QL(Allowed 50 per Rx)   |
| Multivitamin With Fluoride 0.5 mg chewable tablet            | P    | AL(Maximum Age 13 Years); QL(Allowed 1 per 1 day) |
| Multi-Vitamin With Fluoride 0.5 mg chewable tablet           | P    | AL(Maximum Age 13 Years); QL(Allowed 1 per 1 day) |
| Multi-Vitamin With Fluoride 0.5 mg/mL oral drops             | P    | AL(Maximum Age 13 Years); QL(Allowed 50 per Rx)   |
| Multi-Vitamin With Fluoride 1 mg chewable tablet             | P    | AL(Maximum Age 13 Years); QL(Allowed 1 per 1 day) |
| Multi-Vitamin-Fluoride (vit E acetate) 0.25 mg/mL oral drops | P    | AL(Maximum Age 13 Years); QL(Allowed 50 per Rx)   |
| Multivitamins With Fluoride 0.25 mg chewable tablet          | P    | AL(Maximum Age 13 Years); QL(Allowed 1 per 1 day) |
| Multivitamins With Fluoride 0.5 mg chewable tablet           | P    | AL(Maximum Age 13 Years); QL(Allowed 1 per 1 day) |
| Multivitamins With Fluoride 1 mg chewable tablet             | P    | AL(Maximum Age 13 Years); QL(Allowed 1 per 1 day) |
| Mvc-Fluoride 0.25 mg chewable tablet                         | P    | AL(Maximum Age 13 Years); QL(Allowed 1 per 1 day) |
| Mvc-Fluoride 0.5 mg chewable tablet                          | P    | AL(Maximum Age 13 Years); QL(Allowed 1 per 1 day) |
| Mvc-Fluoride 1 mg chewable tablet                            | P    | AL(Maximum Age 13 Years); QL(Allowed 1 per 1 day) |

| Drug Name                                                          | Tier | Drug Restriction                                  |
|--------------------------------------------------------------------|------|---------------------------------------------------|
| pediatric multivitamin-FI 0.25 mg chewable tablet                  | P    | AL(Maximum Age 13 Years); QL(Allowed 1 per 1 day) |
| pediatric multivitamin-FI 1 mg chewable tablet                     | P    | AL(Maximum Age 13 Years); QL(Allowed 1 per 1 day) |
| Quflora Pediatric 0.25mg fluoride (0.55 mg) chewable tablet        | P    | AL(Maximum Age 13 Years); QL(Allowed 1 per 1 day) |
| Quflora Pediatric 0.5 mg fluoride (1.1 mg) chewable tablet         | P    | AL(Maximum Age 13 Years); QL(Allowed 1 per 1 day) |
| Quflora Pediatric 1 mg fluoride (2.2 mg) chewable tablet           | P    | AL(Maximum Age 13 Years); QL(Allowed 1 per 1 day) |
| Quflora Pediatric Drops 0.25 mg fluoride (0.55 mg)/mL oral         | P    | AL(Maximum Age 13 Years); QL(Allowed 50 per Rx)   |
| Quflora Pediatric Drops 0.5 mg fluoride (1.1 mg)/mL oral           | P    | AL(Maximum Age 13 Years); QL(Allowed 50 per Rx)   |
| Tri-Vitamin With Fluoride 0.25 mg fluoride (0.55 mg)/mL oral drops | P    | AL(Maximum Age 13 Years); QL(Allowed 50 per Rx)   |
| Tri-Vitamin With Fluoride 0.5 mg fluoride (1.1 mg)/mL oral drops   | P    | AL(Maximum Age 13 Years); QL(Allowed 50 per Rx)   |
| Tri-Vite With Fluoride 0.25 mg fluoride (0.55 mg)/mL oral drops    | P    | AL(Maximum Age 13 Years); QL(Allowed 50 per Rx)   |

| Drug Name                                                            | Tier | Drug Restriction                                   |
|----------------------------------------------------------------------|------|----------------------------------------------------|
| Tri-Vite With Fluoride 0.5 mg fluoride (1.1 mg)/mL oral drops        | P    | AL(Maximum Age 13 Years); QL(Allowed 50 per Rx)    |
| Vitamins A,C,D and Fluoride 0.25 mg fluoride (0.55 mg)/mL oral drops | P    | AL(Maximum Age 13 Years); QL(Allowed 50 per Rx)    |
| Vitamins A,C,D and Fluoride 0.5 mg fluoride (1.1 mg)/mL oral drops   | P    | AL(Maximum Age 13 Years); QL(Allowed 50 per Rx)    |
| PRENATAL VITAMINS AND MINERALS                                       |      |                                                    |
|                                                                      | NP   | PA                                                 |
| Citranatal B-Calm (Fe Gluc) 20 mg iron-1 mg-25 mg/25 mg tablets      | NP   | PA                                                 |
| C-Nate DHA 28 mg iron-1 mg-200 mg capsule                            | NP   | PA                                                 |
| Complete Natal DHA 29 mg-1 mg-250 mg-200 mg oral pack                | NP   | PA                                                 |
| CompleteNate 29 mg iron-1 mg chewable tablet                         | P    | QL(QL (Limit 100 days supply(ies) per claim ))     |
| M-Natal Plus 27 mg iron-1 mg tablet                                  | P    | QL(QL (Limit 100 days supply(ies) per claim )); MT |
| Nestabs 32 mg-1,000 mcg tablet                                       | NP   | PA                                                 |
| Nestabs DHA 32 mg iron-1,000 mcg-230 mg oral pack                    | NP   | PA                                                 |

| Drug Name                                               | Tier | Drug Restriction                                   |
|---------------------------------------------------------|------|----------------------------------------------------|
| OB Complete One 40 mg-10 mg-1 mg-300 mg capsule         | NP   | PA                                                 |
| OB Complete Petite 35 mg iron-5 mg iron-1 mg capsule    | NP   | PA                                                 |
| OB Complete Premier 30 mg-20 mg-1 mg tablet             | NP   | PA                                                 |
| OB Complete With Dha 30 mg iron-10 mg iron-1 mg capsule | NP   | PA                                                 |
| PNV 29-1 29 mg iron-1 mg tablet                         | P    | QL(QL (Limit 100 days supply(ies) per claim )); MT |
| PNV OB+DHA 27 mg-1 mg-50 mg-250 mg oral pack            | NP   | PA                                                 |
| PNV-Select 27 mg-1 mg tablet                            | NP   | PA                                                 |
| Prenatal 19 29 mg iron-1 mg chewable tablet             | P    | QL(QL (Limit 100 days supply(ies) per claim ))     |
| Prenatal 28 mg iron-800 mcg tablet                      | P    | QL(QL (Limit 100 days supply(ies) per claim )); MT |
| Prenatal Multivitamins 28 mg iron-800 mcg tablet        | P    | QL(QL (Limit 100 days supply(ies) per claim )); MT |
| Prenatal Plus 29 mg iron-1 mg tablet                    | P    | QL(QL (Limit 100 days supply(ies) per claim )); MT |
| Prenatal Tablet 28 mg iron-800 mcg                      | P    | QL(QL (Limit 100 days supply(ies) per claim )); MT |

| Drug Name                                                              | Tier | Drug Restriction                                   |
|------------------------------------------------------------------------|------|----------------------------------------------------|
| Prenatal Vitamins Plus Low Iron 27 mg iron-1 mg tablet                 | P    | QL(QL (Limit 100 days supply(ies) per claim )); MT |
| Prenate DHA (ferrous asparto glycinate) 18 mg iron-1 mg-300 mg capsule | NP   | PA                                                 |
| Prenate Elite (iron asparto glycinate) 20 mg iron-1 mg tablet          | NP   | PA                                                 |
| Prenate Enhance 28 mg iron-1 mg-400 mg capsule                         | NP   | PA                                                 |
| Prenate Mini (ferrous asparto glycinate) 18 mg-1 mg-350 mg capsule     | NP   | PA                                                 |
| Prenate Pixie 10 mg iron-1 mg-200 mg capsule                           | NP   | PA                                                 |
| Prenate Restore 27 mg iron-1 mg-400 mg capsule                         | NP   | PA                                                 |
| Prenate Star 20 mg iron-1 mg tablet                                    | NP   | PA                                                 |
| PrePlus 27 mg iron-1 mg tablet                                         | P    | QL(QL (Limit 100 days supply(ies) per claim )); MT |
| PreTAB 29 mg-1 mg tablet                                               | P    | QL(QL (Limit 100 days supply(ies) per claim ))     |
| PrimaCare 30 mg-1 mg-300 mg capsule                                    | NP   | PA                                                 |
| Provida OB 40 mg iron-1.25 mg capsule                                  | NP   | PA                                                 |

| Drug Name                                                 | Tier | Drug Restriction                                                            |
|-----------------------------------------------------------|------|-----------------------------------------------------------------------------|
| Select-OB (folic acid) 29 mg iron-1 mg chewable tablet    | NP   | PA                                                                          |
| Select-OB + DHA 29 mg iron-1 mg-250 mg oral pack          | NP   | PA                                                                          |
| Select-OB 29 mg iron-1 mg chewable tablet                 | NP   | PA                                                                          |
| Se-Natal 19 Chewable 29 mg iron-1 mg tablet               | P    | QL(QL (Limit 100 days supply(ies) per claim ))                              |
| Se-Natal-19 29 mg iron-1 mg tablet                        | P    | QL(QL (Limit 100 days supply(ies) per claim ))                              |
| Thrivite Rx 29 mg iron-1 mg tablet                        | P    | QL(Allowed 1 per 1 day); QL(QL (Limit 100 days supply(ies) per claim )); MT |
| TriCare 27 mg iron-1 mg tablet                            | P    | QL(QL (Limit 100 days supply(ies) per claim )); MT                          |
| Tricare Prenatal DHA ONE 27 mg iron-0.8 mg-215 mg capsule | NP   | PA                                                                          |
| Trinatal Rx 1 60 mg iron-1 mg tablet                      | P    | QL(Allowed 1 per 1 day); QL(QL (Limit 100 days supply(ies) per claim ))     |
| TriStart DHA 31 mg iron-1 mg-200 mg capsule               | NP   | PA                                                                          |
| Tri-Tabs DHA 32 mg iron-1,000 mcg-230 mg oral pack        | NP   | PA                                                                          |
| Virt-Nate 28 mg iron-1 mg tablet                          | P    |                                                                             |

| Drug Name                                             | Tier | Drug Restriction                                                        |
|-------------------------------------------------------|------|-------------------------------------------------------------------------|
| Virt-Nate DHA 28 mg iron-1 mg-200 mg capsule          | NP   | PA                                                                      |
| Virt-PN 27 mg-1 mg tablet                             | NP   | PA                                                                      |
| VirtPrex 26 mg-1.2 mg-55 mg-300 mg capsule            | NP   | PA                                                                      |
| Virt-Select 29 mg-1.25 mg-55 mg-325 mg capsule        | NP   | PA                                                                      |
| Vitafole Fe Plus 90 mg iron-1 mg-200 mg capsule       | NP   | PA                                                                      |
| Vitafole Gummies 3.33 mg iron-0.33 mg chewable tablet | NP   | PA                                                                      |
| Vitafole Nano 18 mg iron-1 mg tablet                  | NP   | PA                                                                      |
| Vitafole Ultra 29 mg iron-1 mg-200 mg capsule         | NP   | PA                                                                      |
| Vitafole-OB 65 mg-1 mg tablet                         | P    | QL(Allowed 1 per 1 day); QL(QL (Limit 100 days supply(ies) per claim )) |
| Vitafole-OB+DHA 65 mg-1 mg-250 mg oral pack           | NP   | PA                                                                      |
| Vitafole-One 29 mg iron-1 mg-200 mg capsule           | NP   | PA                                                                      |
| VP-CH Plus 29 mg iron-1 mg-50 mg-265 mg capsule       | NP   | PA                                                                      |

| Drug Name                                                         | Tier | Drug Restriction                              |
|-------------------------------------------------------------------|------|-----------------------------------------------|
| VP-Heme OB 28 mg-6 mg-1 mg tablet                                 | NP   | PA                                            |
| VP-HEME One 22 mg-6 mg-1 mg-200 mg capsule                        | NP   | PA                                            |
| VP-PNV-DHA 28 mg iron-1 mg-200 mg capsule                         | NP   | PA                                            |
| WestGel DHA 31 mg iron-1 mg-200 mg capsule                        | NP   | PA                                            |
| <b>SODIUM CHLORIDE FLUSHES</b>                                    |      |                                               |
| BD PosiFlush Normal Saline 0.9 % injection syringe                | P    | QL(QL (Limit 14 days supply(ies) per claim )) |
| BD PosiFlush Saline with Blunt Plastic Cannula injection syringe  | P    | QL(QL (Limit 14 days supply(ies) per claim )) |
| BD Pre-Filled Normal Saline 0.9 % injection syringe               | P    | QL(QL (Limit 14 days supply(ies) per claim )) |
| Monoject 0.9% Sodium Chloride injection syringe                   | P    | QL(QL (Limit 14 days supply(ies) per claim )) |
| Monoject Prefill 0.9 % Saline Flush injection syringe             | P    | QL(QL (Limit 14 days supply(ies) per claim )) |
| Monoject Prefill Advanced 0.9 % Sodium Chloride injection syringe | P    | QL(QL (Limit 14 days supply(ies) per claim )) |
| Normal Saline Flush 0.9 % injection syringe                       | P    | QL(QL (Limit 14 days supply(ies) per claim )) |

| Drug Name                                                             | Tier | Drug Restriction                              |
|-----------------------------------------------------------------------|------|-----------------------------------------------|
| sodium chloride 0.9 % (flush) injection syringe                       | P    | QL(QL (Limit 14 days supply(ies) per claim )) |
| sodium chloride 0.9 % (flush) injection syringe with alcohol swab cap | P    | QL(QL (Limit 14 days supply(ies) per claim )) |
| SwabFlush 0.9 % injection syringe with alcohol swab cap               | P    | QL(QL (Limit 14 days supply(ies) per claim )) |
| Syrex Sodium Chloride 0.9 % injection syringe                         | P    | QL(QL (Limit 14 days supply(ies) per claim )) |
| <b>SODIUM CHLORIDE, PARENTERAL</b>                                    |      |                                               |
| sodium chloride 0.9 % intravenous piggyback                           | P    | QL(QL (Limit 14 days supply(ies) per claim )) |
| sodium chloride 0.9 % intravenous solution                            | P    | QL(QL (Limit 14 days supply(ies) per claim )) |
| <b>VITAMINS - B PREPARATION COMBINATIONS</b>                          |      |                                               |
| VP-GGR-B6 1.2 mg-40 mg-124.1 mg-100 mg tablet                         | NP   | PA                                            |
| <b>VITAMINS - B-12, CYANOCOBALAMIN AND DERIVATIVES</b>                |      |                                               |
| cyanocobalamin (vit B-12) 1,000 mcg/mL injection solution             | P    |                                               |
| <b>VITAMINS - B-3, NIACIN AND DERIVATIVES</b>                         |      |                                               |
| niacin ER 250 mg capsule,extended release                             | P    |                                               |
| niacin ER 500 mg capsule,extended release                             | P    |                                               |

| Drug Name                                                           | Tier | Drug Restriction |
|---------------------------------------------------------------------|------|------------------|
| VITAMINS - D DERIVATIVES                                            |      |                  |
| Baby Ddrops 10 mcg/drop (400 unit/drop) oral                        | P    |                  |
| Baby Vitamin D3 10 mcg/drop (400 unit/drop) oral drops              | P    |                  |
| Baby's Super Daily D3 10 mcg/drop (400 unit/drop) oral drops        | P    |                  |
| Calcidol 200 mcg/mL (8,000 unit/mL) oral drops                      | P    |                  |
| Calciferol 200 mcg/mL (8,000 unit/mL) oral drops                    | P    |                  |
| calcitriol 0.25 mcg capsule                                         | P    |                  |
| calcitriol 0.5 mcg capsule                                          | P    |                  |
| calcitriol 1 mcg/mL oral solution                                   | P    |                  |
| cholecalciferol (vitamin D3) 1,250 mcg (50,000 unit) capsule        | P    |                  |
| cholecalciferol (vitamin D3) 10 mcg/drop (400 unit/drop) oral drops | P    |                  |
| cholecalciferol (vitamin D3) 10 mcg/mL (400 unit/mL) oral drops     | P    |                  |

| Drug Name                                                          | Tier | Drug Restriction     |
|--------------------------------------------------------------------|------|----------------------|
| cholecalciferol (vitamin D3) 125 mcg/mL (5,000 unit/mL) oral drops | P    |                      |
| cholecalciferol (vitamin D3) 25 mcg (1,000 unit) capsule           | P    |                      |
| cholecalciferol (vitamin D3) 25 mcg (1,000 unit) tablet            | P    |                      |
| Decara 1,250 mcg (50,000 unit) capsule                             | P    |                      |
| Dialyvite Vitamin D 125 mcg (5,000 unit) capsule                   | P    |                      |
| Drisdol 1,250 mcg (50,000 unit) capsule                            | P    | Use Generic Products |
| D-Vi-Sol 10 mcg/mL (400 unit/mL) oral drops                        | P    |                      |
| D-Vita 10 mcg/mL (400 unit/mL) oral drops                          | P    |                      |
| ergocalciferol (vitamin D2) 1,250 mcg (50,000 unit) capsule        | P    |                      |
| ergocalciferol (vitamin D2) 200 mcg/mL (8,000 unit/mL) oral drops  | P    |                      |



| Drug Name                                       | Tier | Drug Restriction     |
|-------------------------------------------------|------|----------------------|
| Just D 10 mcg/mL (400 unit/mL) oral drops       | P    |                      |
| Pedia D-Vite 10 mcg/mL (400 unit/mL) oral drops | P    |                      |
| Rocaltrol 0.25 mcg capsule                      | NP   | PA                   |
| Rocaltrol 0.5 mcg capsule                       | NP   | PA                   |
| Rocaltrol 1 mcg/mL oral solution                | NP   | PA                   |
| Vitamin D2 1,250 mcg (50,000 unit) capsule      | P    | Use Generic Products |
| Vitamin D3 10 mcg (400 unit) tablet             | P    |                      |
| Vitamin D3 25 mcg (1,000 unit) capsule          | P    |                      |
| Vitamin D3 25 mcg (1,000 unit) tablet           | P    |                      |
| Vitamin D3 50 mcg (2,000 unit) capsule          | P    |                      |
| Weekly-D 1,250 mcg (50,000 unit) capsule        | P    |                      |
| <b>VITAMINS - FOLIC ACID AND DERIVATIVES</b>    |      |                      |
| Falessa 1 mg tablet                             | P    |                      |
| folic acid 1 mg tablet                          | P    | MT                   |

| Drug Name                                               | Tier | Drug Restriction        |
|---------------------------------------------------------|------|-------------------------|
| folic acid 400 mcg tablet                               | P    | QL(Allowed 1 per 1 day) |
| folic acid 800 mcg tablet                               | P    | QL(Allowed 1 per 1 day) |
| <b>VITAMINS - K, PHYTONADIONE AND DERIVATIVES</b>       |      |                         |
| Mephyton 5 mg tablet                                    | P    | Use Generic Products    |
| phytonadione (vitamin K1) 5 mg tablet                   | P    |                         |
| <b>ENDOCRINE</b>                                        |      |                         |
| <b>ABORTIFACIENTS- PROGESTERONE RECEPTOR ANTAGONIST</b> |      |                         |
| Mifeprex 200 mg tablet                                  | NP   | PA                      |
| mifepristone 200 mg tablet                              | NP   | PA                      |
| <b>ADRENAL STEROID INHIBITORS</b>                       |      |                         |
| Isturisa 1 mg tablet                                    | NP   | PA; SP                  |
| Isturisa 10 mg tablet                                   | NP   | PA; SP                  |
| Isturisa 5 mg tablet                                    | NP   | PA; SP                  |
| <b>AGENTS TO TREAT HYPOGLYCEMIA (HYPERGLYCEMICS)</b>    |      |                         |
| Baqsimi 3 mg/actuation nasal spray                      | NP   | PA                      |
| diazoxide 50 mg/mL oral suspension                      | P    |                         |
| GlucaGen HypoKit 1 mg Injection                         | P    |                         |

| Drug Name                                                           | Tier | Drug Restriction     |
|---------------------------------------------------------------------|------|----------------------|
| Glucagon (HCl) Emergency Kit 1 mg solution for injection            | P    |                      |
| Glucagon Emergency Kit (human-recomb) 1 mg solution for injection   | P    | QL(Allowed 1 per Rx) |
| Gvoke HypoPen 2-Pack 0.5 mg/0.1 mL subcutaneous auto-injector       | NP   | PA                   |
| Gvoke HypoPen 2-Pack 1 mg/0.2 mL subcutaneous auto-injector         | NP   | PA                   |
| Gvoke PFS 1-Pack 1 mg/0.2 mL subcutaneous syringe                   | NP   | PA                   |
| Proglycem 50 mg/mL oral suspension                                  | P    |                      |
| AMYLOIDOSIS AGENTS- TRANSTHYRETIN (TTR) STABILIZER                  |      |                      |
| Vyndamax 61 mg capsule                                              | NP   | PA; SP               |
| Vyndaqel 20 mg capsule                                              | NP   | PA; SP               |
| AMYLOIDOSIS AGENTS-TTR SUPPRESSION, ANTISENSE OLIGONUCLEOTIDE-BASED |      |                      |
| Tegsedi 284 mg/1.5 mL subcutaneous syringe                          | NP   | PA; SP               |
| ANDROGEN - SINGLE AGENTS                                            |      |                      |

| Drug Name                                                 | Tier | Drug Restriction                                              |
|-----------------------------------------------------------|------|---------------------------------------------------------------|
| AndroGel 1 % (25 mg/2.5 gram) transdermal gel packet      | P    | Use Generic Products                                          |
| AndroGel 1 % (50 mg/5 gram) transdermal gel packet        | P    | Use Generic Products                                          |
| AndroGel 1.62 % (40.5 mg/2.5 gram) transdermal gel packet | P    | Use Generic Products                                          |
| AndroGel 20.25 mg/1.25 gram (1.62 %) transdermal gel pump | P    | Use Generic Products                                          |
| Depo-Testosterone 100 mg/mL intramuscular oil             | P    | Use Generic Products                                          |
| Depo-Testosterone 200 mg/mL intramuscular oil             | P    | QL(QL Overtime: Allowed 4 over 30 days); Use Generic Products |
| Fortesta 10 mg/0.5 gram/actuation transdermal gel pump    | P    | Use Generic Products                                          |
| Testim 50 mg/5 gram (1 %) transdermal gel                 | P    | Use Generic Products                                          |
| testosterone 1 % (25 mg/2.5 gram) transdermal gel packet  | P    |                                                               |
| testosterone 1 % (50 mg/5 gram) transdermal gel packet    | P    |                                                               |

| Drug Name                                                                          | Tier | Drug Restriction                           |
|------------------------------------------------------------------------------------|------|--------------------------------------------|
| testosterone 1.62 %<br>(40.5 mg/2.5 gram)<br>transdermal gel<br>packet             | P    |                                            |
| testosterone 10<br>mg/0.5<br>gram/actuation<br>transdermal gel<br>pump             | P    |                                            |
| testosterone 12.5<br>mg/1.25 gram per<br>actuation (1%)<br>transdermal gel<br>pump | P    |                                            |
| testosterone 20.25<br>mg/1.25 gram (1.62<br>%) transdermal gel<br>pump             | P    |                                            |
| testosterone 30<br>mg/actuation (1.5<br>mL) transderm<br>solution metered<br>pump  | P    |                                            |
| testosterone 50<br>mg/5 gram (1 %)<br>transdermal gel                              | P    |                                            |
| testosterone<br>cypionate 100<br>mg/mL<br>intramuscular oil                        | P    |                                            |
| testosterone<br>cypionate 200<br>mg/mL<br>intramuscular oil                        | P    | QL(QL Overtime:<br>Allowed 4 over 30 days) |
| testosterone<br>enanthate 200<br>mg/mL<br>intramuscular oil                        | P    |                                            |

| Drug Name                                                                   | Tier | Drug Restriction                                                   |
|-----------------------------------------------------------------------------|------|--------------------------------------------------------------------|
| Vogelxo 1 % (50<br>mg/5 gram)<br>transdermal gel<br>packet                  | P    | Use Generic Products                                               |
| Vogelxo 12.5<br>mg/1.25 gram per<br>pump actuation (1<br>%) transdermal gel | P    |                                                                    |
| Vogelxo 50 mg/5<br>gram (1 %)<br>transdermal gel                            | P    | Use Generic Products                                               |
| ANTIDIURETIC AND VASOPRESSOR HORMONES                                       |      |                                                                    |
| DDAVP 0.1 mg<br>tablet                                                      | NP   | PA; QL(Allowed 6 per 1<br>day)                                     |
| DDAVP 0.1<br>mg/mL<br>(refrigerate) nasal<br>solution                       | NP   | PA; QL(Allowed 5 per<br>Rx)                                        |
| DDAVP 0.2 mg<br>tablet                                                      | NP   | PA; QL(Allowed 6 per 1<br>day)                                     |
| DDAVP 10<br>mcg/spray (0.1 mL)<br>nasal spray with<br>pump                  | NP   | PA; QL(Allowed 1 per 1<br>day); QL(Limit 1<br>package(s) per fill) |
| desmopressin 0.1<br>mg tablet                                               | P    | QL(Allowed 6 per 1 day)                                            |
| desmopressin 0.2<br>mg tablet                                               | P    | QL(Allowed 6 per 1 day)                                            |
| desmopressin 10<br>mcg/spray (0.1 mL)<br>nasal spray                        | P    | QL(Allowed 1 per 1<br>day); QL(Limit 1<br>package(s) per fill)     |
| desmopressin 10<br>mcg/spray (0.1 mL)<br>nasal spray (non-<br>refrigerated) | P    | QL(Allowed 1 per 1<br>day); QL(Limit 1<br>package(s) per fill)     |

| Drug Name                                                           | Tier | Drug Restriction |
|---------------------------------------------------------------------|------|------------------|
| Nocdurna (men)<br>55.3 mcg<br>disintegrating<br>tablet,sublingual   | NP   | PA               |
| Nocdurna (women)<br>27.7 mcg<br>disintegrating<br>tablet,sublingual | NP   | PA               |
| Stimate 150<br>mcg/spray (0.1 mL)<br>nasal spray                    | P    | SP               |
| <b>ANTIHYPERGLYCEMIC - ALPHA-GLUCOSIDASE<br/>INHIBITORS</b>         |      |                  |
| acarbose 100 mg<br>tablet                                           | P    |                  |
| acarbose 25 mg<br>tablet                                            | P    |                  |
| acarbose 50 mg<br>tablet                                            | P    |                  |
| Glyset 100 mg<br>tablet                                             | NP   | PA               |
| Glyset 25 mg tablet                                                 | NP   | PA               |
| Glyset 50 mg tablet                                                 | NP   | PA               |
| miglitol 100 mg<br>tablet                                           | P    |                  |
| miglitol 25 mg<br>tablet                                            | P    |                  |
| miglitol 50 mg<br>tablet                                            | P    |                  |
| Precose 100 mg<br>tablet                                            | NP   | PA               |

| Drug Name                                                                | Tier | Drug Restriction                   |
|--------------------------------------------------------------------------|------|------------------------------------|
| Precose 25 mg<br>tablet                                                  | NP   | PA                                 |
| Precose 50 mg<br>tablet                                                  | NP   | PA                                 |
| <b>ANTIHYPERGLYCEMIC - DIPEPTIDYL PEPTIDASE-4<br/>(DPP-4) INHIBITORS</b> |      |                                    |
| alogliptin 12.5 mg<br>tablet                                             | NP   | PA; QL(Allowed 1 per 1<br>day); MT |
| alogliptin 25 mg<br>tablet                                               | NP   | PA; QL(Allowed 1 per 1<br>day); MT |
| alogliptin 6.25 mg<br>tablet                                             | NP   | PA; QL(Allowed 1 per 1<br>day); MT |
| Januvia 100 mg<br>tablet                                                 | P    |                                    |
| Januvia 25 mg<br>tablet                                                  | P    |                                    |
| Januvia 50 mg<br>tablet                                                  | P    |                                    |
| Nesina 12.5 mg<br>tablet                                                 | NP   | PA; MT                             |
| Nesina 25 mg<br>tablet                                                   | NP   | PA; QL(Allowed 1 per 1<br>day); MT |
| Nesina 6.25 mg<br>tablet                                                 | NP   | PA; MT                             |
| Onglyza 2.5 mg<br>tablet                                                 | NP   | PA                                 |
| Onglyza 5 mg<br>tablet                                                   | NP   | PA                                 |
| Tradjenta 5 mg<br>tablet                                                 | P    | QL(Allowed 1 per 1<br>day); MT     |
| <b>ANTIHYPERGLYCEMIC - DOPAMINE RECEPTOR<br/>AGONISTS</b>                |      |                                    |

| Drug Name                                                                     | Tier | Drug Restriction                |
|-------------------------------------------------------------------------------|------|---------------------------------|
| Cycloset 0.8 mg tablet                                                        | NP   | PA                              |
| <b>ANTIHYPERGLYCEMIC - GLUCOCORTICOID (CORTISOL) RECEPTOR BLOCKER (GR-II)</b> |      |                                 |
| Korlym 300 mg tablet                                                          | NP   | PA; SP                          |
| <b>ANTIHYPERGLYCEMIC - MEGLITINIDE ANALOG AND BIGUANIDE COMBINATIONS</b>      |      |                                 |
| repaglinide 1 mg-metformin 500 mg tablet                                      | NP   | PA                              |
| repaglinide 2 mg-metformin 500 mg tablet                                      | NP   | PA                              |
| <b>ANTIHYPERGLYCEMIC - MEGLITINIDE ANALOGS</b>                                |      |                                 |
| nateglinide 120 mg tablet                                                     | P    | QL(Allowed 3 per 1 day); MT     |
| nateglinide 60 mg tablet                                                      | P    | QL(Allowed 3 per 1 day); MT     |
| Prandin 1 mg tablet                                                           | NP   | PA                              |
| Prandin 2 mg tablet                                                           | NP   | PA                              |
| repaglinide 0.5 mg tablet                                                     | NP   | PA                              |
| repaglinide 1 mg tablet                                                       | NP   | PA                              |
| repaglinide 2 mg tablet                                                       | NP   | PA                              |
| Starlix 120 mg tablet                                                         | NP   | PA; QL(Allowed 3 per 1 day); MT |
| Starlix 60 mg tablet                                                          | NP   | PA; QL(Allowed 3 per 1 day); MT |

| Drug Name                                                              | Tier | Drug Restriction            |
|------------------------------------------------------------------------|------|-----------------------------|
| <b>ANTIHYPERGLYCEMIC - SGLT-2 INHIBITOR AND BIGUANIDE COMBINATIONS</b> |      |                             |
| Invokamet 150 mg-1,000 mg tablet                                       | NP   | PA                          |
| Invokamet 150 mg-500 mg tablet                                         | NP   | PA                          |
| Invokamet 50 mg-1,000 mg tablet                                        | NP   | PA                          |
| Invokamet 50 mg-500 mg tablet                                          | NP   | PA                          |
| Invokamet XR 150 mg-1,000 mg tablet, extended release                  | NP   | PA                          |
| Invokamet XR 150 mg-500 mg tablet, extended release                    | NP   | PA                          |
| Invokamet XR 50 mg-1,000 mg tablet, extended release                   | NP   | PA                          |
| Invokamet XR 50 mg-500 mg tablet, extended release                     | NP   | PA                          |
| Segluromet 2.5 mg-1,000 mg tablet                                      | NP   | ST; QL(Allowed 2 per 1 day) |
| Segluromet 2.5 mg-500 mg tablet                                        | NP   | ST; QL(Allowed 2 per 1 day) |
| Segluromet 7.5 mg-1,000 mg tablet                                      | NP   | ST; QL(Allowed 2 per 1 day) |
| Segluromet 7.5 mg-500 mg tablet                                        | NP   | ST; QL(Allowed 2 per 1 day) |
| Synjardy 12.5 mg-1,000 mg tablet                                       | NP   | PA                          |

| Drug Name                                             | Tier | Drug Restriction |
|-------------------------------------------------------|------|------------------|
| Synjardy 12.5 mg-500 mg tablet                        | NP   | PA               |
| Synjardy 5 mg-1,000 mg tablet                         | NP   | PA               |
| Synjardy 5 mg-500 mg tablet                           | NP   | PA               |
| Synjardy XR 10 mg-1,000 mg tablet, extended release   | NP   | PA               |
| Synjardy XR 12.5 mg-1,000 mg tablet, extended release | NP   | PA               |
| Synjardy XR 25 mg-1,000 mg tablet, extended release   | NP   | PA               |
| Synjardy XR 5 mg-1,000 mg tablet, extended release    | NP   | PA               |
| Xigduo XR 10 mg-1,000 mg tablet, extended release     | NP   | PA               |
| Xigduo XR 10 mg-500 mg tablet, extended release       | NP   | PA               |
| Xigduo XR 2.5 mg-1,000 mg tablet, extended release    | NP   | PA               |
| Xigduo XR 5 mg-1,000 mg tablet, extended release      | NP   | PA               |

| Drug Name                                                                    | Tier | Drug Restriction        |
|------------------------------------------------------------------------------|------|-------------------------|
| Xigduo XR 5 mg-500 mg tablet, extended release                               | NP   | PA                      |
| <b>ANTIHYPERGLYCEMIC - SGLT-2 INHIBITOR AND DPP-4 INHIBITOR COMBINATIONS</b> |      |                         |
| Glyxambi 10 mg-5 mg tablet                                                   | NP   | PA                      |
| Glyxambi 25 mg-5 mg tablet                                                   | NP   | PA                      |
| Qtern 10 mg-5 mg tablet                                                      | NP   | PA                      |
| Qtern 5 mg-5 mg tablet                                                       | NP   | PA                      |
| Steglujan 15 mg-100 mg tablet                                                | NP   | PA                      |
| Steglujan 5 mg-100 mg tablet                                                 | NP   | PA                      |
| <b>ANTIHYPERGLYCEMIC - SODIUM GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITORS</b> |      |                         |
| Farxiga 10 mg tablet                                                         | NP   | PA                      |
| Farxiga 5 mg tablet                                                          | NP   | PA                      |
| Invokana 100 mg tablet                                                       | P    | MT                      |
| Invokana 300 mg tablet                                                       | P    | MT                      |
| Jardiance 10 mg tablet                                                       | P    | QL(Allowed 1 per 1 day) |
| Jardiance 25 mg tablet                                                       | P    | QL(Allowed 1 per 1 day) |

| Drug Name                                                          | Tier | Drug Restriction                |
|--------------------------------------------------------------------|------|---------------------------------|
| Steglatro 15 mg tablet                                             | NP   | ST; QL(Allowed 1 per 1 day)     |
| Steglatro 5 mg tablet                                              | NP   | ST; QL(Allowed 1 per 1 day)     |
| <b>ANTIHYPERGLYCEMIC - SULFONYLUREA AND BIGUANIDE COMBINATIONS</b> |      |                                 |
| glipizide 2.5 mg-metformin 250 mg tablet                           | P    | MT                              |
| glipizide 2.5 mg-metformin 500 mg tablet                           | P    | MT                              |
| glipizide 5 mg-metformin 500 mg tablet                             | P    | MT                              |
| glyburide 1.25 mg-metformin 250 mg tablet                          | P    | MT                              |
| glyburide 2.5 mg-metformin 500 mg tablet                           | P    | MT                              |
| glyburide 5 mg-metformin 500 mg tablet                             | P    | MT                              |
| <b>ANTIHYPERGLYCEMIC - SULFONYLUREA DERIVATIVES</b>                |      |                                 |
| Amaryl 1 mg tablet                                                 | NP   | PA; QL(Allowed 4 per 1 day); MT |
| Amaryl 2 mg tablet                                                 | NP   | PA; QL(Allowed 4 per 1 day); MT |
| Amaryl 4 mg tablet                                                 | NP   | PA; QL(Allowed 2 per 1 day); MT |
| glimepiride 1 mg tablet                                            | P    | QL(Allowed 4 per 1 day); MT     |

| Drug Name                                          | Tier | Drug Restriction            |
|----------------------------------------------------|------|-----------------------------|
| glimepiride 2 mg tablet                            | P    | QL(Allowed 4 per 1 day); MT |
| glimepiride 4 mg tablet                            | P    | QL(Allowed 2 per 1 day); MT |
| glipizide 10 mg tablet                             | P    | MT                          |
| glipizide 5 mg tablet                              | P    | MT                          |
| glipizide ER 10 mg tablet, extended release 24 hr  | P    | MT                          |
| glipizide ER 2.5 mg tablet, extended release 24 hr | P    | MT                          |
| glipizide ER 5 mg tablet, extended release 24 hr   | P    | MT                          |
| Glucotrol 10 mg tablet                             | NP   | PA; MT                      |
| Glucotrol 5 mg tablet                              | NP   | PA; MT                      |
| Glucotrol XL 10 mg tablet, extended release        | NP   | PA; MT                      |
| Glucotrol XL 2.5 mg tablet, extended release       | NP   | PA; MT                      |
| Glucotrol XL 5 mg tablet, extended release         | NP   | PA; MT                      |
| glyburide 1.25 mg tablet                           | P    | MT                          |
| glyburide 2.5 mg tablet                            | P    | MT                          |

| Drug Name                                                                  | Tier | Drug Restriction                |
|----------------------------------------------------------------------------|------|---------------------------------|
| glyburide 5 mg tablet                                                      | P    | MT                              |
| glyburide micronized 1.5 mg tablet                                         | P    | MT                              |
| glyburide micronized 3 mg tablet                                           | P    | MT                              |
| glyburide micronized 6 mg tablet                                           | P    | MT                              |
| Glynase 1.5 mg tablet                                                      | NP   | PA; MT                          |
| Glynase 3 mg tablet                                                        | NP   | PA; MT                          |
| Glynase 6 mg tablet                                                        | NP   | PA; MT                          |
| tolbutamide 500 mg tablet                                                  | P    |                                 |
| <b>ANTIHYPERGLYCEMIC - THIAZOLIDINEDIONE AND BIGUANIDE COMBINATIONS</b>    |      |                                 |
| Actoplus MET 15 mg-500 mg tablet                                           | NP   | PA; QL(Allowed 2 per 1 day); MT |
| Actoplus MET 15 mg-850 mg tablet                                           | NP   | PA; QL(Allowed 2 per 1 day); MT |
| pioglitazone 15 mg-metformin 500 mg tablet                                 | NP   | PA; QL(Allowed 2 per 1 day); MT |
| pioglitazone 15 mg-metformin 850 mg tablet                                 | NP   | PA; QL(Allowed 2 per 1 day); MT |
| <b>ANTIHYPERGLYCEMIC - THIAZOLIDINEDIONE AND SULFONYLUREA COMBINATIONS</b> |      |                                 |
| DUETACT 30 mg-2 mg tablet                                                  | NP   | PA                              |

| Drug Name                                                                      | Tier | Drug Restriction                             |
|--------------------------------------------------------------------------------|------|----------------------------------------------|
| DUETACT 30 mg-4 mg tablet                                                      | NP   | PA                                           |
| pioglitazone 30 mg-glimepiride 2 mg tablet                                     | NP   | PA                                           |
| pioglitazone 30 mg-glimepiride 4 mg tablet                                     | NP   | PA                                           |
| <b>ANTIHYPERGLYCEMIC, AMYLIN ANALOG-TYPE</b>                                   |      |                                              |
| SymlinPen 120 2,700 mcg/2.7 mL subcutaneous pen injector                       | NP   | PA; QL(QL Overtime: Allowed 11 over 30 days) |
| SymlinPen 60 1,500 mcg/1.5 mL subcutaneous pen injector                        | NP   | PA; QL(QL Overtime: Allowed 6 over 30 days)  |
| <b>ANTIHYPERGLYCEMIC, INCRETIN MIMETIC, GLP-1 RECEPTOR AGONIST ANALOG-TYPE</b> |      |                                              |
| Adlyxin 10 mcg/0.2 mL-20 mcg/0.2 mL subcutaneous pen injector                  | NP   | PA                                           |
| Adlyxin 20 mcg/0.2 mL subcutaneous pen injector                                | NP   | PA                                           |
| Bydureon 2 mg subcutaneous extended release suspension                         | NP   | PA; QL(QL Overtime: Allowed 4 over 30 days)  |
| Bydureon 2 mg/0.65 mL subcutaneous pen injector                                | NP   | PA; QL(QL Overtime: Allowed 4 over 30 days)  |



| Drug Name                                                         | Tier | Drug Restriction                              |
|-------------------------------------------------------------------|------|-----------------------------------------------|
| Bydureon BCise 2 mg/0.85 mL subcutaneous auto-injector            | NP   | PA; QL(QL Overtime: Allowed 3.4 over 28 days) |
| Byetta 10 mcg/dose(250 mcg/mL)2.4 mL subcutaneous pen injector    | P    | QL(QL Overtime: Allowed 2.4 over 30 days)     |
| Byetta 5 mcg/dose (250 mcg/mL)1.2 mL subcutaneous pen injector    | P    | QL(QL Overtime: Allowed 1.2 over 30 days)     |
| Ozempic 0.25 mg or 0.5 mg (2 mg/1.5 mL) subcutaneous pen injector | NP   | PA                                            |
| Ozempic 1 mg/dose (2 mg/1.5 mL) subcutaneous pen injector         | NP   | PA                                            |
| Rybelsus 14 mg tablet                                             | NP   | PA                                            |
| Rybelsus 3 mg tablet                                              | NP   | PA                                            |
| Rybelsus 7 mg tablet                                              | NP   | PA                                            |
| Trulicity 0.75 mg/0.5 mL subcutaneous pen injector                | NP   | PA                                            |
| Trulicity 1.5 mg/0.5 mL subcutaneous pen injector                 | NP   | PA                                            |

| Drug Name                                                                     | Tier | Drug Restriction                |
|-------------------------------------------------------------------------------|------|---------------------------------|
| Trulicity 3 mg/0.5 mL subcutaneous pen injector                               | NP   | PA                              |
| Trulicity 4.5 mg/0.5 mL subcutaneous pen injector                             | NP   | PA                              |
| Victoza 2-Pak 0.6 mg/0.1 mL (18 mg/3 mL) subcutaneous pen injector            | P    | QL(Allowed 0.3 per 1 day)       |
| Victoza 3-Pak 0.6 mg/0.1 mL (18 mg/3 mL) subcutaneous pen injector            | P    | QL(Allowed 0.3 per 1 day)       |
| <b>ANTIHYPERGLYCEMIC-DIPEPTIDYL PEPTIDASE-4 INHIBIT AND THIAZOLIDINEDIONE</b> |      |                                 |
| alogliptin 12.5 mg-pioglitazone 15 mg tablet                                  | NP   | PA; QL(Allowed 1 per 1 day); MT |
| alogliptin 12.5 mg-pioglitazone 30 mg tablet                                  | NP   | PA; QL(Allowed 1 per 1 day); MT |
| alogliptin 12.5 mg-pioglitazone 45 mg tablet                                  | NP   | PA; QL(Allowed 1 per 1 day); MT |
| alogliptin 25 mg-pioglitazone 15 mg tablet                                    | NP   | PA; QL(Allowed 1 per 1 day); MT |
| alogliptin 25 mg-pioglitazone 30 mg tablet                                    | NP   | PA; QL(Allowed 1 per 1 day); MT |
| alogliptin 25 mg-pioglitazone 45 mg tablet                                    | NP   | PA; QL(Allowed 1 per 1 day); MT |

| Drug Name                                                                     | Tier | Drug Restriction                |
|-------------------------------------------------------------------------------|------|---------------------------------|
| Oseni 12.5 mg-15 mg tablet                                                    | NP   | PA; MT                          |
| Oseni 12.5 mg-30 mg tablet                                                    | NP   | PA; MT                          |
| Oseni 12.5 mg-45 mg tablet                                                    | NP   | PA; QL(Allowed 1 per 1 day); MT |
| Oseni 25 mg-15 mg tablet                                                      | NP   | PA; MT                          |
| Oseni 25 mg-30 mg tablet                                                      | NP   | PA; MT                          |
| Oseni 25 mg-45 mg tablet                                                      | NP   | PA; MT                          |
| <b>ANTIHYPERGLYCEMIC-DIPEPTIDYL PEPTIDASE-4(DPP-4)INHIBITOR AND BIGUANIDE</b> |      |                                 |
| alogliptin 12.5 mg-metformin 1,000 mg tablet                                  | NP   | PA; QL(Allowed 2 per 1 day); MT |
| alogliptin 12.5 mg-metformin 500 mg tablet                                    | NP   | PA; QL(Allowed 2 per 1 day); MT |
| Janumet 50 mg-1,000 mg tablet                                                 | NP   | PA                              |
| Janumet 50 mg-500 mg tablet                                                   | NP   | PA                              |
| Janumet XR 100 mg-1,000 mg tablet,extended release                            | NP   | PA                              |
| Janumet XR 50 mg-1,000 mg tablet,extended release                             | NP   | PA                              |

| Drug Name                                                                     | Tier | Drug Restriction                |
|-------------------------------------------------------------------------------|------|---------------------------------|
| Janumet XR 50 mg-500 mg tablet,extended release                               | NP   | PA                              |
| Jentadueto 2.5 mg-1,000 mg tablet                                             | NP   | PA; QL(Allowed 2 per 1 day); MT |
| Jentadueto 2.5 mg-500 mg tablet                                               | NP   | PA; QL(Allowed 2 per 1 day); MT |
| Jentadueto 2.5 mg-850 mg tablet                                               | NP   | PA; QL(Allowed 2 per 1 day); MT |
| Jentadueto XR 2.5 mg-1,000 mg tablet, extended release                        | NP   | PA                              |
| Jentadueto XR 5 mg-1,000 mg tablet, extended release                          | NP   | PA                              |
| Kazano 12.5 mg-1,000 mg tablet                                                | NP   | PA; QL(Allowed 2 per 1 day); MT |
| Kazano 12.5 mg-500 mg tablet                                                  | NP   | PA; QL(Allowed 2 per 1 day); MT |
| Kombiglyze XR 2.5 mg-1,000 mg tablet,extended release                         | NP   | PA                              |
| Kombiglyze XR 5 mg-1,000 mg tablet,extended release                           | NP   | PA                              |
| Kombiglyze XR 5 mg-500 mg tablet,extended release                             | NP   | PA                              |
| <b>ANTIHYPERGLYCEMIC-INSULIN, LONG ACTING AND GLP-1 RECEPTOR AGONIST COMB</b> |      |                                 |

| Drug Name                                                                         | Tier | Drug Restriction |
|-----------------------------------------------------------------------------------|------|------------------|
| Soliqua 100/33<br>100 unit-33<br>mcg/mL<br>subcutaneous<br>insulin pen            | NP   | PA               |
| Xultophy 100/3.6<br>100 unit-3.6<br>mg/mL (3 mL)<br>subcutaneous<br>insulin pen   | NP   | PA               |
| <b>ANTIHYPERGLYCEMIC-SGLT-2 INHIBITOR, DPP-4<br/>INHIBITOR AND BIGUANIDE COMB</b> |      |                  |
| Trijardy XR 10<br>mg-5 mg-1,000 mg<br>tablet, extended<br>release                 | NP   | PA               |
| Trijardy XR 12.5<br>mg-2.5 mg-1,000<br>mg tablet, extended<br>release             | NP   | PA               |
| Trijardy XR 25<br>mg-5 mg-1,000 mg<br>tablet, extended<br>release                 | NP   | PA               |
| Trijardy XR 5 mg-<br>2.5 mg-1,000 mg<br>tablet, extended<br>release               | NP   | PA               |
| <b>ANTITHYROID AGENTS, THIONAMIDES - IMIDAZOLE<br/>DERIVATIVES</b>                |      |                  |
| methimazole 10 mg<br>tablet                                                       | P    | MT               |
| methimazole 5 mg<br>tablet                                                        | P    | MT               |
| Tapazole 10 mg<br>tablet                                                          | NP   | PA; MT           |
| Tapazole 5 mg<br>tablet                                                           | NP   | PA; MT           |

| Drug Name                                                                         | Tier | Drug Restriction                               |
|-----------------------------------------------------------------------------------|------|------------------------------------------------|
| <b>ANTITHYROID AGENTS, THIONAMIDES - THIOURACIL<br/>DERIVATIVES</b>               |      |                                                |
| propylthiouracil 50<br>mg tablet                                                  | P    |                                                |
| <b>BONE RESORPTION INHIBITORS - BISPHOSPHONATE<br/>AND VITAMIN D COMBINATIONS</b> |      |                                                |
| Fosamax Plus D 70<br>mg-2,800 unit<br>tablet                                      | NP   | PA                                             |
| Fosamax Plus D 70<br>mg-5,600 unit<br>tablet                                      | NP   | PA                                             |
| <b>BONE RESORPTION INHIBITORS - BISPHOSPHONATES</b>                               |      |                                                |
| Actonel 150 mg<br>tablet                                                          | NP   | PA                                             |
| Actonel 35 mg<br>tablet                                                           | NP   | PA; QL(QL Overtime:<br>Allowed 4 over 28 days) |
| alendronate 10 mg<br>tablet                                                       | P    | QL(Allowed 1 per 1<br>day); MT                 |
| alendronate 35 mg<br>tablet                                                       | P    | QL(Allowed 4 per 28<br>days); MT               |
| alendronate 40 mg<br>tablet                                                       | P    | QL(Allowed 1 per 1<br>day); MT                 |
| alendronate 5 mg<br>tablet                                                        | P    | QL(Allowed 1 per 1<br>day); MT                 |
| alendronate 70 mg<br>tablet                                                       | P    | QL(Allowed 4 per 28<br>days); MT               |
| alendronate 70<br>mg/75 mL oral<br>solution                                       | P    | QL(Allowed 10.8 per 1<br>day); MT              |
| Atelvia 35 mg<br>tablet, delayed<br>release                                       | NP   | PA                                             |

| Drug Name                                                              | Tier | Drug Restriction                            |
|------------------------------------------------------------------------|------|---------------------------------------------|
| Binosto 70 mg effervescent tablet                                      | NP   | PA                                          |
| Boniva 150 mg tablet                                                   | NP   | PA                                          |
| Fosamax 70 mg tablet                                                   | NP   | PA; QL(Allowed 4 per 28 days); MT           |
| ibandronate 150 mg tablet                                              | NP   | PA                                          |
| risedronate 150 mg tablet                                              | NP   | PA                                          |
| risedronate 30 mg tablet                                               | NP   | PA; QL(Allowed 1 per 1 day)                 |
| risedronate 35 mg tablet                                               | NP   | PA; QL(QL Overtime: Allowed 4 over 28 days) |
| risedronate 35 mg tablet, delayed release                              | NP   | PA                                          |
| risedronate 5 mg tablet                                                | NP   | PA; QL(Allowed 1 per 1 day)                 |
| <b>CALCIMIMETIC, PARATHYROID CALCIUM RECEPTOR SENSITIVITY ENHANCER</b> |      |                                             |
| cinacalcet 30 mg tablet                                                | NP   | PA; SP                                      |
| cinacalcet 60 mg tablet                                                | NP   | PA; SP                                      |
| cinacalcet 90 mg tablet                                                | NP   | PA; SP                                      |
| Sensipar 30 mg tablet                                                  | NP   | PA; SP                                      |
| Sensipar 60 mg tablet                                                  | NP   | PA; SP                                      |

| Drug Name                                                                      | Tier | Drug Restriction                        |
|--------------------------------------------------------------------------------|------|-----------------------------------------|
| Sensipar 90 mg tablet                                                          | NP   | PA; SP                                  |
| <b>CALCITONINS</b>                                                             |      |                                         |
| calcitonin (salmon) 200 unit/actuation nasal spray                             | P    | QL(QL Overtime: Allowed 4 over 30 days) |
| <b>ESTROGEN AND PROGESTIN WITH ANTIMINERALOCORTICOID ACTIVITY, COMBINATION</b> |      |                                         |
| Angeliq 0.25 mg-0.5 mg tablet                                                  | NP   | PA                                      |
| Angeliq 0.5 mg-1 mg tablet                                                     | NP   | PA                                      |
| <b>ESTROGEN AND SELECTIVE ESTROGEN RECEPTOR MODULATOR (SERM) COMBINATIONS</b>  |      |                                         |
| Duavee 0.45 mg-20 mg tablet                                                    | NP   | PA                                      |
| <b>ESTROGEN-PROGESTIN</b>                                                      |      |                                         |
| Activella 1 mg-0.5 mg tablet                                                   | NP   | PA; QL(Allowed 1 per 1 day)             |
| Amabelz 0.5 mg-0.1 mg tablet                                                   | P    | QL(Allowed 1 per 1 day)                 |
| Amabelz 1 mg-0.5 mg tablet                                                     | P    | QL(Allowed 1 per 1 day)                 |
| Bijuva 1 mg-100 mg capsule                                                     | NP   | PA                                      |
| Climara Pro 0.045 mg-0.015 mg/24 hr transdermal patch                          | NP   | PA                                      |
| CombiPatch 0.05 mg-0.14 mg/24 hr transdermal                                   | P    | QL(Allowed 8 per 28 days)               |
| CombiPatch 0.05 mg-0.25 mg/24 hr transdermal                                   | P    | QL(Allowed 8 per 28 days)               |

| Drug Name                                                     | Tier | Drug Restriction        |
|---------------------------------------------------------------|------|-------------------------|
| estradiol-norethindrone acet 0.5 mg-0.1 mg tablet             | P    | QL(Allowed 1 per 1 day) |
| estradiol-norethindrone acet 1 mg-0.5 mg tablet               | P    | QL(Allowed 1 per 1 day) |
| Femhrt Low Dose 0.5 mg-2.5 mcg tablet                         | NP   | PA                      |
| Fyavolv 0.5 mg-2.5 mcg tablet                                 | NP   | PA                      |
| Fyavolv 1 mg-5 mcg tablet                                     | NP   | PA                      |
| Jinteli 1 mg-5 mcg tablet                                     | NP   | PA                      |
| Lopreeza 0.5 mg-0.1 mg tablet                                 | P    | QL(Allowed 1 per 1 day) |
| Lopreeza 1 mg-0.5 mg tablet                                   | P    | QL(Allowed 1 per 1 day) |
| Mimvey 1 mg-0.5 mg tablet                                     | P    | QL(Allowed 1 per 1 day) |
| Mimvey Lo 0.5 mg-0.1 mg tablet                                | P    | QL(Allowed 1 per 1 day) |
| norethindrone acetate 0.5 mg-ethinyl estradiol 2.5 mcg tablet | NP   | PA                      |
| norethindrone acetate 1 mg-ethinyl estradiol 5 mcg tablet     | NP   | PA                      |
| Prefest 1 mg (15)/1 mg-0.09 mg (15) tablet                    | NP   | PA                      |

| Drug Name                                      | Tier | Drug Restriction                  |
|------------------------------------------------|------|-----------------------------------|
| Premphase 0.625 mg(14)/0.625 mg-5mg(14) tablet | P    | QL(Allowed 1 per 1 day)           |
| Prempro 0.3 mg-1.5 mg tablet                   | P    | QL(Allowed 1 per 1 day)           |
| Prempro 0.45 mg-1.5 mg tablet                  | P    | QL(Allowed 1 per 1 day)           |
| Prempro 0.625 mg-2.5 mg tablet                 | P    | QL(Allowed 1 per 1 day)           |
| Prempro 0.625 mg-5 mg tablet                   | P    | QL(Allowed 1 per 1 day)           |
| <b>ESTROGENS</b>                               |      |                                   |
| Alora 0.025 mg/24 hr transdermal patch         | NP   | PA; QL(Allowed 8 per 28 days); MT |
| Alora 0.05 mg/24 hr transdermal patch          | NP   | PA; QL(Allowed 8 per 28 days); MT |
| Alora 0.075 mg/24 hr transdermal patch         | NP   | PA; QL(Allowed 8 per 28 days); MT |
| Alora 0.1 mg/24 hr transdermal patch           | NP   | PA; QL(Allowed 8 per 28 days); MT |
| Climara 0.025 mg/24 hr transdermal patch       | NP   | PA; MT                            |
| Climara 0.0375 mg/24 hr transdermal patch      | NP   | PA; QL(Allowed 4 per 28 days); MT |
| Climara 0.05 mg/24 hr transdermal patch        | NP   | PA; QL(Allowed 4 per 28 days); MT |
| Climara 0.06 mg/24 hr transdermal patch        | NP   | PA; QL(Allowed 4 per 28 days); MT |

| Drug Name                                                | Tier | Drug Restriction                  |
|----------------------------------------------------------|------|-----------------------------------|
| Climara 0.075 mg/24 hr transdermal patch                 | NP   | PA; QL(Allowed 4 per 28 days); MT |
| Climara 0.1 mg/24 hr transdermal patch                   | NP   | PA; QL(Allowed 4 per 28 days); MT |
| Delestrogen 10 mg/mL intramuscular oil                   | P    |                                   |
| Delestrogen 20 mg/mL intramuscular oil                   | P    | Use Generic Products              |
| Delestrogen 40 mg/mL intramuscular oil                   | P    | Use Generic Products              |
| Depo-Estradiol 5 mg/mL intramuscular oil                 | P    |                                   |
| Divigel 0.25 mg/0.25 gram (0.1 %) transdermal gel packet | NP   | PA                                |
| Divigel 0.5 mg/0.5 gram (0.1 %) transdermal gel packet   | NP   | PA                                |
| Divigel 0.75 mg/0.75 gram (0.1%) transdermal gel packet  | NP   | PA                                |
| Divigel 1 mg/gram (0.1 %) transdermal gel packet         | NP   | PA                                |
| Divigel 1.25 mg/1.25 gram (0.1 %) transdermal gel packet | NP   | PA                                |

| Drug Name                                                 | Tier | Drug Restriction              |
|-----------------------------------------------------------|------|-------------------------------|
| Dotti 0.025 mg/24 hr transdermal patch                    | P    | QL(Allowed 8 per 28 days); MT |
| Dotti 0.0375 mg/24 hr transdermal patch                   | P    | QL(Allowed 8 per 28 days); MT |
| Dotti 0.05 mg/24 hr transdermal patch                     | P    | QL(Allowed 8 per 28 days); MT |
| Dotti 0.075 mg/24 hr transdermal patch                    | P    | QL(Allowed 8 per 28 days); MT |
| Dotti 0.1 mg/24 hr transdermal patch                      | P    | QL(Allowed 8 per 28 days); MT |
| Elestrin 0.87 gram/actuation (0.06%) transdermal gel pump | NP   | PA                            |
| Estrace 0.5 mg tablet                                     | NP   | PA; MT                        |
| Estrace 1 mg tablet                                       | NP   | PA; MT                        |
| Estrace 2 mg tablet                                       | NP   | PA; MT                        |
| estradiol 0.025 mg/24 hr semiweekly transdermal patch     | P    | QL(Allowed 8 per 28 days); MT |
| estradiol 0.025 mg/24 hr weekly transdermal patch         | P    | MT                            |
| estradiol 0.0375 mg/24 hr semiweekly transdermal patch    | P    | QL(Allowed 8 per 28 days); MT |

| Drug Name                                             | Tier | Drug Restriction              |
|-------------------------------------------------------|------|-------------------------------|
| estradiol 0.0375 mg/24 hr weekly transdermal patch    | P    | QL(Allowed 4 per 28 days); MT |
| estradiol 0.05 mg/24 hr semiweekly transdermal patch  | P    | QL(Allowed 8 per 28 days); MT |
| estradiol 0.05 mg/24 hr weekly transdermal patch      | P    | QL(Allowed 4 per 28 days); MT |
| estradiol 0.06 mg/24 hr weekly transdermal patch      | P    | QL(Allowed 4 per 28 days); MT |
| estradiol 0.075 mg/24 hr semiweekly transdermal patch | P    | QL(Allowed 8 per 28 days); MT |
| estradiol 0.075 mg/24 hr weekly transdermal patch     | P    | QL(Allowed 4 per 28 days); MT |
| estradiol 0.1 mg/24 hr semiweekly transdermal patch   | P    | QL(Allowed 8 per 28 days); MT |
| estradiol 0.1 mg/24 hr weekly transdermal patch       | P    | QL(Allowed 4 per 28 days); MT |
| estradiol 0.5 mg tablet                               | P    | MT                            |
| estradiol 1 mg tablet                                 | P    | MT                            |
| estradiol 2 mg tablet                                 | P    | MT                            |
| estradiol valerate 20 mg/mL intramuscular oil         | P    |                               |

| Drug Name                                       | Tier | Drug Restriction                  |
|-------------------------------------------------|------|-----------------------------------|
| estradiol valerate 40 mg/mL intramuscular oil   | P    |                                   |
| Evamist 1.53 mg/spray (1.7 %) transdermal spray | NP   | PA                                |
| Lyllana 0.025 mg/24 hr transdermal patch        | P    | MT                                |
| Lyllana 0.0375 mg/24 hr transdermal patch       | P    | MT                                |
| Lyllana 0.05 mg/24 hr transdermal patch         | P    | MT                                |
| Lyllana 0.075 mg/24 hr transdermal patch        | P    | MT                                |
| Lyllana 0.1 mg/24 hr transdermal patch          | P    | MT                                |
| Menest 0.3 mg tablet                            | P    |                                   |
| Menest 0.625 mg tablet                          | P    |                                   |
| Menest 1.25 mg tablet                           | P    |                                   |
| Menest 2.5 mg tablet                            | P    |                                   |
| Menostar 14 mcg/24 hr transdermal patch         | NP   | PA                                |
| Minivelle 0.025 mg/24 hr transdermal patch      | NP   | PA; QL(Allowed 8 per 28 days); MT |

| Drug Name                                     | Tier | Drug Restriction                  |
|-----------------------------------------------|------|-----------------------------------|
| Minivelle 0.0375 mg/24 hr transdermal patch   | NP   | PA; QL(Allowed 8 per 28 days); MT |
| Minivelle 0.05 mg/24 hr transdermal patch     | NP   | PA; QL(Allowed 8 per 28 days); MT |
| Minivelle 0.075 mg/24 hr transdermal patch    | NP   | PA; QL(Allowed 8 per 28 days); MT |
| Minivelle 0.1 mg/24 hr transdermal patch      | NP   | PA; QL(Allowed 8 per 28 days); MT |
| Premarin 0.3 mg tablet                        | P    | QL(Allowed 1 per 1 day)           |
| Premarin 0.45 mg tablet                       | P    | QL(Allowed 1 per 1 day)           |
| Premarin 0.625 mg tablet                      | P    | QL(Allowed 1 per 1 day)           |
| Premarin 0.9 mg tablet                        | P    | QL(Allowed 1 per 1 day)           |
| Premarin 1.25 mg tablet                       | P    | QL(Allowed 1 per 1 day)           |
| Vivelle-Dot 0.025 mg/24 hr transdermal patch  | NP   | PA; QL(Allowed 8 per 28 days); MT |
| Vivelle-Dot 0.0375 mg/24 hr transdermal patch | NP   | PA; QL(Allowed 8 per 28 days); MT |
| Vivelle-Dot 0.05 mg/24 hr transdermal patch   | NP   | PA; QL(Allowed 8 per 28 days); MT |
| Vivelle-Dot 0.075 mg/24 hr transdermal patch  | NP   | PA; QL(Allowed 8 per 28 days); MT |

| Drug Name                                                               | Tier | Drug Restriction                  |
|-------------------------------------------------------------------------|------|-----------------------------------|
| Vivelle-Dot 0.1 mg/24 hr transdermal patch                              | NP   | PA; QL(Allowed 8 per 28 days); MT |
| <b>FERTILITY ENHANCER - LUTEAL PHASE SUPPORTING, PROGESTERONE-TYPE</b>  |      |                                   |
| Crinone 8 % vaginal gel                                                 | NP   | PA                                |
| Endometrin 100 mg vaginal insert                                        | P    |                                   |
| <b>FERTILITY ENHANCER - PRETERM BIRTH PREVENTION, PROGESTERONE-TYPE</b> |      |                                   |
| hydroxyprogesterone (PF)(pregnancy preserving) 250 mg/mL (1 mL) IM oil  | NP   | PA; SP                            |
| hydroxyprogesterone caproate (pregnancy preserving) 250 mg/mL IM oil    | NP   | PA; SP                            |
| Makena (PF) 275 mg/1.1 mL subcutaneous auto-injector                    | P    | PA; SP                            |
| Makena 250 mg/mL (1 mL) intramuscular oil                               | P    | PA; SP                            |
| <b>GLUCOCORTICOIDS</b>                                                  |      |                                   |
| Alkindi Sprinkle 0.5 mg capsule                                         | NP   | PA                                |
| Alkindi Sprinkle 1 mg capsule                                           | NP   | PA                                |
| Alkindi Sprinkle 2 mg capsule                                           | NP   | PA                                |
| Alkindi Sprinkle 5 mg capsule                                           | NP   | PA                                |



| Drug Name                                             | Tier | Drug Restriction |
|-------------------------------------------------------|------|------------------|
| Cortef 10 mg tablet                                   | NP   | PA               |
| Cortef 20 mg tablet                                   | NP   | PA               |
| Cortef 5 mg tablet                                    | NP   | PA               |
| cortisone 25 mg tablet                                | NP   | PA               |
| Decadron 0.5 mg/5 mL oral elixir                      | P    |                  |
| Decadron 0.75 mg tablet                               | P    |                  |
| Decadron 4 mg tablet                                  | P    |                  |
| Decadron 6 mg tablet                                  | P    |                  |
| dexamethasone 0.5 mg tablet                           | P    |                  |
| dexamethasone 0.5 mg/5 mL oral elixir                 | P    |                  |
| dexamethasone 0.5 mg/5 mL oral solution               | P    |                  |
| dexamethasone 0.75 mg tablet                          | P    |                  |
| dexamethasone 1 mg tablet                             | P    |                  |
| dexamethasone 1.5 mg (21 tabs) tablets in a dose pack | P    |                  |

| Drug Name                                             | Tier | Drug Restriction |
|-------------------------------------------------------|------|------------------|
| dexamethasone 1.5 mg (35 tabs) tablets in a dose pack | P    |                  |
| dexamethasone 1.5 mg (51 tabs) tablets in a dose pack | P    |                  |
| dexamethasone 1.5 mg tablet                           | P    |                  |
| dexamethasone 2 mg tablet                             | P    |                  |
| dexamethasone 4 mg tablet                             | P    |                  |
| dexamethasone 6 mg tablet                             | P    |                  |
| Dexamethasone Intensol 1 mg/mL Drops (concentrate)    | P    |                  |
| Emflaza 18 mg tablet                                  | NP   | PA; SP           |
| Emflaza 22.75 mg/mL oral suspension                   | NP   | PA; SP           |
| Emflaza 30 mg tablet                                  | NP   | PA; SP           |
| Emflaza 36 mg tablet                                  | NP   | PA; SP           |
| Emflaza 6 mg tablet                                   | NP   | PA; SP           |
| Hemady 20 mg tablet                                   | NP   | PA               |
| hydrocortisone 10 mg tablet                           | P    |                  |

| Drug Name                                      | Tier | Drug Restriction |
|------------------------------------------------|------|------------------|
| hydrocortisone 20 mg tablet                    | P    |                  |
| hydrocortisone 5 mg tablet                     | P    |                  |
| Medrol (Pak) 4 mg tablets in a dose pack       | NP   | PA               |
| Medrol 16 mg tablet                            | NP   | PA               |
| Medrol 2 mg tablet                             | NP   | PA               |
| Medrol 32 mg tablet                            | NP   | PA               |
| Medrol 4 mg tablet                             | NP   | PA               |
| Medrol 8 mg tablet                             | NP   | PA               |
| methylprednisolone 16 mg tablet                | P    |                  |
| methylprednisolone 32 mg tablet                | P    |                  |
| methylprednisolone 4 mg tablet                 | P    |                  |
| methylprednisolone 4 mg tablets in a dose pack | P    |                  |
| methylprednisolone 8 mg tablet                 | P    |                  |
| Millipred 5 mg tablet                          | P    |                  |

| Drug Name                                                        | Tier | Drug Restriction       |
|------------------------------------------------------------------|------|------------------------|
| Millipred DP 5 mg (21 tabs) tablets in a dose pack               | P    |                        |
| Millipred DP 5 mg (48 tabs) tablets in a dose pack               | P    |                        |
| prednisolone 10 mg disintegrating tablet                         | NP   | PA                     |
| prednisolone 15 mg disintegrating tablet                         | NP   | PA                     |
| prednisolone 15 mg/5 mL oral solution                            | P    |                        |
| prednisolone 30 mg disintegrating tablet                         | NP   | PA                     |
| prednisolone sodium phosphate 10 mg/5 mL oral solution           | P    |                        |
| prednisolone sodium phosphate 15 mg/5 mL (3 mg/mL) oral solution | P    | QL(Allowed 240 per Rx) |
| prednisolone sodium phosphate 20 mg/5 mL (4 mg/mL) oral solution | P    | QL(Allowed 150 per Rx) |
| prednisolone sodium phosphate 25 mg/5 mL (5 mg/mL) oral solution | P    |                        |

| Drug Name                                                            | Tier | Drug Restriction |
|----------------------------------------------------------------------|------|------------------|
| prednisolone sodium phosphate 5 mg base/5 mL (6.7 mg/5 mL) oral soln | P    |                  |
| prednisone 1 mg tablet                                               | P    |                  |
| prednisone 10 mg tablet                                              | P    |                  |
| prednisone 10 mg tablets in a dose pack                              | P    |                  |
| prednisone 2.5 mg tablet                                             | P    |                  |
| prednisone 20 mg tablet                                              | P    |                  |
| prednisone 5 mg tablet                                               | P    |                  |
| prednisone 5 mg tablets in a dose pack                               | P    |                  |
| prednisone 5 mg/5 mL oral solution                                   | P    |                  |
| prednisone 50 mg tablet                                              | P    |                  |
| Prednisone Intensol 5 mg/mL oral concentrate                         | P    |                  |
| Rayos 1 mg tablet,delayed release                                    | NP   | PA               |
| Rayos 2 mg tablet,delayed release                                    | NP   | PA               |

| Drug Name                                                | Tier | Drug Restriction |
|----------------------------------------------------------|------|------------------|
| Rayos 5 mg tablet,delayed release                        | NP   | PA               |
| TaperDex 1.5 mg (21 tabs) tablets in a dose pack         | NP   | PA               |
| TaperDex 1.5 mg (27 tabs) tablets in a dose pack         | NP   | PA               |
| TaperDex 1.5 mg (49 tabs) tablets in a dose pack         | NP   | PA               |
| <b>GROWTH HORMONE RELEASING HORMONES (GHRH)</b>          |      |                  |
| Egrifta 1 mg subcutaneous solution                       | NP   | PA; SP           |
| Egrifta SV 2 mg subcutaneous solution                    | NP   | PA; SP           |
| <b>GROWTH HORMONES</b>                                   |      |                  |
| Genotropin 12 mg/mL (36 unit/mL) subcutaneous cartridge  | P    | PA; SP           |
| Genotropin 5 mg/mL (15 unit/mL) subcutaneous cartridge   | P    | PA; SP           |
| Genotropin MiniQuick 0.2 mg/0.25 mL subcutaneous syringe | P    | PA; SP           |

| Drug Name                                                | Tier | Drug Restriction |
|----------------------------------------------------------|------|------------------|
| Genotropin MiniQuick 0.4 mg/0.25 mL subcutaneous syringe | P    | PA; SP           |
| Genotropin MiniQuick 0.6 mg/0.25 mL subcutaneous syringe | P    | PA; SP           |
| Genotropin MiniQuick 0.8 mg/0.25 mL subcutaneous syringe | P    | PA; SP           |
| Genotropin MiniQuick 1 mg/0.25 mL subcutaneous syringe   | P    | PA; SP           |
| Genotropin MiniQuick 1.2 mg/0.25 mL subcutaneous syringe | P    | PA; SP           |
| Genotropin MiniQuick 1.4 mg/0.25 mL subcutaneous syringe | P    | PA; SP           |
| Genotropin MiniQuick 1.6 mg/0.25 mL subcutaneous syringe | P    | PA; SP           |
| Genotropin MiniQuick 1.8 mg/0.25 mL subcutaneous syringe | P    | PA; SP           |

| Drug Name                                                              | Tier | Drug Restriction |
|------------------------------------------------------------------------|------|------------------|
| Genotropin MiniQuick 2 mg/0.25 mL subcutaneous syringe                 | P    | PA; SP           |
| Humatrope 12 mg (36 unit) injection cartridge                          | NP   | PA; SP           |
| Humatrope 24 mg (72 unit) injection cartridge                          | NP   | PA; SP           |
| Humatrope 5 mg (15 unit) solution for injection                        | NP   | PA; SP           |
| Humatrope 6 mg (18 unit) injection cartridge                           | NP   | PA; SP           |
| Norditropin FlexPro 10 mg/1.5 mL (6.7 mg/mL) subcutaneous pen injector | NP   | PA; SP           |
| Norditropin FlexPro 15 mg/1.5 mL (10 mg/mL) subcutaneous pen injector  | NP   | PA; SP           |
| Norditropin FlexPro 30 mg/3 mL (10 mg/mL) subcutaneous pen injector    | NP   | PA; SP           |
| Norditropin FlexPro 5 mg/1.5 mL (3.3 mg/mL) subcutaneous pen injector  | NP   | PA; SP           |

| Drug Name                                                                | Tier | Drug Restriction |
|--------------------------------------------------------------------------|------|------------------|
| Nutropin AQ<br>Nuspin 10 mg/2 mL (5 mg/mL)<br>subcutaneous pen injector  | NP   | PA; SP           |
| Nutropin AQ<br>Nuspin 20 mg/2 mL (10 mg/mL)<br>subcutaneous pen injector | NP   | PA; SP           |
| Nutropin AQ<br>Nuspin 5 mg/2 mL (2.5 mg/mL)<br>subcutaneous pen injector | NP   | PA; SP           |
| Omnitrope 10 mg/1.5 mL (6.7 mg/mL)<br>subcutaneous cartridge             | NP   | PA; SP           |
| Omnitrope 5 mg/1.5 mL (3.3 mg/mL)<br>subcutaneous cartridge              | NP   | PA; SP           |
| Omnitrope 5.8 mg<br>subcutaneous solution                                | NP   | PA; SP           |
| Saizen 5 mg<br>subcutaneous solution                                     | NP   | PA; SP           |
| Saizen 8.8 mg<br>subcutaneous solution                                   | NP   | PA; SP           |
| Saizen saizenprep 8.8 mg/1.51 mL (final conc.)<br>subcutaneous cartridge | NP   | PA; SP           |

| Drug Name                                                          | Tier | Drug Restriction                                                           |
|--------------------------------------------------------------------|------|----------------------------------------------------------------------------|
| Serostim 4 mg<br>subcutaneous solution                             | NP   | PA; SP                                                                     |
| Serostim 5 mg<br>subcutaneous solution                             | NP   | PA; SP                                                                     |
| Serostim 6 mg<br>subcutaneous solution                             | NP   | PA; SP                                                                     |
| Zomacton 10 mg<br>subcutaneous solution                            | NP   | PA; SP                                                                     |
| Zomacton 5 mg<br>subcutaneous solution                             | NP   | PA; SP                                                                     |
| Zorbtive 8.8 mg<br>subcutaneous solution                           | NP   | PA; SP                                                                     |
| <b>HUMAN INSULINS - FIXED COMBINATIONS</b>                         |      |                                                                            |
| Humulin 70/30 U-100 Insulin 100 unit/mL<br>subcutaneous suspension | P    | QL(Allowed 2 per 1 day); QL(QL (Limit 90 days supply(ies) per claim ))     |
| Humulin 70/30 U-100 Insulin KwikPen 100 unit/mL<br>subcutaneous    | P    | QL(Allowed 2 per 1 day); QL(QL (Limit 90 days supply(ies) per claim ))     |
| Novolin 70/30 U-100 Insulin 100 unit/mL<br>subcutaneous suspension | NP   | PA; QL(Allowed 2 per 1 day); QL(QL (Limit 90 days supply(ies) per claim )) |

| Drug Name                                                             | Tier | Drug Restriction                                                           |
|-----------------------------------------------------------------------|------|----------------------------------------------------------------------------|
| Novolin 70-30 FlexPen U-100 Insulin 100 unit/mL (70-30) subcutaneous  | NP   | PA; QL(Allowed 2 per 1 day); QL(QL (Limit 90 days supply(ies) per claim )) |
| <b>HUMAN INSULINS - INTERMEDIATE ACTING</b>                           |      |                                                                            |
| Humulin N NPH U-100 Insulin (isophane susp) 100 unit/mL subcutaneous  | P    | QL(Allowed 2 per 1 day); QL(QL (Limit 90 days supply(ies) per claim ))     |
| Humulin N NPH U-100 Insulin KwikPen 100 unit/mL (3 mL) subcutaneous   | P    | QL(Allowed 2 per 1 day); QL(QL (Limit 90 days supply(ies) per claim ))     |
| Novolin N Flexpen 100 unit/mL (3 mL) subcutaneous insulin pen         | NP   | PA; QL(Allowed 2 per 1 day); QL(QL (Limit 90 days supply(ies) per claim )) |
| Novolin N NPH U-100 Insulin isophane 100 unit/mL subcutaneous susp    | NP   | PA; QL(Allowed 2 per 1 day); QL(QL (Limit 90 days supply(ies) per claim )) |
| <b>HUMAN INSULINS - RAPID ACTING</b>                                  |      |                                                                            |
| Afrezza (regular insulin) 8 unit (90)/12 unit (90) cartridge, inhaler | NP   | PA                                                                         |
| Afrezza 12 unit cartridge with inhaler                                | NP   | PA                                                                         |
| Afrezza 4 unit (60)/8 unit (60)/12 unit (60) cartridge with inhaler   | NP   | PA                                                                         |

| Drug Name                                                              | Tier | Drug Restriction                                                           |
|------------------------------------------------------------------------|------|----------------------------------------------------------------------------|
| Afrezza 4 unit (90)/8 unit (90) cartridge with inhaler                 | NP   | PA                                                                         |
| Afrezza 4 unit cartridge with inhaler                                  | NP   | PA                                                                         |
| Afrezza 8 unit cartridge with inhaler                                  | NP   | PA                                                                         |
| <b>HUMAN INSULINS - SHORT ACTING</b>                                   |      |                                                                            |
| Humulin R Regular U-100 Insulin 100 unit/mL injection solution         | P    | QL(Allowed 2 per 1 day); QL(QL (Limit 90 days supply(ies) per claim ))     |
| Humulin R U-500 (Conc) Insulin Kwikpen 500 unit/mL (3 mL) subcutaneous | P    | QL(Allowed 0.6 per 1 day); QL(QL (Limit 90 days supply(ies) per claim ))   |
| Humulin R U-500 (Concentrated) Insulin 500 unit/mL subcutaneous soln   | P    | QL(Allowed 2 per 1 day); QL(QL (Limit 90 days supply(ies) per claim ))     |
| Novolin R Flexpen 100 unit/mL (3 mL) subcutaneous insulin pen          | NP   | PA; QL(Allowed 2 per 1 day); QL(QL (Limit 90 days supply(ies) per claim )) |
| Novolin R Regular U-100 Insulin 100 unit/mL injection solution         | NP   | PA; QL(Allowed 2 per 1 day); QL(QL (Limit 90 days supply(ies) per claim )) |
| <b>INSULIN ANALOGS - FIXED COMBINATIONS</b>                            |      |                                                                            |
| Humalog Mix 50-50 (U-100) Insulin 100 unit/mL subcutaneous suspension  | P    | QL(Allowed 2 per 1 day); QL(QL (Limit 90 days supply(ies) per claim ))     |

| Drug Name                                                              | Tier | Drug Restriction                                                           |
|------------------------------------------------------------------------|------|----------------------------------------------------------------------------|
| Humalog Mix 50-50 KwikPen U-100 Insulin 100 unit/mL subcutaneous pen   | P    | QL(Allowed 2 per 1 day); QL(QL (Limit 90 days supply(ies) per claim ))     |
| Humalog Mix 75-25 (U-100) Insulin 100 unit/mL subcutaneous suspension  | P    | QL(Allowed 2 per 1 day); QL(QL (Limit 90 days supply(ies) per claim ))     |
| Humalog Mix 75-25 KwikPen U-100 insulin 100 unit/mL subcutaneous pen   | P    | QL(Allowed 2 per 1 day); QL(QL (Limit 90 days supply(ies) per claim ))     |
| insulin aspar prot-insulin aspart 100 unit/mL (70-30) subcutaneous pen | NP   | PA; QL(Allowed 2 per 1 day); QL(QL (Limit 90 days supply(ies) per claim )) |
| insulin aspar prt-insulin aspart 100 unit/mL (70-30) subcutaneous soln | NP   | PA; QL(Allowed 2 per 1 day); QL(QL (Limit 90 days supply(ies) per claim )) |
| insulin lispro protamine-lispro 100 unit/mL (75-25) subcutaneous pen   | P    | QL(Allowed 2 per 1 day); QL(QL (Limit 90 days supply(ies) per claim ))     |
| Novolog Mix 70-30 FlexPen U-100 Insulin 100 unit/mL subcutaneous pen   | NP   | PA; QL(Allowed 2 per 1 day); QL(QL (Limit 90 days supply(ies) per claim )) |
| Novolog Mix 70-30 U-100 Insulin 100 unit/mL subcutaneous solution      | NP   | PA; QL(Allowed 2 per 1 day); QL(QL (Limit 90 days supply(ies) per claim )) |
| INSULIN ANALOGS - LONG ACTING                                          |      |                                                                            |

| Drug Name                                                             | Tier | Drug Restriction                                                              |
|-----------------------------------------------------------------------|------|-------------------------------------------------------------------------------|
| Basaglar KwikPen U-100 Insulin 100 unit/mL (3 mL) subcutaneous        | NP   | PA; QL(Allowed 2 per 1 day); QL(QL (Limit 90 days supply(ies) per claim ))    |
| Lantus Solostar U-100 Insulin 100 unit/mL (3 mL) subcutaneous pen     | P    | QL(Allowed 2 per 1 day); QL(QL (Limit 90 days supply(ies) per claim ))        |
| Lantus U-100 Insulin 100 unit/mL subcutaneous solution                | P    | QL(Allowed 2 per 1 day); QL(QL (Limit 90 days supply(ies) per claim ))        |
| Levemir FlexTouch U-100 Insulin 100 unit/mL (3 mL) subcutaneous pen   | P    | QL(Allowed 2 per 1 day); QL(QL (Limit 90 days supply(ies) per claim ))        |
| Levemir U-100 Insulin 100 unit/mL subcutaneous solution               | P    | QL(Allowed 2 per 1 day); QL(QL (Limit 90 days supply(ies) per claim ))        |
| Semglee Pen U-100 Insulin 100 unit/mL (3 mL) subcutaneous             | NP   | PA                                                                            |
| Semglee U-100 Insulin 100 unit/mL subcutaneous solution               | NP   | PA                                                                            |
| Toujeo Max U-300 SoloStar 300 unit/mL (3 mL) subcutaneous insulin pen | NP   | PA; QL(Allowed 0.4 per 1 day); QL(QL (Limit 90 days supply(ies) per claim ))  |
| Toujeo SoloStar U-300 Insulin 300 unit/mL (1.5 mL) subcutaneous pen   | NP   | PA; QL(Allowed 0.45 per 1 day); QL(QL (Limit 90 days supply(ies) per claim )) |

| Drug Name                                                           | Tier | Drug Restriction                                                           |
|---------------------------------------------------------------------|------|----------------------------------------------------------------------------|
| Tresiba FlexTouch U-100 insulin 100 unit/mL (3 mL) subcutaneous pen | NP   | PA; QL(Allowed 2 per 1 day); QL(QL (Limit 90 days supply(ies) per claim )) |
| Tresiba FlexTouch U-200 insulin 200 unit/mL (3 mL) subcutaneous pen | NP   | PA; QL(Allowed 2 per 1 day); QL(QL (Limit 90 days supply(ies) per claim )) |
| Tresiba U-100 Insulin 100 unit/mL subcutaneous solution             | NP   | PA; QL(Allowed 2 per 1 day); QL(QL (Limit 90 days supply(ies) per claim )) |
| <b>INSULIN ANALOGS - RAPID ACTING</b>                               |      |                                                                            |
| Admelog SoloStar U-100 Insulin lispro 100 unit/mL subcutaneous pen  | NP   | PA; QL(Allowed 2 per 1 day); QL(QL (Limit 90 days supply(ies) per claim )) |
| Admelog U-100 Insulin lispro 100 unit/mL subcutaneous solution      | NP   | PA; QL(Allowed 2 per 1 day); QL(QL (Limit 90 days supply(ies) per claim )) |
| Apidra SoloStar U-100 Insulin 100 unit/mL subcutaneous pen          | NP   | PA; QL(Allowed 2 per 1 day); QL(QL (Limit 90 days supply(ies) per claim )) |
| Apidra U-100 Insulin 100 unit/mL subcutaneous solution              | NP   | PA; QL(Allowed 2 per 1 day); QL(QL (Limit 90 days supply(ies) per claim )) |
| Fiasp FlexTouch U-100 Insulin 100 unit/mL (3 mL) subcutaneous pen   | NP   | PA; QL(Allowed 2 per 1 day); QL(QL (Limit 90 days supply(ies) per claim )) |

| Drug Name                                                             | Tier | Drug Restriction                                                           |
|-----------------------------------------------------------------------|------|----------------------------------------------------------------------------|
| Fiasp Penfill U-100 Insulin 100 unit/mL (3 mL) subcutaneous cartridge | NP   | PA; QL(Allowed 2 per 1 day); QL(QL (Limit 90 days supply(ies) per claim )) |
| Fiasp U-100 Insulin 100 unit/mL subcutaneous solution                 | NP   | PA; QL(Allowed 2 per 1 day); QL(QL (Limit 90 days supply(ies) per claim )) |
| Humalog Junior KwikPen (U-100) 100 unit/mL subcutaneous half-unit pen | P    | QL(Allowed 2 per 1 day); QL(QL (Limit 90 days supply(ies) per claim ))     |
| Humalog KwikPen (U-100) Insulin 100 unit/mL subcutaneous              | P    | QL(Allowed 2 per 1 day); QL(QL (Limit 90 days supply(ies) per claim ))     |
| Humalog KwikPen U-200 Insulin 200 unit/mL (3 mL) subcutaneous         | P    | QL(Allowed 1 per 1 day); QL(QL (Limit 90 days supply(ies) per claim ))     |
| Humalog U-100 Insulin 100 unit/mL subcutaneous cartridge              | P    | QL(Allowed 2 per 1 day); QL(QL (Limit 90 days supply(ies) per claim ))     |
| Humalog U-100 Insulin 100 unit/mL subcutaneous solution               | P    | QL(Allowed 2 per 1 day); QL(QL (Limit 90 days supply(ies) per claim ))     |
| insulin aspart (U-100) 100 unit/mL (3 mL) subcutaneous pen            | NP   | PA; QL(Allowed 2 per 1 day); QL(QL (Limit 90 days supply(ies) per claim )) |



| Drug Name                                                            | Tier | Drug Restriction                                                           |
|----------------------------------------------------------------------|------|----------------------------------------------------------------------------|
| insulin aspart U-100 100 unit/mL subcutaneous cartridge              | NP   | PA; QL(Allowed 2 per 1 day); QL(QL (Limit 90 days supply(ies) per claim )) |
| insulin aspart U-100 100 unit/mL subcutaneous solution               | NP   | PA; QL(Allowed 2 per 1 day); QL(QL (Limit 90 days supply(ies) per claim )) |
| insulin lispro (U-100) 100 unit/mL subcutaneous half-unit pen        | P    | QL(Allowed 2 per 1 day); QL(QL (Limit 90 days supply(ies) per claim ))     |
| insulin lispro (U-100) 100 unit/mL subcutaneous pen                  | P    | QL(Allowed 2 per 1 day); QL(QL (Limit 90 days supply(ies) per claim ))     |
| insulin lispro (U-100) 100 unit/mL subcutaneous solution             | P    | QL(Allowed 2 per 1 day); QL(QL (Limit 90 days supply(ies) per claim ))     |
| Lyumjev KwikPen U-100 Insulin 100 unit/mL subcutaneous               | NP   | PA                                                                         |
| Lyumjev KwikPen U-200 Insulin 200 unit/mL (3 mL) subcutaneous        | NP   | PA                                                                         |
| Lyumjev U-100 Insulin 100 unit/mL subcutaneous solution              | NP   | PA                                                                         |
| Novolog Flexpen U-100 Insulin aspart 100 unit/mL (3 mL) subcutaneous | NP   | PA; QL(Allowed 2 per 1 day); QL(QL (Limit 90 days supply(ies) per claim )) |

| Drug Name                                                               | Tier | Drug Restriction                                                           |
|-------------------------------------------------------------------------|------|----------------------------------------------------------------------------|
| Novolog PenFill U-100 Insulin aspart 100 unit/mL subcutaneous cartridge | NP   | PA; QL(Allowed 2 per 1 day); QL(QL (Limit 90 days supply(ies) per claim )) |
| Novolog U-100 Insulin aspart 100 unit/mL subcutaneous solution          | NP   | PA; QL(Allowed 2 per 1 day); QL(QL (Limit 90 days supply(ies) per claim )) |
| <b>INSULIN RESPONSE ENHANCERS - BIGUANIDES</b>                          |      |                                                                            |
| Fortamet 1,000 mg tablet,extended release                               | NP   | PA                                                                         |
| Fortamet 500 mg tablet,extended release                                 | NP   | PA                                                                         |
| Glucophage XR 500 mg tablet,extended release                            | NP   | PA; QL(Allowed 4 per 1 day); MT                                            |
| Glucophage XR 750 mg tablet,extended release                            | NP   | PA; QL(Allowed 2 per 1 day); MT                                            |
| Glumetza 1,000 mg tablet,extended release                               | NP   | PA                                                                         |
| Glumetza 500 mg tablet,extended release                                 | NP   | PA                                                                         |
| metformin 1,000 mg tablet                                               | P    | QL(Allowed 2 per 1 day); MT                                                |
| metformin 500 mg tablet                                                 | P    | QL(Allowed 5 per 1 day); MT                                                |

| Drug Name                                                                    | Tier | Drug Restriction                |
|------------------------------------------------------------------------------|------|---------------------------------|
| metformin 500 mg/5 mL oral solution                                          | NP   | PA                              |
| metformin 850 mg tablet                                                      | P    | QL(Allowed 3 per 1 day); MT     |
| metformin ER 1,000 mg 24 hr tablet,extended release                          | P    |                                 |
| metformin ER 1,000 mg tablet,extended release 24hr                           | P    |                                 |
| metformin ER 500 mg 24 hr tablet,extended release                            | P    |                                 |
| metformin ER 500 mg tablet,extended release 24 hr                            | P    | QL(Allowed 4 per 1 day); MT     |
| metformin ER 500 mg tablet,extended release 24hr                             | P    |                                 |
| metformin ER 750 mg tablet,extended release 24 hr                            | P    | QL(Allowed 2 per 1 day); MT     |
| Riomet 500 mg/5 mL oral solution                                             | NP   | PA                              |
| Riomet ER 500 mg/5 mL oral suspension,extended release                       | NP   | PA                              |
| <b>INSULIN RESPONSE ENHANCERS - THIAZOLIDINEDIONES (PPAR-GAMMA AGONISTS)</b> |      |                                 |
| Actos 15 mg tablet                                                           | NP   | PA; QL(Allowed 1 per 1 day); MT |

| Drug Name                                                                     | Tier | Drug Restriction                |
|-------------------------------------------------------------------------------|------|---------------------------------|
| Actos 30 mg tablet                                                            | NP   | PA; QL(Allowed 1 per 1 day); MT |
| Actos 45 mg tablet                                                            | NP   | PA; QL(Allowed 1 per 1 day); MT |
| Avandia 2 mg tablet                                                           | P    | QL(Allowed 1 per 1 day); MT     |
| Avandia 4 mg tablet                                                           | P    | QL(Allowed 1 per 1 day); MT     |
| pioglitazone 15 mg tablet                                                     | P    | QL(Allowed 1 per 1 day); MT     |
| pioglitazone 30 mg tablet                                                     | P    | QL(Allowed 1 per 1 day); MT     |
| pioglitazone 45 mg tablet                                                     | P    | QL(Allowed 1 per 1 day); MT     |
| <b>INSULIN-LIKE GROWTH FACTOR-1 (IGF-1)</b>                                   |      |                                 |
| Increlex 10 mg/mL subcutaneous solution                                       | NP   | PA; SP                          |
| <b>LHRH (GNRH) AGONIST ANALOG PITUITARY SUPPRESSANTS</b>                      |      |                                 |
| Synarel 2 mg/mL nasal spray                                                   | NP   | PA; SP                          |
| <b>LHRH (GNRH) ANTAGONIST, ESTROGEN AND PROGESTIN COMBINATIONS</b>            |      |                                 |
| Oriahnn 300-1-0.5 mg(AM)/300 mg(PM) capsules                                  | NP   | PA                              |
| <b>LHRH (GNRH) ANTAGONISTS</b>                                                |      |                                 |
| Orilissa 150 mg tablet                                                        | P    | PA; SP                          |
| Orilissa 200 mg tablet                                                        | P    | PA; SP                          |
| <b>MENOPAUSAL SYMPTOMS SUPPRESSANT-SELECTIVE ESTROGEN RECEPTOR MODULATORS</b> |      |                                 |

| Drug Name                                                            | Tier | Drug Restriction     |
|----------------------------------------------------------------------|------|----------------------|
| Osphena 60 mg tablet                                                 | NP   | PA                   |
| MENOPAUSAL SYMPTOMS SUPPRESSANT-SSRI ANTIDEPRESSANT TYPE             |      |                      |
| Brisdelle 7.5 mg capsule                                             | NP   | PA                   |
| paroxetine mesylate (menopausal symptoms suppressant) 7.5 mg capsule | NP   | PA                   |
| MENOPAUSAL SYMPTOMS SUPPRESSANT - HORMONAL AGENTS                    |      |                      |
| Imvexxy Maintenance Pack 10 mcg vaginal insert                       | NP   | PA                   |
| Imvexxy Maintenance Pack 4 mcg vaginal insert                        | NP   | PA                   |
| Imvexxy Starter Pack 10 mcg vaginal insert, dose pack                | NP   | PA                   |
| Imvexxy Starter Pack 4 mcg vaginal insert, dose pack                 | NP   | PA                   |
| Intrarosa 6.5 mg vaginal insert                                      | NP   | PA                   |
| MINERALOCORTICOIDS                                                   |      |                      |
| fludrocortisone 0.1 mg tablet                                        | P    |                      |
| OXYTOCIC - ERGOT ALKALOIDS                                           |      |                      |
| Methergine 0.2 mg tablet                                             | P    | Use Generic Products |

| Drug Name                               | Tier | Drug Restriction                             |
|-----------------------------------------|------|----------------------------------------------|
| methylergonovine 0.2 mg tablet          | P    |                                              |
| PROGESTINS                              |      |                                              |
| Aygestin 5 mg tablet                    | NP   | PA                                           |
| medroxyprogesterone 10 mg tablet        | P    | MT                                           |
| medroxyprogesterone 2.5 mg tablet       | P    | MT                                           |
| medroxyprogesterone 5 mg tablet         | P    | MT                                           |
| norethindrone acetate 5 mg tablet       | NP   | PA                                           |
| progesterone 50 mg/mL intramuscular oil | P    |                                              |
| progesterone micronized 100 mg capsule  | P    | QL(Allowed 1 per 1 day)                      |
| progesterone micronized 200 mg capsule  | P    | QL(QL Overtime: Allowed 20 over 30 days)     |
| Prometrium 100 mg capsule               | NP   | PA; QL(Allowed 1 per 1 day)                  |
| Prometrium 200 mg capsule               | NP   | PA; QL(QL Overtime: Allowed 20 over 30 days) |
| Provera 10 mg tablet                    | NP   | PA; MT                                       |
| Provera 2.5 mg tablet                   | NP   | PA; MT                                       |
| Provera 5 mg tablet                     | NP   | PA; MT                                       |

| Drug Name                                                                    | Tier | Drug Restriction            |
|------------------------------------------------------------------------------|------|-----------------------------|
| <b>PROLACTIN INHIBITOR - ERGOT DERIVATIVE<br/>DOPAMINE RECEPTOR AGONISTS</b> |      |                             |
| cabergoline 0.5 mg tablet                                                    | P    |                             |
| <b>SELECTIVE ESTROGEN RECEPTOR MODULATORS (SERMS)</b>                        |      |                             |
| Evista 60 mg tablet                                                          | NP   | PA; QL(Allowed 1 per 1 day) |
| raloxifene 60 mg tablet                                                      | NP   | PA; QL(Allowed 1 per 1 day) |
| <b>SOMATOSTATIC AGENTS</b>                                                   |      |                             |
| Bynfezia 2,500 mcg/mL subcutaneous pen injector                              | NP   | PA; SP                      |
| Mycapssa 20 mg capsule, delayed release                                      | NP   | PA; SP                      |
| octreotide acetate 1,000 mcg/mL injection solution                           | NP   | PA; SP                      |
| octreotide acetate 100 mcg/mL (1 mL) injection syringe                       | NP   | PA; SP                      |
| octreotide acetate 100 mcg/mL injection solution                             | NP   | PA; SP                      |
| octreotide acetate 200 mcg/mL injection solution                             | NP   | PA; SP                      |
| octreotide acetate 50 mcg/mL (1 mL) injection syringe                        | NP   | PA; SP                      |
| octreotide acetate 50 mcg/mL injection solution                              | NP   | PA; SP                      |

| Drug Name                                                        | Tier | Drug Restriction |
|------------------------------------------------------------------|------|------------------|
| octreotide acetate 500 mcg/mL (1 mL) injection syringe           | NP   | PA; SP           |
| octreotide acetate 500 mcg/mL injection solution                 | NP   | PA; SP           |
| Sandostatin 100 mcg/mL injection solution                        | NP   | PA; SP           |
| Sandostatin 50 mcg/mL injection solution                         | NP   | PA; SP           |
| Sandostatin 500 mcg/mL injection solution                        | NP   | PA; SP           |
| Sandostatin LAR Depot 10 mg intramuscular susp, extended release | NP   | PA; SP           |
| Sandostatin LAR Depot 20 mg intramuscular susp, extended release | NP   | PA; SP           |
| Sandostatin LAR Depot 30 mg intramuscular susp, extended release | NP   | PA; SP           |
| Signifor 0.3 mg/mL (1 mL) subcutaneous solution                  | NP   | PA; SP           |
| Signifor 0.6 mg/mL (1 mL) subcutaneous solution                  | NP   | PA; SP           |

| Drug Name                                           | Tier | Drug Restriction |
|-----------------------------------------------------|------|------------------|
| Signifor 0.9 mg/mL (1 mL) subcutaneous solution     | NP   | PA; SP           |
| Signifor LAR 10 mg intramuscular suspension         | NP   | PA; SP           |
| Signifor LAR 20 mg intramuscular suspension         | NP   | PA; SP           |
| Signifor LAR 30 mg intramuscular suspension         | NP   | PA; SP           |
| Signifor LAR 40 mg intramuscular suspension         | NP   | PA; SP           |
| Signifor LAR 60 mg intramuscular suspension         | NP   | PA; SP           |
| Somatuline Depot 120 mg/0.5 mL subcutaneous syringe | NP   | PA; SP           |
| Somatuline Depot 60 mg/0.2 mL subcutaneous syringe  | NP   | PA; SP           |
| Somatuline Depot 90 mg/0.3 mL subcutaneous syringe  | NP   | PA; SP           |
| THYROID HORMONES - ANIMAL SOURCE (PORCINE)          |      |                  |
| Armour Thyroid 120 mg tablet                        | P    |                  |
| Armour Thyroid 15 mg tablet                         | P    |                  |

| Drug Name                    | Tier | Drug Restriction |
|------------------------------|------|------------------|
| Armour Thyroid 180 mg tablet | P    |                  |
| Armour Thyroid 240 mg tablet | P    |                  |
| Armour Thyroid 30 mg tablet  | P    |                  |
| Armour Thyroid 300 mg tablet | P    |                  |
| Armour Thyroid 60 mg tablet  | P    |                  |
| Armour Thyroid 90 mg tablet  | P    |                  |
| NP Thyroid 120 mg tablet     | P    |                  |
| NP Thyroid 15 mg tablet      | P    |                  |
| NP Thyroid 30 mg tablet      | P    |                  |
| NP Thyroid 60 mg tablet      | P    |                  |
| NP Thyroid 90 mg tablet      | P    |                  |
| thyroid (pork) 120 mg tablet | P    |                  |
| thyroid (pork) 15 mg tablet  | P    |                  |
| thyroid (pork) 30 mg tablet  | P    |                  |
| thyroid (pork) 60 mg tablet  | P    |                  |

| Drug Name                                                 | Tier | Drug Restriction |
|-----------------------------------------------------------|------|------------------|
| thyroid (pork) 90 mg tablet                               | P    |                  |
| <b>THYROID HORMONES - SYNTHETIC T3 (TRIIODOTHYRONINE)</b> |      |                  |
| Cytomel 25 mcg tablet                                     | NP   | PA; MT           |
| Cytomel 5 mcg tablet                                      | NP   | PA; MT           |
| Cytomel 50 mcg tablet                                     | NP   | PA; MT           |
| liothyronine 25 mcg tablet                                | P    | MT               |
| liothyronine 5 mcg tablet                                 | P    | MT               |
| liothyronine 50 mcg tablet                                | P    | MT               |
| <b>THYROID HORMONES - SYNTHETIC T4 (THYROXINE)</b>        |      |                  |
| Euthyrox 100 mcg tablet                                   | P    | MT               |
| Euthyrox 112 mcg tablet                                   | P    | MT               |
| Euthyrox 125 mcg tablet                                   | P    | MT               |
| Euthyrox 137 mcg tablet                                   | P    | MT               |
| Euthyrox 150 mcg tablet                                   | P    | MT               |
| Euthyrox 175 mcg tablet                                   | P    | MT               |
| Euthyrox 200 mcg tablet                                   | P    | MT               |

| Drug Name              | Tier | Drug Restriction |
|------------------------|------|------------------|
| Euthyrox 25 mcg tablet | P    | MT               |
| Euthyrox 50 mcg tablet | P    | MT               |
| Euthyrox 75 mcg tablet | P    | MT               |
| Euthyrox 88 mcg tablet | P    | MT               |
| Levo-T 100 mcg tablet  | P    | MT               |
| Levo-T 112 mcg tablet  | P    | MT               |
| Levo-T 125 mcg tablet  | P    | MT               |
| Levo-T 137 mcg tablet  | P    | MT               |
| Levo-T 150 mcg tablet  | P    | MT               |
| Levo-T 175 mcg tablet  | P    | MT               |
| Levo-T 200 mcg tablet  | P    | MT               |
| Levo-T 25 mcg tablet   | P    | MT               |
| Levo-T 300 mcg tablet  | P    | MT               |
| Levo-T 50 mcg tablet   | P    | MT               |
| Levo-T 75 mcg tablet   | P    | MT               |

| Drug Name                     | Tier | Drug Restriction |
|-------------------------------|------|------------------|
| Levo-T 88 mcg tablet          | P    | MT               |
| levothyroxine 100 mcg capsule | NP   | PA               |
| levothyroxine 100 mcg tablet  | P    | MT               |
| levothyroxine 112 mcg capsule | NP   | PA               |
| levothyroxine 112 mcg tablet  | P    | MT               |
| levothyroxine 125 mcg capsule | NP   | PA               |
| levothyroxine 125 mcg tablet  | P    | MT               |
| levothyroxine 13 mcg capsule  | NP   | PA               |
| levothyroxine 137 mcg capsule | NP   | PA               |
| levothyroxine 137 mcg tablet  | P    | MT               |
| levothyroxine 150 mcg capsule | NP   | PA               |
| levothyroxine 150 mcg tablet  | P    | MT               |
| levothyroxine 175 mcg capsule | NP   | PA               |
| levothyroxine 175 mcg tablet  | P    | MT               |
| levothyroxine 200 mcg capsule | NP   | PA               |

| Drug Name                    | Tier | Drug Restriction |
|------------------------------|------|------------------|
| levothyroxine 200 mcg tablet | P    | MT               |
| levothyroxine 25 mcg capsule | NP   | PA               |
| levothyroxine 25 mcg tablet  | P    | MT               |
| levothyroxine 300 mcg tablet | P    | MT               |
| levothyroxine 50 mcg capsule | NP   | PA               |
| levothyroxine 50 mcg tablet  | P    | MT               |
| levothyroxine 75 mcg capsule | NP   | PA               |
| levothyroxine 75 mcg tablet  | P    | MT               |
| levothyroxine 88 mcg capsule | NP   | PA               |
| levothyroxine 88 mcg tablet  | P    | MT               |
| Levoxyl 100 mcg tablet       | P    | MT               |
| Levoxyl 112 mcg tablet       | P    | MT               |
| Levoxyl 125 mcg tablet       | P    | MT               |
| Levoxyl 137 mcg tablet       | P    | MT               |
| Levoxyl 150 mcg tablet       | P    | MT               |

| Drug Name                | Tier | Drug Restriction |
|--------------------------|------|------------------|
| Levoxyl 175 mcg tablet   | P    | MT               |
| Levoxyl 200 mcg tablet   | P    | MT               |
| Levoxyl 25 mcg tablet    | P    | MT               |
| Levoxyl 50 mcg tablet    | P    | MT               |
| Levoxyl 75 mcg tablet    | P    | MT               |
| Levoxyl 88 mcg tablet    | P    | MT               |
| Synthroid 100 mcg tablet | NP   | PA; MT           |
| Synthroid 112 mcg tablet | NP   | PA; MT           |
| Synthroid 125 mcg tablet | NP   | PA; MT           |
| Synthroid 137 mcg tablet | NP   | PA; MT           |
| Synthroid 150 mcg tablet | NP   | PA; MT           |
| Synthroid 175 mcg tablet | NP   | PA; MT           |
| Synthroid 200 mcg tablet | NP   | PA; MT           |
| Synthroid 25 mcg tablet  | NP   | PA; MT           |
| Synthroid 300 mcg tablet | NP   | PA; MT           |

| Drug Name                | Tier | Drug Restriction |
|--------------------------|------|------------------|
| Synthroid 50 mcg tablet  | NP   | PA; MT           |
| Synthroid 75 mcg tablet  | NP   | PA; MT           |
| Synthroid 88 mcg tablet  | NP   | PA; MT           |
| Tirosint 100 mcg capsule | NP   | PA               |
| Tirosint 112 mcg capsule | NP   | PA               |
| Tirosint 125 mcg capsule | NP   | PA               |
| Tirosint 13 mcg capsule  | NP   | PA               |
| Tirosint 137 mcg capsule | NP   | PA               |
| Tirosint 150 mcg capsule | NP   | PA               |
| Tirosint 175 mcg capsule | NP   | PA               |
| Tirosint 200 mcg capsule | NP   | PA               |
| Tirosint 25 mcg capsule  | NP   | PA               |
| Tirosint 50 mcg capsule  | NP   | PA               |
| Tirosint 75 mcg capsule  | NP   | PA               |
| Tirosint 88 mcg capsule  | NP   | PA               |



| Drug Name                             | Tier | Drug Restriction |
|---------------------------------------|------|------------------|
| Tirosint-Sol 100 mcg/mL oral solution | NP   | PA               |
| Tirosint-Sol 112 mcg/mL oral solution | NP   | PA               |
| Tirosint-Sol 125 mcg/mL oral solution | NP   | PA               |
| Tirosint-Sol 13 mcg/mL oral solution  | NP   | PA               |
| Tirosint-Sol 137 mcg/mL oral solution | NP   | PA               |
| Tirosint-Sol 150 mcg/mL oral solution | NP   | PA               |
| Tirosint-Sol 175 mcg/mL oral solution | NP   | PA               |
| Tirosint-Sol 200 mcg/mL oral solution | NP   | PA               |
| Tirosint-Sol 25 mcg/mL oral solution  | NP   | PA               |
| Tirosint-Sol 50 mcg/mL oral solution  | NP   | PA               |
| Tirosint-Sol 75 mcg/mL oral solution  | NP   | PA               |
| Tirosint-Sol 88 mcg/mL oral solution  | NP   | PA               |

| Drug Name                                          | Tier | Drug Restriction |
|----------------------------------------------------|------|------------------|
| Unithroid 100 mcg tablet                           | P    | MT               |
| Unithroid 112 mcg tablet                           | P    | MT               |
| Unithroid 125 mcg tablet                           | P    | MT               |
| Unithroid 137 mcg tablet                           | P    | MT               |
| Unithroid 150 mcg tablet                           | P    | MT               |
| Unithroid 175 mcg tablet                           | P    | MT               |
| Unithroid 200 mcg tablet                           | P    | MT               |
| Unithroid 25 mcg tablet                            | P    | MT               |
| Unithroid 300 mcg tablet                           | P    | MT               |
| Unithroid 50 mcg tablet                            | P    | MT               |
| Unithroid 75 mcg tablet                            | P    | MT               |
| Unithroid 88 mcg tablet                            | P    | MT               |
| GASTROINTESTINAL THERAPY AGENTS                    |      |                  |
| ANTACID - ALUMINUM                                 |      |                  |
| aluminum hydroxide gel 320 mg/5 mL oral suspension | P    |                  |
| ANTACID - BICARBONATE                              |      |                  |

| Drug Name                                                           | Tier | Drug Restriction |
|---------------------------------------------------------------------|------|------------------|
| sodium bicarbonate 325 mg tablet                                    | P    |                  |
| sodium bicarbonate 650 mg tablet                                    | P    |                  |
| <b>ANTACID - CALCIUM</b>                                            |      |                  |
| Antacid (calcium carbonate) 200 mg calcium (500 mg) chewable tablet | P    |                  |
| Antacid (calcium carbonate) 215 mg calcium (500 mg) chewable tablet | P    |                  |
| Antacid Calcium 215 mg calcium (500 mg) chewable tablet             | P    |                  |
| Calcium Antacid 200 mg calcium (500 mg) chewable tablet             | P    |                  |
| calcium carbonate 200 mg calcium (500 mg) chewable tablet           | P    |                  |
| Cal-Gest Antacid 200 mg calcium (500 mg) chewable tablet            | P    |                  |
| Tame The Flame 195 mg calcium (500 mg) chewable tablet              | P    |                  |
| Tums 200 mg calcium (500 mg) chewable tablet                        | P    |                  |

| Drug Name                                                             | Tier | Drug Restriction |
|-----------------------------------------------------------------------|------|------------------|
| Tums Freshers 200 mg calcium (500 mg) chewable tablet                 | P    |                  |
| <b>ANTACID - SIMETHICONE COMBINATIONS</b>                             |      |                  |
| Advanced Antacid-Antigas 200 mg-200 mg-20 mg/5 mL oral suspension     | P    |                  |
| Almacone 200 mg-200 mg-20 mg/5 mL oral suspension                     | P    |                  |
| aluminum-mag hydroxide-simethicone 200 mg-200 mg-20 mg/5 mL oral susp | P    |                  |
| Antacid 200 mg-200 mg-20 mg/5 mL oral suspension                      | P    |                  |
| Antacid Anti-Gas 200 mg-200 mg-20 mg/5 mL oral suspension             | P    |                  |
| Antacid Extra-Strength 200 mg-200 mg-20 mg/5 mL oral suspension       | P    |                  |
| Antacid Liquid 200 mg-200 mg-20 mg/5 mL oral suspension               | P    |                  |
| Antacid M 200 mg-200 mg-20 mg/5 mL oral suspension                    | P    |                  |

| Drug Name                                                         | Tier | Drug Restriction |
|-------------------------------------------------------------------|------|------------------|
| Antacid Plus Anti-Gas 200 mg-200 mg-20 mg/5 mL oral suspension    | P    |                  |
| Antacid Regular Strength 200 mg-200 mg-20 mg/5 mL oral suspension | P    |                  |
| Antacid with Simethicone 200 mg-200 mg-20 mg/5 mL oral suspension | P    |                  |
| Antacid-Antigas 200 mg-200 mg-20 mg/5 mL oral suspension          | P    |                  |
| Comfort Gel 200 mg-200 mg-20 mg/5 mL oral suspension              | P    |                  |
| Flanax Antacid 200 mg-200 mg-20 mg/5 mL oral suspension           | P    |                  |
| Geri-Lanta 200 mg-200 mg-20 mg/5 mL oral suspension               | P    |                  |
| Geri-Mox Antacid-Antigas 200 mg-200 mg-20 mg/5 mL oral suspension | P    |                  |
| Liquid Antacid 200 mg-200 mg-20 mg/5 mL oral suspension           | P    |                  |

| Drug Name                                            | Tier | Drug Restriction                              |
|------------------------------------------------------|------|-----------------------------------------------|
| Mag-Al Plus 200 mg-200 mg-20 mg/5 mL oral suspension | P    |                                               |
| Mi-Acid 200 mg-200 mg-20 mg/5 mL oral suspension     | P    |                                               |
| Mintox 200 mg-200 mg-20 mg/5 mL oral suspension      | P    |                                               |
| Rulox 200 mg-200 mg-20 mg/5 mL oral suspension       | P    |                                               |
| <b>ANTIDIARRHEAL - ANTIPERISTALTIC AGENTS</b>        |      |                                               |
| Anti-Diarrhea 2 mg tablet                            | P    | QL(Allowed 8 per 1 day)                       |
| Anti-Diarrheal (loperamide) 1 mg/5 mL oral liquid    | P    | QL(Allowed 40 per 1 day)                      |
| Anti-Diarrheal (loperamide) 1 mg/7.5 mL oral liquid  | P    | QL(Allowed 60 per 1 day)                      |
| Anti-Diarrheal (loperamide) 2 mg capsule             | P    | QL(Allowed 8 per 1 day); Use Generic Products |
| Anti-Diarrheal (loperamide) 2 mg tablet              | P    | QL(Allowed 8 per 1 day)                       |
| Diamode 2 mg tablet                                  | P    | QL(Allowed 8 per 1 day)                       |
| loperamide 1 mg/5 mL oral liquid                     | P    | QL(Allowed 40 per 1 day)                      |

| Drug Name                                                   | Tier | Drug Restriction         |
|-------------------------------------------------------------|------|--------------------------|
| loperamide 1 mg/7.5 mL oral liquid                          | P    | QL(Allowed 60 per 1 day) |
| loperamide 2 mg capsule                                     | P    | QL(Allowed 8 per 1 day)  |
| loperamide 2 mg tablet                                      | P    | QL(Allowed 8 per 1 day)  |
| paregoric 2 mg/5 mL oral liquid                             | P    |                          |
| <b>ANTIDIARRHEAL - BISMUTH AGENTS</b>                       |      |                          |
| Bismatrol 262 mg chewable tablet                            | P    |                          |
| Bismatrol 525 mg/15 mL oral suspension                      | P    |                          |
| Bismuth 262 mg chewable tablet                              | P    |                          |
| Bismuth Maximum Strength 525 mg/15 mL oral suspension       | P    |                          |
| bismuth subsalicylate 262 mg chewable tablet                | P    |                          |
| Diotame 262 mg chewable tablet                              | P    |                          |
| Kaopectate Ex Str (bismuth ss) 525 mg/15 mL oral suspension | P    |                          |
| Peptic Relief 262 mg chewable tablet                        | P    |                          |
| Pepto-Bismol 262 mg chewable tablet                         | P    |                          |

| Drug Name                                                  | Tier | Drug Restriction |
|------------------------------------------------------------|------|------------------|
| Pepto-Bismol Max St 525 mg/15 mL oral suspension           | P    |                  |
| Pepto-Bismol To-Go 262 mg chewable tablet                  | P    |                  |
| Pink Bismuth 262 mg chewable tablet                        | P    |                  |
| Pink Bismuth 262 mg tablet                                 | P    |                  |
| Pink Bismuth 525 mg/15 mL oral suspension                  | P    |                  |
| Pink Bismuth Maximum Strength 525 mg/15 mL oral suspension | P    |                  |
| Soothe (bismuth subsalicylate) 262 mg chewable tablet      | P    |                  |
| Stomach Relief 262 mg chewable tablet                      | P    |                  |
| Stomach Relief 262 mg tablet                               | P    |                  |
| Stomach Relief 525 mg/15 mL oral suspension                | P    |                  |
| Stomach Relief Max Strength 525 mg/15 mL oral suspension   | P    |                  |
| <b>ANTIDIARRHEAL - TRYPTOPHAN HYDROXYLASE INHIBITOR</b>    |      |                  |
| Xermelo 250 mg tablet                                      | NP   | PA; SP           |

| Drug Name                                                         | Tier | Drug Restriction     |
|-------------------------------------------------------------------|------|----------------------|
| <b>ANTIDIARRHEAL ANTIPERISTALTIC-ANTICHOLINERGIC COMBINATIONS</b> |      |                      |
| diphenoxylate-atropine 2.5 mg-0.025 mg tablet                     | P    |                      |
| diphenoxylate-atropine 2.5 mg-0.025 mg/5 mL oral liquid           | P    |                      |
| Lomotil 2.5 mg-0.025 mg tablet                                    | P    | Use Generic Products |
| <b>ANTIEMETIC - ANTICHOLINERGICS</b>                              |      |                      |
| scopolamine 1 mg over 3 days transdermal patch                    | P    |                      |
| Transderm-Scop 1.5 mg transdermal patch (1 mg over 3 days)        | P    |                      |
| <b>ANTIEMETIC - ANTIHISTAMINES</b>                                |      |                      |
| meclizine 12.5 mg tablet                                          | P    |                      |
| meclizine 25 mg tablet                                            | P    |                      |
| <b>ANTIEMETIC - ANTIHISTAMINE-VITAMIN COMBINATIONS</b>            |      |                      |
| Bonjesta 20 mg-20 mg tablet,immediate and delay release           | NP   | PA                   |
| Diclegis 10 mg-10 mg tablet,delayed release                       | NP   | PA                   |
| doxylamine 10 mg-pyridoxine (vit B6) 10 mg tablet,delayed release | NP   | PA                   |

| Drug Name                                           | Tier | Drug Restriction                                                     |
|-----------------------------------------------------|------|----------------------------------------------------------------------|
| <b>ANTIEMETIC - CANNABINOID TYPE</b>                |      |                                                                      |
| dronabinol 10 mg capsule                            | NP   | PA                                                                   |
| dronabinol 2.5 mg capsule                           | NP   | PA                                                                   |
| dronabinol 5 mg capsule                             | NP   | PA                                                                   |
| Marinol 10 mg capsule                               | NP   | PA                                                                   |
| Marinol 2.5 mg capsule                              | NP   | PA                                                                   |
| Marinol 5 mg capsule                                | NP   | PA                                                                   |
| <b>ANTIEMETIC - DOPAMINE (D2)/5-HT3 ANTAGONISTS</b> |      |                                                                      |
| Tigan 300 mg capsule                                | NP   | PA                                                                   |
| trimethobenzamide 300 mg capsule                    | NP   | PA                                                                   |
| <b>ANTIEMETIC - PHENOTHIAZINES</b>                  |      |                                                                      |
| Compro 25 mg rectal suppository                     | P    |                                                                      |
| Phenadoz 12.5 mg rectal suppository                 | P    | AL(Minimum Age 2 Years); QL(Allowed 12 per Rx); Use Generic Products |
| Phenadoz 25 mg rectal suppository                   | P    | AL(Minimum Age 2 Years); QL(Allowed 12 per Rx); Use Generic Products |
| Phenergan 12.5 mg rectal suppository                | P    | AL(Minimum Age 2 Years); QL(Allowed 12 per Rx); Use Generic Products |
| Phenergan 25 mg rectal suppository                  | P    | AL(Minimum Age 2 Years); QL(Allowed 12 per Rx); Use Generic Products |

| Drug Name                                                 | Tier | Drug Restriction                                                     |
|-----------------------------------------------------------|------|----------------------------------------------------------------------|
| Phenergan 50 mg rectal suppository                        | P    | AL(Minimum Age 2 Years); QL(Allowed 12 per Rx)                       |
| prochlorperazine 25 mg rectal suppository                 | P    |                                                                      |
| prochlorperazine maleate 10 mg tablet                     | P    |                                                                      |
| prochlorperazine maleate 5 mg tablet                      | P    |                                                                      |
| promethazine 12.5 mg rectal suppository                   | P    | AL(Minimum Age 2 Years); QL(Allowed 12 per Rx)                       |
| promethazine 25 mg rectal suppository                     | P    | AL(Minimum Age 2 Years); QL(Allowed 12 per Rx)                       |
| promethazine 50 mg rectal suppository                     | P    | AL(Minimum Age 2 Years); QL(Allowed 12 per Rx)                       |
| Promethegan 12.5 mg rectal suppository                    | P    | AL(Minimum Age 2 Years); QL(Allowed 12 per Rx); Use Generic Products |
| Promethegan 25 mg rectal suppository                      | P    | AL(Minimum Age 2 Years); QL(Allowed 12 per Rx); Use Generic Products |
| Promethegan 50 mg rectal suppository                      | P    | AL(Minimum Age 2 Years); QL(Allowed 12 per Rx)                       |
| <b>ANTIEMETIC - SELECTIVE SEROTONIN 5-HT3 ANTAGONISTS</b> |      |                                                                      |
| Anzemet 100 mg tablet                                     | NP   | PA                                                                   |
| Anzemet 50 mg tablet                                      | NP   | PA                                                                   |

| Drug Name                                                               | Tier | Drug Restriction          |
|-------------------------------------------------------------------------|------|---------------------------|
| granisetron HCl 1 mg tablet                                             | NP   | PA                        |
| ondansetron 4 mg disintegrating tablet                                  | P    | QL(Allowed 20 per Rx)     |
| ondansetron 8 mg disintegrating tablet                                  | P    | QL(Allowed 20 per Rx)     |
| ondansetron HCl 4 mg tablet                                             | P    | QL(Allowed 20 per Rx)     |
| ondansetron HCl 4 mg/5 mL oral solution                                 | P    | QL(Allowed 50 per Rx)     |
| ondansetron HCl 8 mg tablet                                             | P    | QL(Allowed 20 per Rx)     |
| Sancuso 3.1 mg/24 hour transdermal patch                                | NP   | PA                        |
| Zofran 4 mg tablet                                                      | NP   | PA; QL(Allowed 20 per Rx) |
| Zofran 8 mg tablet                                                      | NP   | PA; QL(Allowed 20 per Rx) |
| Zuplenz 4 mg oral soluble film                                          | NP   | PA                        |
| Zuplenz 8 mg oral soluble film                                          | NP   | PA                        |
| <b>ANTIEMETIC - SUBSTANCE P-NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS</b> |      |                           |
| aprepitant 125 mg (1)-80 mg (2) capsules in a dose pack                 | P    |                           |
| aprepitant 125 mg capsule                                               | P    |                           |

| Drug Name                                                                     | Tier | Drug Restriction                |
|-------------------------------------------------------------------------------|------|---------------------------------|
| aprepitant 40 mg capsule                                                      | P    |                                 |
| aprepitant 80 mg capsule                                                      | P    |                                 |
| Emend 125 mg (1)-80 mg (2) capsules in a dose pack                            | NP   | PA                              |
| Emend 125 mg (25 mg/mL final conc.) oral suspension                           | NP   | PA                              |
| Emend 40 mg capsule                                                           | NP   | PA                              |
| Emend 80 mg capsule                                                           | NP   | PA                              |
| Varubi 90 mg tablet                                                           | NP   | PA                              |
| <b>ANTIEMETIC - SUBSTANCE P-NEUROKININ 1 AND 5-HT3 RECEPT ANTAGONIST COMB</b> |      |                                 |
| Akynzeo (netupitant) 300 mg-0.5 mg capsule                                    | NP   | PA                              |
| <b>BILE ACIDS</b>                                                             |      |                                 |
| Cholbam 250 mg capsule                                                        | NP   | PA; QL(Allowed 5 per 1 day); SP |
| Cholbam 50 mg capsule                                                         | NP   | PA; QL(Allowed 5 per 1 day); SP |
| <b>CHRONIC IDIOPATHIC CONST. AGENTS - GUANYLATE CYCLASE-C (GC-C) AGONISTS</b> |      |                                 |
| Linzess 145 mcg capsule                                                       | NP   | PA                              |
| Linzess 290 mcg capsule                                                       | NP   | PA                              |
| Linzess 72 mcg capsule                                                        | NP   | PA                              |

| Drug Name                                                           | Tier | Drug Restriction |
|---------------------------------------------------------------------|------|------------------|
| Trulance 3 mg tablet                                                | NP   | PA               |
| <b>COLONIC ACIDIFIER (AMMONIA INHIBITOR)</b>                        |      |                  |
| Enulose 10 gram/15 mL oral solution                                 | P    |                  |
| Generlac 10 gram/15 mL oral solution                                | P    |                  |
| lactulose 10 gram/15 mL (15 mL) oral solution                       | P    |                  |
| <b>DIGESTIVE ENZYME MIXTURES</b>                                    |      |                  |
| Creon 12,000-38,000-60,000 unit capsule,delayed release             | P    |                  |
| Creon 24,000-76,000-120,000 unit capsule,delayed release            | P    |                  |
| Creon 3,000 unit-9,500 unit-15,000 unit capsule,delayed release     | P    |                  |
| Creon 36,000 unit-114,000 unit-180,000 unit capsule,delayed release | P    |                  |
| Creon 6,000-19,000-30,000 unit capsule,delayed release              | P    |                  |

| Drug Name                                                              | Tier | Drug Restriction |
|------------------------------------------------------------------------|------|------------------|
| Pancreaze 10,500 unit-35,500 unit-61,500 unit capsule, delayed release | P    |                  |
| Pancreaze 16,800 unit-56,800 unit-98,400 unit capsule, delayed release | P    |                  |
| Pancreaze 2,600 unit-6,200 unit-10,850 unit capsule, delayed release   | P    |                  |
| Pancreaze 21,000 unit-54,700 unit-83,900 unit capsule, delayed release | P    |                  |
| Pancreaze 4,200 unit-14,200 unit-24,600 unit capsule, delayed release  | P    |                  |
| Pertzye 16,000 unit-57,500 unit-60,500 unit capsule, delayed release   | NP   | PA               |
| Pertzye 24,000-86,250-90,750 unit capsule, delayed release             | NP   | PA               |
| Pertzye 4,000 unit-14,375 unit-15,125 unit capsule, delayed release    | NP   | PA               |

| Drug Name                                                            | Tier | Drug Restriction |
|----------------------------------------------------------------------|------|------------------|
| Pertzye 8,000 unit-28,750 unit-30,250 unit capsule, delayed release  | NP   | PA               |
| Viokace 10,440 unit-39,150 unit-39,150 unit tablet                   | NP   | PA               |
| Viokace 20,880 unit-78,300 unit-78,300 unit tablet                   | NP   | PA               |
| Zenpep 10,000 unit-32,000 unit-42,000 unit capsule, delayed release  | P    |                  |
| Zenpep 15,000 unit-47,000 unit-63,000 unit capsule, delayed release  | P    |                  |
| Zenpep 20,000 unit-63,000 unit-84,000 unit capsule, delayed release  | P    |                  |
| Zenpep 25,000 unit-79,000 unit-105,000 unit capsule, delayed release | P    |                  |
| Zenpep 3,000 unit-10,000 unit-14,000 unit capsule, delayed release   | P    |                  |



| Drug Name                                                                  | Tier | Drug Restriction                |
|----------------------------------------------------------------------------|------|---------------------------------|
| Zenpep 40,000 unit-126,000 unit-168,000 unit capsule, delayed release      | P    |                                 |
| Zenpep 5,000 unit-17,000 unit-24,000 unit capsule, delayed release         | P    |                                 |
| <b>GALLSTONE SOLUBILIZING (LITHOLYSIS) AGENTS</b>                          |      |                                 |
| Actigall 300 mg capsule                                                    | NP   | PA; QL(Allowed 3 per 1 day); MT |
| Chenodal 250 mg tablet                                                     | NP   | PA; SP                          |
| URSO 250 250 mg tablet                                                     | NP   | PA; QL(Allowed 7 per 1 day); MT |
| URSO Forte 500 mg tablet                                                   | NP   | PA; MT                          |
| ursodiol 250 mg tablet                                                     | NP   | PA; QL(Allowed 7 per 1 day); MT |
| ursodiol 300 mg capsule                                                    | P    | QL(Allowed 3 per 1 day); MT     |
| ursodiol 500 mg tablet                                                     | NP   | PA; MT                          |
| <b>GASTRIC ACID SECRETION REDUCERS - HISTAMINE H2-RECEPTOR ANTAGONISTS</b> |      |                                 |
| cimetidine 200 mg tablet                                                   | P    |                                 |
| cimetidine 300 mg tablet                                                   | P    |                                 |
| cimetidine 300 mg/5 mL oral solution                                       | P    | QL(Allowed 27 per 1 day)        |

| Drug Name                                       | Tier | Drug Restriction                 |
|-------------------------------------------------|------|----------------------------------|
| cimetidine 400 mg tablet                        | P    |                                  |
| cimetidine 800 mg tablet                        | P    |                                  |
| famotidine 20 mg tablet                         | P    | MT                               |
| famotidine 40 mg tablet                         | P    | MT                               |
| famotidine 40 mg/5 mL (8 mg/mL) oral suspension | P    |                                  |
| nizatidine 150 mg capsule                       | P    |                                  |
| nizatidine 150 mg/10 mL oral solution           | P    |                                  |
| nizatidine 300 mg capsule                       | P    |                                  |
| Pepcid 20 mg tablet                             | NP   | PA; MT                           |
| Pepcid 40 mg tablet                             | NP   | PA; MT                           |
| ranitidine 15 mg/mL oral syrup                  | NP   | PA; QL(Allowed 40 per 1 day); MT |
| ranitidine 150 mg capsule                       | NP   | PA; QL(Allowed 2 per 1 day)      |
| ranitidine 150 mg tablet                        | NP   | PA; QL(Allowed 2 per 1 day); MT  |
| ranitidine 300 mg capsule                       | NP   | PA; QL(Allowed 1 per 1 day)      |
| ranitidine 300 mg tablet                        | NP   | PA; QL(Allowed 2 per 1 day); MT  |

| Drug Name                                                                         | Tier | Drug Restriction            |
|-----------------------------------------------------------------------------------|------|-----------------------------|
| <b>GASTRIC ACID SECRETION REDUCING AGENTS -<br/>PROTON PUMP INHIBITORS (PPIS)</b> |      |                             |
| AcipHex 20 mg tablet,delayed release                                              | NP   | PA                          |
| AcipHex Sprinkle 10 mg capsule,delayed release                                    | NP   | PA                          |
| AcipHex Sprinkle 5 mg capsule,delayed release                                     | NP   | PA                          |
| Dexilant 30 mg capsule, delayed release                                           | NP   | ST                          |
| Dexilant 60 mg capsule, delayed release                                           | NP   | ST                          |
| esomeprazole magnesium 20 mg capsule,delayed release                              | NP   | PA; QL(Allowed 2 per 1 day) |
| esomeprazole magnesium 40 mg capsule,delayed release                              | NP   | PA                          |
| esomeprazole magnesium DR 10 mg granules delayed release for susp                 | NP   | PA                          |
| esomeprazole magnesium DR 20 mg granules delayed release for susp                 | NP   | PA                          |

| Drug Name                                                         | Tier | Drug Restriction            |
|-------------------------------------------------------------------|------|-----------------------------|
| esomeprazole magnesium DR 40 mg granules delayed release for susp | NP   | PA                          |
| esomeprazole strontium 24.65 mg capsule,delayed release           | NP   | PA                          |
| lansoprazole 15 mg capsule,delayed release                        | NP   | PA; QL(Allowed 2 per 1 day) |
| lansoprazole 15 mg delayed release,disintegrating tablet          | P    |                             |
| lansoprazole 30 mg capsule,delayed release                        | NP   | PA; QL(Allowed 2 per 1 day) |
| lansoprazole 30 mg delayed release,disintegrating tablet          | P    |                             |
| Nexium 20 mg capsule,delayed release                              | NP   | PA; QL(Allowed 2 per 1 day) |
| Nexium 40 mg capsule,delayed release                              | NP   | PA                          |
| Nexium Packet 10 mg granules delayed release for susp             | NP   | PA                          |
| Nexium Packet 2.5 mg granules delayed release for susp            | NP   | PA                          |

| Drug Name                                                         | Tier | Drug Restriction            |
|-------------------------------------------------------------------|------|-----------------------------|
| Nexium Packet 20 mg granules delayed release for susp             | NP   | PA                          |
| Nexium Packet 40 mg granules delayed release for susp             | NP   | PA                          |
| Nexium Packet 5 mg granules delayed release for susp              | NP   | PA                          |
| omeprazole 10 mg capsule,delayed release                          | P    | QL(Allowed 2 per 1 day)     |
| omeprazole 20 mg capsule,delayed release                          | P    | QL(Allowed 2 per 1 day)     |
| omeprazole 40 mg capsule,delayed release                          | P    | QL(Allowed 2 per 1 day)     |
| pantoprazole 20 mg tablet,delayed release                         | P    | QL(Allowed 1 per 1 day)     |
| pantoprazole 40 mg tablet,delayed release                         | P    | QL(Allowed 2 per 1 day)     |
| pantoprazole DR 40 mg granules delayed-release for susp in packet | NP   | PA                          |
| Prevacid 15 mg capsule,delayed release                            | NP   | PA; QL(Allowed 2 per 1 day) |
| Prevacid 30 mg capsule,delayed release                            | NP   | PA; QL(Allowed 2 per 1 day) |

| Drug Name                                                              | Tier | Drug Restriction            |
|------------------------------------------------------------------------|------|-----------------------------|
| Prevacid SoluTab 15 mg delayed release,disintegrating tablet           | NP   | PA                          |
| Prevacid SoluTab 30 mg delayed release,disintegrating tablet           | NP   | PA                          |
| Prilosec 10 mg oral suspension,delayed release                         | NP   | PA                          |
| Prilosec 2.5 mg oral suspension,delayed release                        | NP   | PA                          |
| Protonix 20 mg tablet,delayed release                                  | NP   | PA; QL(Allowed 1 per 1 day) |
| Protonix 40 mg granules delayed-release packet                         | NP   | PA                          |
| Protonix 40 mg tablet,delayed release                                  | NP   | PA; QL(Allowed 2 per 1 day) |
| rabeprazole 20 mg tablet,delayed release                               | NP   | PA                          |
| GASTRIC ACID SECRETION REDUCING-PROTON PUMP INHIBITOR AND ANTACID COMB |      |                             |
| omeprazole 20 mg-sodium bicarbonate 1,680 mg oral packet               | NP   | PA                          |
| omeprazole 20 mg-sodium bicarbonate 1.1 gram capsule                   | NP   | PA                          |

| Drug Name                                                             | Tier | Drug Restriction |
|-----------------------------------------------------------------------|------|------------------|
| omeprazole 40 mg-sodium bicarbonate 1,680 mg oral packet              | NP   | PA               |
| omeprazole 40 mg-sodium bicarbonate 1.1 gram capsule                  | NP   | PA               |
| Zegerid 20 mg-1,680 mg oral packet                                    | NP   | PA               |
| Zegerid 20 mg-1.1 gram capsule                                        | NP   | PA               |
| Zegerid 40 mg-1,680 mg oral packet                                    | NP   | PA               |
| Zegerid 40 mg-1.1 gram capsule                                        | NP   | PA               |
| <b>GASTRIC MUCOSA - CYTOPROTECTIVE PROSTAGLANDIN ANALOGS</b>          |      |                  |
| Cytotec 100 mcg tablet                                                | NP   | PA               |
| Cytotec 200 mcg tablet                                                | NP   | PA               |
| misoprostol 100 mcg tablet                                            | P    |                  |
| misoprostol 200 mcg tablet                                            | P    |                  |
| <b>GASTROINTESTINAL - PROKINETIC AGENTS - 5-HT4 RECEPTOR AGONISTS</b> |      |                  |
| Motegrity 1 mg tablet                                                 | NP   | PA               |
| Motegrity 2 mg tablet                                                 | NP   | PA               |
| <b>GASTROINTESTINAL ANTIFLATULENTS</b>                                |      |                  |

| Drug Name                                                                | Tier | Drug Restriction |
|--------------------------------------------------------------------------|------|------------------|
| Gas Relief (simethicone) 40 mg/0.6 mL oral drops,suspension              | P    |                  |
| Gas Relief (simethicone) 80 mg chewable tablet                           | P    |                  |
| Gas Relief 80 (simethicone) 80 mg chewable tablet                        | P    |                  |
| Infants Gas Relief 40 mg/0.6 mL oral drops,suspension                    | P    |                  |
| Infants' Mylicon 40 mg/0.6 mL oral drops,suspension                      | P    |                  |
| Little Remedies Gas Relief 40 mg/0.6 mL oral drops,suspension            | P    |                  |
| Little Tummys Gas Relief 40 mg/0.6 mL oral drops,suspension              | P    |                  |
| Mi-Acid Gas Relief (simethicone) 80 mg chewable tablet                   | P    |                  |
| Mytab Gas (simethicone) 80 mg chewable tablet                            | P    |                  |
| simethicone 40 mg/0.6 mL oral drops,suspension                           | P    |                  |
| simethicone 80 mg chewable tablet                                        | P    |                  |
| <b>GASTROINTESTINAL PROKINETIC AGENTS - D2 ANTAGONIST/5-HT4 AGONISTS</b> |      |                  |

| Drug Name                                      | Tier | Drug Restriction |
|------------------------------------------------|------|------------------|
| metoclopramide 10 mg disintegrating tablet     | NP   | PA               |
| metoclopramide 10 mg tablet                    | P    |                  |
| metoclopramide 5 mg disintegrating tablet      | NP   | PA               |
| metoclopramide 5 mg tablet                     | P    |                  |
| metoclopramide 5 mg/5 mL oral solution         | P    |                  |
| Reglan 10 mg tablet                            | NP   | PA               |
| Reglan 5 mg tablet                             | NP   | PA               |
| <b>GI ANTISPASMODIC - BELLADONNA ALKALOIDS</b> |      |                  |
| Anaspaz 0.125 mg disintegrating tablet         | NP   | PA               |
| Ed-Spaz 0.125 mg disintegrating tablet         | P    |                  |
| hyoscyamine 0.125 mg disintegrating tablet     | P    |                  |
| hyoscyamine 0.125 mg sublingual tablet         | P    |                  |
| hyoscyamine 0.125 mg/5 mL oral elixir          | P    |                  |
| hyoscyamine 0.125 mg/mL oral drops             | P    |                  |

| Drug Name                                               | Tier | Drug Restriction        |
|---------------------------------------------------------|------|-------------------------|
| hyoscyamine sulfate 0.125 mg tablet                     | P    |                         |
| Levsin 0.125 mg tablet                                  | NP   | PA                      |
| Levsin/SL 0.125 mg sublingual tablet                    | NP   | PA                      |
| methscopolamine 2.5 mg tablet                           | NP   | PA                      |
| methscopolamine 5 mg tablet                             | NP   | PA                      |
| NuLev 0.125 mg disintegrating tablet                    | P    |                         |
| Oscimin 0.125 mg disintegrating tablet                  | P    |                         |
| Oscimin 0.125 mg tablet                                 | P    |                         |
| Oscimin SL 0.125 mg sublingual tablet                   | P    |                         |
| Oscimin SR 0.375 mg tablet, extended release            | P    | QL(Allowed 4 per 1 day) |
| <b>GI ANTISPASMODIC - QUATERNARY AMMONIUM COMPOUNDS</b> |      |                         |
| Glycate 1.5 mg tablet                                   | NP   | PA                      |
| glycopyrrolate 1 mg tablet                              | P    | QL(Allowed 4 per 1 day) |
| glycopyrrolate 2 mg tablet                              | P    | QL(Allowed 4 per 1 day) |
| propantheline 15 mg tablet                              | P    |                         |

| Drug Name                                                                    | Tier | Drug Restriction            |
|------------------------------------------------------------------------------|------|-----------------------------|
| <b>GI ANTISPASMODIC - SYNTHETIC TERTIARY AMINES</b>                          |      |                             |
| dicyclomine 10 mg capsule                                                    | P    |                             |
| dicyclomine 10 mg/5 mL oral solution                                         | P    | QL(Allowed 40 per 1 day)    |
| dicyclomine 20 mg tablet                                                     | P    |                             |
| <b>GI ANTISPASMODIC AND BENZODIAZEPINE COMBINATIONS</b>                      |      |                             |
| chlordiazepoxide-clidinium 5 mg-2.5 mg capsule                               | NP   | PA                          |
| Librax (with clidinium) 5 mg-2.5 mg capsule                                  | NP   | PA                          |
| <b>GI ANTISPASMODIC COMBINATIONS OTHER</b>                                   |      |                             |
| belladonna alkaloids-opium 16.2 mg-30 mg rectal suppository                  | P    | APA                         |
| belladonna alkaloids-opium 16.2 mg-60 mg rectal suppository                  | P    | APA                         |
| <b>INFLAMMATORY BOWEL AGENT - INTERLEUKIN-12 AND IL-23 INHIBITORS, MC AB</b> |      |                             |
| Stelara 130 mg/26 mL intravenous solution                                    | NP   | PA; SP                      |
| <b>INFLAMMATORY BOWEL AGENT - AMINOSALICYLATES AND RELATED AGENTS</b>        |      |                             |
| Apriso 0.375 gram capsule,extended release                                   | NP   | PA                          |
| Asacol HD 800 mg tablet,delayed release                                      | NP   | PA; QL(Allowed 3 per 1 day) |

| Drug Name                                                       | Tier | Drug Restriction            |
|-----------------------------------------------------------------|------|-----------------------------|
| Azulfidine 500 mg tablet                                        | NP   | PA; MT                      |
| Azulfidine EN-tabs 500 mg tablet,delayed release                | NP   | PA; MT                      |
| balsalazide 750 mg capsule                                      | P    | QL(Allowed 9 per 1 day)     |
| Canasa 1,000 mg rectal suppository                              | NP   | PA                          |
| Colazal 750 mg capsule                                          | NP   | PA; QL(Allowed 9 per 1 day) |
| Delzicol 400 mg capsule (DR tablets inside)                     | NP   | PA                          |
| Dipentum 250 mg capsule                                         | NP   | PA                          |
| Lialda 1.2 gram tablet,delayed release                          | NP   | PA                          |
| mesalamine 1,000 mg rectal suppository                          | P    |                             |
| mesalamine 1.2 gram tablet,delayed release                      | NP   | PA                          |
| mesalamine 4 gram/60 mL enema                                   | P    | QL(Allowed 60 per 1 day)    |
| mesalamine 400 mg capsule (with delayed release tablets inside) | NP   | PA                          |
| mesalamine 800 mg tablet,delayed release                        | NP   | PA; QL(Allowed 3 per 1 day) |

| Drug Name                                                          | Tier | Drug Restriction           |
|--------------------------------------------------------------------|------|----------------------------|
| mesalamine ER 0.375 gram capsule,extended release 24 hr            | NP   | PA                         |
| mesalamine rectal susp enema with cleansing wipes 4 gram/60 mL kit | NP   | PA                         |
| Pentasa 250 mg capsule,controlled release                          | P    |                            |
| Pentasa 500 mg capsule,controlled release                          | P    |                            |
| Rowasa rectal suspension enema 4 gram/60 mL kit                    | NP   | PA                         |
| sfRowasa 4 gram/60 mL enema                                        | P    |                            |
| sulfasalazine 500 mg tablet                                        | P    | MT                         |
| sulfasalazine 500 mg tablet,delayed release                        | P    | MT                         |
| <b>INFLAMMATORY BOWEL AGENT - GLUCOCORTICOIDS</b>                  |      |                            |
| budesonide DR - ER 3 mg capsule,delayed,ext ended release          | NP   | PA                         |
| budesonide DR-ER 9 mg tablet,delayed and extended release          | NP   | PA                         |
| Cortenema 100 mg/60 mL                                             | NP   | PA; QL(Allowed 420 per Rx) |

| Drug Name                                                                   | Tier | Drug Restriction       |
|-----------------------------------------------------------------------------|------|------------------------|
| Cortifoam 10 % (80 mg) rectal                                               | NP   | PA                     |
| Entocort EC 3 mg capsule,delayed,ext ended release                          | NP   | PA                     |
| hydrocortisone 100 mg/60 mL enema                                           | P    | QL(Allowed 420 per Rx) |
| Ortikos 6 mg capsule,extended release                                       | NP   | PA                     |
| Ortikos 9 mg capsule,extended release                                       | NP   | PA                     |
| Uceris 2 mg/actuation rectal foam                                           | NP   | PA                     |
| Uceris 9 mg tablet, extended release                                        | NP   | PA                     |
| <b>INFLAMMATORY BOWEL AGENT - INTEGRIN RECEPTOR ANTAGONIST, MC ANTIBODY</b> |      |                        |
| Entyvio 300 mg intravenous solution                                         | NP   | PA; SP                 |
| <b>INFLAMMATORY BOWEL AGENT - JANUS KINASE (JAK) INHIBITORS</b>             |      |                        |
| Xeljanz 10 mg tablet                                                        | P    | PA; SP                 |
| Xeljanz XR 22 mg tablet,extended release                                    | P    | PA; SP                 |
| <b>IRRITABLE BOWEL SYNDROME (IBS) AGENTS</b>                                |      |                        |
| alosetron 0.5 mg tablet                                                     | NP   | PA                     |
| alosetron 1 mg tablet                                                       | NP   | PA                     |

| Drug Name                                                  | Tier | Drug Restriction         |
|------------------------------------------------------------|------|--------------------------|
| Amitiza 24 mcg capsule                                     | NP   | PA                       |
| Amitiza 8 mcg capsule                                      | NP   | PA                       |
| Lotronex 0.5 mg tablet                                     | NP   | PA                       |
| Lotronex 1 mg tablet                                       | NP   | PA                       |
| Viberzi 100 mg tablet                                      | NP   | PA                       |
| Viberzi 75 mg tablet                                       | NP   | PA                       |
| Zelnorm 6 mg tablet                                        | NP   | PA                       |
| <b>LAXATIVE - BULK FORMING</b>                             |      |                          |
| calcium polycarbophil 625 mg tablet                        | P    | QL(Allowed 10 per 1 day) |
| Daily Fiber (psyllium-sucrose) 3.4 gram/7 gram oral powder | P    |                          |
| Daily Fiber 0.52 gram capsule                              | P    |                          |
| Fiber (calcium polycarbophil) 625 mg tablet                | P    | QL(Allowed 10 per 1 day) |
| Fiber (psyllium husk) 0.52 gram capsule                    | P    |                          |
| Fiber (psyllium husk/sugar) 3.4 gram/11 gram oral powder   | P    |                          |

| Drug Name                                                        | Tier | Drug Restriction         |
|------------------------------------------------------------------|------|--------------------------|
| Fiber (psyllium husk/sugar) 3.4 gram/12 gram oral powder         | P    |                          |
| Fiber (psyllium husk/sugar) 3.4 gram/7 gram oral powder          | P    |                          |
| Fiber (with aspartame) 3.4 gram/5.8 gram oral powder             | P    |                          |
| Fiber Laxative (calcium polycarbophil) 625 mg tablet             | P    | QL(Allowed 10 per 1 day) |
| Fiber Laxative (psyllium husk) 0.52 gram capsule                 | P    |                          |
| fiber oral powder                                                | P    |                          |
| Fiber Smooth ( with sucrose) oral powder                         | P    |                          |
| Fiber Smooth oral powder                                         | P    |                          |
| Fiber Therapy (ca polycarbophil) 625 mg tablet                   | P    | QL(Allowed 10 per 1 day) |
| Fiber Therapy (psyllium husk-sucrose) 3 gram/12 gram oral powder | P    |                          |
| Fiber Therapy (psyllium seed) 3.4 gram/5.8 gram oral powder      | P    |                          |



| Drug Name                                                | Tier | Drug Restriction         |
|----------------------------------------------------------|------|--------------------------|
| Fiber Therapy Laxative (psyllium husk) 0.52 gram capsule | P    |                          |
| Fiber-Caps (ca polycarbophil) 625 mg tablet              | P    | QL(Allowed 10 per 1 day) |
| Fiber-Caps (psyllium husk) 0.52 gram capsule             | P    |                          |
| FiberCon 625 mg tablet                                   | P    | QL(Allowed 10 per 1 day) |
| Fiber-Lax 625 mg tablet                                  | P    | QL(Allowed 10 per 1 day) |
| Fiber-Tabs 625 mg tablet                                 | P    | QL(Allowed 10 per 1 day) |
| Konsyl (sugar) 3.4 gram/11 gram oral powder              | P    |                          |
| Konsyl (sugar) 3.4 gram/12 gram oral powder              | P    |                          |
| Konsyl Fiber 625 mg tablet                               | P    | QL(Allowed 10 per 1 day) |
| Konsyl Sugar-Free 0.52 gram capsule                      | P    |                          |
| Metamucil (sugar) oral powder                            | P    |                          |
| Metamucil (with sugar) 3.4 gram/12 gram oral powder      | P    |                          |
| Metamucil (with sugar) 3.4 gram/7 gram oral powder       | P    |                          |

| Drug Name                                                        | Tier | Drug Restriction |
|------------------------------------------------------------------|------|------------------|
| Metamucil 0.52 gram capsule                                      | P    |                  |
| Metamucil MultiHealth Fiber 3.4 gram/5.8 gram oral powder        | P    |                  |
| Metamucil Sugar-Free (aspartame) 3.4 gram/5.8 gram oral powder   | P    |                  |
| Multihealth Fiber (sugar) 3.4 gram/7 gram oral powder            | P    |                  |
| Multihealth Fiber 3.4 gram/5.8 gram oral powder                  | P    |                  |
| Natural Daily Fiber 3.4 gram/5.8 gram oral powder                | P    |                  |
| Natural Fiber Laxative (aspartame) 3.4 gram/5.8 gram oral powder | P    |                  |
| Natural Fiber Laxative (aspartame) oral powder                   | P    |                  |
| Natural Fiber Laxative (sugar) 3.4 gram/12 gram oral powder      | P    |                  |
| Natural Fiber Laxative (sugar) 3.4 gram/7 gram oral powder       | P    |                  |

| Drug Name                                                     | Tier | Drug Restriction |
|---------------------------------------------------------------|------|------------------|
| Natural Fiber Laxative (sugar) oral powder                    | P    |                  |
| Natural Fiber Laxative 0.52 gram capsule                      | P    |                  |
| Natural Fiber Laxative Therapy oral powder                    | P    |                  |
| Natural Psyllium Fiber 3.4 gram/5.8 gram oral powder          | P    |                  |
| psyllium husk 0.52 gram capsule                               | P    |                  |
| Reguloid (aspartame) 3 gram/5.8 gram oral powder              | P    |                  |
| Reguloid (psyllium husk) 0.52 gram capsule                    | P    |                  |
| Reguloid (psyllium husk-sucrose) 3 gram/12 gram oral powder   | P    |                  |
| Reguloid (psyllium husk-sucrose) 3 gram/7 gram oral powder    | P    |                  |
| Reguloid (psyllium husk-sucrose) 3.4 gram/12 gram oral powder | P    |                  |
| Reguloid (psyllium husk-sucrose) 3.4 gram/7 gram oral powder  | P    |                  |

| Drug Name                                                     | Tier | Drug Restriction                               |
|---------------------------------------------------------------|------|------------------------------------------------|
| Reguloid, Sugar Free oral powder                              | P    |                                                |
| Wal-Mucil Fiber (aspartame) 3.4 gram/5.8 gram oral powder     | P    |                                                |
| Wal-Mucil Fiber (sugar) 3.4 gram/7 gram oral powder           | P    |                                                |
| Wal-Mucil Fiber 0.52 gram capsule                             | P    |                                                |
| Wal-Mucil Natural Fiber Laxative 3.4 gram/12 gram oral powder | P    |                                                |
| <b>LAXATIVE - LUBRICANT</b>                                   |      |                                                |
| mineral oil enema                                             | P    |                                                |
| <b>LAXATIVE - SALINE AND OSMOTIC</b>                          |      |                                                |
| Citrate of Magnesia oral                                      | P    |                                                |
| Citroma oral solution                                         | P    |                                                |
| ClearLax 17 gram oral powder packet                           | P    | Use Generic Products                           |
| ClearLax 17 gram/dose oral powder                             | P    | QL(Allowed 34 per 1 day); Use Generic Products |
| Constulose 10 gram/15 mL oral solution                        | P    | Use Generic Products                           |
| Fleet Glycerin (Adult) rectal suppository                     | P    |                                                |

| Drug Name                                       | Tier | Drug Restriction                               |
|-------------------------------------------------|------|------------------------------------------------|
| Gavilax 17 gram/dose oral powder                | P    | QL(Allowed 34 per 1 day)                       |
| GentleLax 17 gram/dose oral powder              | P    | QL(Allowed 34 per 1 day); Use Generic Products |
| glycerin (adult) rectal suppository             | P    |                                                |
| GlycoLax 17 gram/dose oral powder               | P    | QL(Allowed 34 per 1 day); Use Generic Products |
| HealthyLax 17 gram oral powder packet           | P    |                                                |
| lactulose 10 gram/15 mL oral solution           | P    |                                                |
| lactulose 20 gram/30 mL oral solution           | P    |                                                |
| LaxaClear 17 gram/dose oral powder              | P    | QL(Allowed 34 per 1 day)                       |
| Laxative PEG 3350 17 gram/dose oral powder      | P    | QL(Allowed 34 per 1 day)                       |
| magnesium citrate oral solution                 | P    |                                                |
| magnesium hydroxide 400 mg/5 mL oral suspension | P    |                                                |
| Milk of Magnesia 400 mg/5 mL oral suspension    | P    |                                                |

| Drug Name                                             | Tier | Drug Restriction                               |
|-------------------------------------------------------|------|------------------------------------------------|
| Miralax 17 gram oral powder packet                    | P    | Use Generic Products                           |
| Miralax 17 gram/dose oral powder                      | P    | QL(Allowed 34 per 1 day); Use Generic Products |
| Natura-LAX 17 gram/dose oral powder                   | P    | QL(Allowed 34 per 1 day)                       |
| Phillips Milk of Magnesia 400 mg/5 mL oral suspension | P    |                                                |
| polyethylene glycol 3350 17 gram oral powder packet   | P    |                                                |
| polyethylene glycol 3350 17 gram/dose oral powder     | P    | QL(Allowed 34 per 1 day)                       |
| Powderlax 17 gram oral powder packet                  | P    |                                                |
| Powderlax 17 gram/dose oral                           | P    | QL(Allowed 34 per 1 day)                       |
| Purelax 17 gram oral powder packet                    | P    | Use Generic Products                           |
| Purelax 17 gram/dose oral powder                      | P    | QL(Allowed 34 per 1 day); Use Generic Products |
| Sani-Supp (Adult) rectal                              | P    |                                                |
| SmoothLax 17 gram oral powder packet                  | P    |                                                |
| SmoothLax 17 gram/dose oral powder                    | P    | QL(Allowed 34 per 1 day)                       |

| Drug Name                                                             | Tier | Drug Restriction                              |
|-----------------------------------------------------------------------|------|-----------------------------------------------|
| Suppository Adult rectal                                              | P    |                                               |
| <b>LAXATIVE - SALINE/OSMOTIC MIXTURES</b>                             |      |                                               |
| Colyte with Flavor Packs 240 gram-22.72 g-6.72 g-5.84 g oral solution | P    | QL(Allowed 4000 per Rx)                       |
| Enema 19 gram-7 gram/118 mL                                           | P    |                                               |
| Enema Disposable 19 gram-7 gram/118 mL                                | P    |                                               |
| Fleet Enema 19 gram-7 gram/118 mL                                     | P    |                                               |
| Fleet Pediatric 9.5 gram-3.5 gram/59 mL enema                         | P    |                                               |
| Gavilyte-C 240 gram-22.72 gram-6.72 gram-5.84 gram oral solution      | P    | QL(Allowed 4000 per Rx)                       |
| GaviLyte-G 236 gram-22.74 gram-6.74 gram-5.86 gram oral solution      | P    | QL(Allowed 4000 per Rx); Use Generic Products |
| GaviLyte-N 420 gram oral solution                                     | P    | QL(Allowed 4000 per Rx); Use Generic Products |
| Golytely 236 gram-22.74 gram-6.74 gram-5.86 gram oral solution        | P    | QL(Allowed 4000 per Rx); Use Generic Products |
| NuLYTELY with Flavor Packs 420 gram oral solution                     | P    | QL(Allowed 4000 per Rx); Use Generic Products |

| Drug Name                                                              | Tier | Drug Restriction                              |
|------------------------------------------------------------------------|------|-----------------------------------------------|
| Pediatric Enema 9.5 gram-3.5 gram/59 mL                                | P    |                                               |
| peg 3350 240 gram-electrolytes 22.72 gram-6.72 g-5.84 g powdr for soln | P    | QL(Allowed 4000 per Rx)                       |
| peg 3350-electrolytes 236 gram-22.74 gram-6.74 gram-5.86 gram solution | P    | QL(Allowed 4000 per Rx)                       |
| peg-electrolyte solution 420 gram oral solution                        | P    | QL(Allowed 4000 per Rx)                       |
| Pure and Gentle Disposable 19 gram-7 gram/118 mL enema                 | P    |                                               |
| Ready-To-Use Enema 19 gram-7 gram/118 mL                               | P    |                                               |
| TriLyte With Flavor Packets 420 gram oral solution                     | P    | QL(Allowed 4000 per Rx); Use Generic Products |
| <b>LAXATIVE - STIMULANT</b>                                            |      |                                               |
| Alophen (bisacodyl) 5 mg tablet,delayed release                        | P    | QL(Allowed 1 per 1 day)                       |
| Bisac-Evac 10 mg rectal suppository                                    | P    | QL(Allowed 12 per Rx)                         |
| bisacodyl 10 mg rectal suppository                                     | P    | QL(Allowed 12 per Rx)                         |

| Drug Name                                               | Tier | Drug Restriction        |
|---------------------------------------------------------|------|-------------------------|
| bisacodyl 5 mg tablet, delayed release                  | P    | QL(Allowed 1 per 1 day) |
| Bisa-Lax (bisacodyl) 5 mg tablet, delayed release       | P    | QL(Allowed 1 per 1 day) |
| Biscolax 10 mg rectal suppository                       | P    | QL(Allowed 12 per Rx)   |
| castor oil 100 % oral                                   | P    |                         |
| Correctol 5 mg tablet                                   | P    | QL(Allowed 1 per 1 day) |
| Ducodyl (bisacodyl) 5 mg tablet, delayed release        | P    | QL(Allowed 1 per 1 day) |
| Dulcolax (bisacodyl) 10 mg rectal suppository           | P    | QL(Allowed 12 per Rx)   |
| Dulcolax (bisacodyl) 5 mg tablet, delayed release       | P    | QL(Allowed 1 per 1 day) |
| Evac-U-Gen (sennosides) 8.6 mg tablet                   | P    |                         |
| Fleet Laxative (bisacodyl) 5 mg tablet, delayed release | P    | QL(Allowed 1 per 1 day) |
| Gentle Laxative (bisacodyl) 10 mg rectal suppository    | P    | QL(Allowed 12 per Rx)   |

| Drug Name                                                | Tier | Drug Restriction        |
|----------------------------------------------------------|------|-------------------------|
| Gentle Laxative (bisacodyl) 5 mg tablet, delayed release | P    | QL(Allowed 1 per 1 day) |
| Geri-kot 8.6 mg tablet                                   | P    |                         |
| Laxative (bisacodyl) 10 mg rectal suppository            | P    | QL(Allowed 12 per Rx)   |
| Laxative (bisacodyl) 5 mg tablet                         | P    | QL(Allowed 1 per 1 day) |
| Laxative (bisacodyl) 5 mg tablet, delayed release        | P    | QL(Allowed 1 per 1 day) |
| Laxative Feminine 5 mg tablet                            | P    | QL(Allowed 1 per 1 day) |
| Natural Vegetable Laxative (sennosides) 8.6 mg tablet    | P    |                         |
| Senexon 8.6 mg tablet                                    | P    |                         |
| senna 8.6 mg tablet                                      | P    |                         |
| senna 8.8 mg/5 mL oral syrup                             | P    |                         |
| Senna Lax 8.6 mg tablet                                  | P    |                         |
| Senna Laxative 8.6 mg tablet                             | P    |                         |
| Senno 8.6 mg tablet                                      | P    |                         |

| Drug Name                                                        | Tier | Drug Restriction        |
|------------------------------------------------------------------|------|-------------------------|
| Senokot 8.6 mg tablet                                            | P    |                         |
| The Magic Bullet 10 mg rectal suppository                        | P    | QL(Allowed 12 per Rx)   |
| Vegetable Laxative 8.6 mg tablet                                 | P    |                         |
| Woman's Laxative (bisacodyl) 5 mg tablet                         | P    | QL(Allowed 1 per 1 day) |
| Woman's Laxative (bisacodyl) 5 mg tablet, delayed release        | P    | QL(Allowed 1 per 1 day) |
| Women's Gentle Laxative (bisacodyl) 5 mg tablet, delayed release | P    | QL(Allowed 1 per 1 day) |
| Women's Laxative (bisacodyl) 5 mg tablet                         | P    | QL(Allowed 1 per 1 day) |
| Women's Laxative (bisacodyl) 5 mg tablet, delayed release        | P    | QL(Allowed 1 per 1 day) |
| <b>LAXATIVE - STIMULANT AND SURFACTANT COMBINATIONS</b>          |      |                         |
| Colace 2-In-1 8.6 mg-50 mg tablet                                | P    | QL(Allowed 4 per 1 day) |
| Doc-Q-Lax 8.6 mg-50 mg tablet                                    | P    | QL(Allowed 4 per 1 day) |
| Docuzen 8.6 mg-50 mg tablet                                      | P    | QL(Allowed 4 per 1 day) |
| DOK Plus 8.6 mg-50 mg tablet                                     | P    | QL(Allowed 4 per 1 day) |

| Drug Name                                         | Tier | Drug Restriction        |
|---------------------------------------------------|------|-------------------------|
| Laxacin 8.6 mg-50 mg tablet                       | P    | QL(Allowed 4 per 1 day) |
| Laxative Plus Stool Softener 8.6 mg-50 mg tablet  | P    | QL(Allowed 4 per 1 day) |
| P-COL RITE 8.6 mg-50 mg tablet                    | P    | QL(Allowed 4 per 1 day) |
| PERI-COLACE 8.6 mg-50 mg tablet                   | P    |                         |
| Senexon-S 8.6 mg-50 mg tablet                     | P    | QL(Allowed 4 per 1 day) |
| Senna Laxative-Stool Softener 8.6 mg-50 mg tablet | P    | QL(Allowed 4 per 1 day) |
| Senna Plus 8.6 mg-50 mg tablet                    | P    | QL(Allowed 4 per 1 day) |
| Senna with Docusate Sodium 8.6 mg-50 mg tablet    | P    | QL(Allowed 4 per 1 day) |
| Sennalax-S 8.6 mg-50 mg tablet                    | P    | QL(Allowed 4 per 1 day) |
| Senna-S 8.6 mg-50 mg tablet                       | P    | QL(Allowed 4 per 1 day) |
| Senna-Time S 8.6 mg-50 mg tablet                  | P    | QL(Allowed 4 per 1 day) |
| sennosides 8.6 mg-docusate sodium 50 mg tablet    | P    | QL(Allowed 4 per 1 day) |
| Senokot-S 8.6 mg-50 mg tablet                     | P    | QL(Allowed 4 per 1 day) |

| Drug Name                                             | Tier | Drug Restriction        |
|-------------------------------------------------------|------|-------------------------|
| Stimulant Laxative Plus 8.6 mg-50 mg tablet           | P    | QL(Allowed 4 per 1 day) |
| Stool Softener-Laxative 8.6 mg-50 mg tablet           | P    | QL(Allowed 4 per 1 day) |
| Stool Softener-Stimulant Laxative 8.6 mg-50 mg tablet | P    | QL(Allowed 4 per 1 day) |
| Vegetable Laxative-Stool Softener 8.6 mg-50 mg tablet | P    |                         |
| <b>LAXATIVE - SURFACTANT</b>                          |      |                         |
| Colace 100 mg capsule                                 | P    | QL(Allowed 3 per 1 day) |
| Col-Rite 100 mg capsule                               | P    | QL(Allowed 3 per 1 day) |
| Col-Rite 250 mg capsule                               | P    | QL(Allowed 3 per 1 day) |
| Diocto 50 mg/5 mL oral liquid                         | P    |                         |
| Diocto 60 mg/15 mL oral syrup                         | P    |                         |
| Doc-Q-Lace 100 mg capsule                             | P    | QL(Allowed 3 per 1 day) |
| Docu 50 mg/5 mL oral liquid                           | P    |                         |
| Docuprene 100 mg tablet                               | P    | QL(Allowed 3 per 1 day) |
| docusate sodium 100 mg capsule                        | P    | QL(Allowed 3 per 1 day) |

| Drug Name                                         | Tier | Drug Restriction        |
|---------------------------------------------------|------|-------------------------|
| docusate sodium 100 mg tablet                     | P    | QL(Allowed 3 per 1 day) |
| docusate sodium 250 mg capsule                    | P    | QL(Allowed 3 per 1 day) |
| docusate sodium 50 mg/5 mL oral liquid            | P    |                         |
| Docusil 100 mg capsule                            | P    | QL(Allowed 3 per 1 day) |
| DOK 100 mg capsule                                | P    | QL(Allowed 3 per 1 day) |
| DOK 100 mg tablet                                 | P    | QL(Allowed 3 per 1 day) |
| DOK 250 mg capsule                                | P    | QL(Allowed 3 per 1 day) |
| DSS 250 mg capsule                                | P    | QL(Allowed 3 per 1 day) |
| DulcoEase 100 mg capsule                          | P    | QL(Allowed 3 per 1 day) |
| Dulcolax Stool Softener (docusate) 100 mg capsule | P    | QL(Allowed 3 per 1 day) |
| Laxa Basic 100 mg capsule                         | P    | QL(Allowed 3 per 1 day) |
| Move It Along 100 mg tablet                       | P    | QL(Allowed 3 per 1 day) |
| Phillips' Liqui-Gels 100 mg capsule               | P    | QL(Allowed 3 per 1 day) |
| Promolaxin 100 mg tablet                          | P    | QL(Allowed 3 per 1 day) |
| Silace 50 mg/5 mL oral liquid                     | P    |                         |

| Drug Name                                                                     | Tier | Drug Restriction            |
|-------------------------------------------------------------------------------|------|-----------------------------|
| Silace 60 mg/15 mL oral syrup                                                 | P    |                             |
| Sof-Lax 100 mg capsule                                                        | P    | QL(Allowed 3 per 1 day)     |
| Stool Softener 100 mg capsule                                                 | P    | QL(Allowed 3 per 1 day)     |
| Stool Softener 100 mg tablet                                                  | P    | QL(Allowed 3 per 1 day)     |
| Stool Softener 250 mg capsule                                                 | P    | QL(Allowed 3 per 1 day)     |
| Stool Softener 50 mg/5 mL oral liquid                                         | P    |                             |
| Stool Softener 60 mg/15 mL oral syrup                                         | P    |                             |
| <b>PEPTIC ULCER - GASTRIC LUMEN ADHERENT CYTOPROTECTIVES</b>                  |      |                             |
| Carafate 1 gram tablet                                                        | NP   | PA; QL(Allowed 4 per 1 day) |
| Carafate 100 mg/mL oral suspension                                            | P    |                             |
| sucalfate 1 gram tablet                                                       | P    | QL(Allowed 4 per 1 day)     |
| sucalfate 100 mg/mL oral suspension                                           | P    |                             |
| <b>PEPTIC ULCER - TREATMENT OF H. PYLORI: ANTIBIOTIC-BISMUTH COMBINATIONS</b> |      |                             |
| Helidac 250 mg-500 mg-262.4 mg oral pack                                      | NP   | PA                          |
| Pylera 140 mg-125 mg-125 mg capsule                                           | NP   | PA                          |

| Drug Name                                                                     | Tier | Drug Restriction |
|-------------------------------------------------------------------------------|------|------------------|
| <b>PEPTIC ULCER-TREATMENT H. PYLORI-PROTON PUMP INHIBITOR AND ANTIBIOTICS</b> |      |                  |
| amoxicillin 500 mg-clarithromycin 500 mg-lansoprazole 30 mg combo pack        | NP   | PA               |
| Omeclamox-Pak 20 mg-500 mg-500 mg (40) oral pack                              | NP   | PA               |
| Talicia 10 mg-250 mg-12.5 mg capsule,immediate - delay release                | NP   | PA               |
| <b>SHORT BOWEL SYNDROME (SBS) - GLUCAGON-LIKE PEPTIDE-2 (GLP-2) ANALOG</b>    |      |                  |
| Gattex 30-Vial 5 mg subcutaneous kit                                          | NP   | PA; SP           |
| Gattex One-Vial 5 mg subcutaneous kit                                         | NP   | PA; SP           |
| <b>GENITOURINARY THERAPY</b>                                                  |      |                  |
| <b>BPH AGENT- 5-ALPHA REDUCTASE INHIB AND ALPHA-1 ADRENOCEPTOR ANTAG COMB</b> |      |                  |
| dutasteride 0.5 mg-tamsulosin ER 0.4 mg capsule ext.release 24hr mphas        | NP   | PA               |
| Jalyn 0.5 mg-0.4 mg capsule, extended release                                 | NP   | PA               |
| <b>CYSTINOSIS THERAPY (CYSTINE DEPLETING AGENTS)</b>                          |      |                  |
| Cystagon 150 mg capsule                                                       | P    | SP               |
| Cystagon 50 mg capsule                                                        | P    | SP               |



| Drug Name                                                              | Tier | Drug Restriction            |
|------------------------------------------------------------------------|------|-----------------------------|
| Procysbi 25 mg capsule,delayed release sprinkle                        | NP   | PA; SP                      |
| Procysbi 300 mg oral DR granules in packet                             | NP   | PA; SP                      |
| Procysbi 75 mg capsule,delayed release sprinkle                        | NP   | PA; SP                      |
| Procysbi 75 mg oral DR granules in packet                              | NP   | PA; SP                      |
| <b>INTERSTITIAL CYSTITIS AGENTS</b>                                    |      |                             |
| Elmiron 100 mg capsule                                                 | NP   | PA; QL(Allowed 3 per 1 day) |
| <b>KIDNEY STONE AGENTS</b>                                             |      |                             |
| Thiola 100 mg tablet                                                   | NP   | PA; SP                      |
| Thiola EC 100 mg tablet,delayed release                                | NP   | PA; SP                      |
| Thiola EC 300 mg tablet,delayed release                                | NP   | PA; SP                      |
| <b>OVERACTIVE BLADDER AGENTS - BETA -3 ADRENERGIC RECEPTOR AGONIST</b> |      |                             |
| Myrbetriq 25 mg tablet,extended release                                | NP   | PA                          |
| Myrbetriq 50 mg tablet,extended release                                | NP   | PA                          |
| <b>PHOSPHATE BINDERS</b>                                               |      |                             |
| Auryxia 210 mg iron tablet                                             | NP   | PA                          |

| Drug Name                                           | Tier | Drug Restriction |
|-----------------------------------------------------|------|------------------|
| calcium acetate(phosphate binders) 667 mg capsule   | P    |                  |
| calcium acetate(phosphate binders) 667 mg tablet    | P    |                  |
| Fosrenol 1,000 mg chewable tablet                   | NP   | PA               |
| Fosrenol 1,000 mg oral powder packet                | P    |                  |
| Fosrenol 500 mg chewable tablet                     | NP   | PA               |
| Fosrenol 750 mg chewable tablet                     | NP   | PA               |
| Fosrenol 750 mg oral powder packet                  | P    |                  |
| lanthanum 1,000 mg chewable tablet                  | P    |                  |
| lanthanum 500 mg chewable tablet                    | P    |                  |
| lanthanum 750 mg chewable tablet                    | P    |                  |
| Phoslyra 667 mg (169 mg calcium)/5 mL oral solution | NP   | PA               |
| Renagel 800 mg tablet                               | NP   | PA               |
| Renvela 0.8 gram oral powder packet                 | NP   | PA               |
| Renvela 2.4 gram oral powder packet                 | NP   | PA               |

| Drug Name                                                              | Tier | Drug Restriction |
|------------------------------------------------------------------------|------|------------------|
| Renvela 800 mg tablet                                                  | NP   | PA               |
| sevelamer carbonate 0.8 gram oral powder packet                        | NP   | PA               |
| sevelamer carbonate 2.4 gram oral powder packet                        | NP   | PA               |
| sevelamer carbonate 800 mg tablet                                      | P    |                  |
| sevelamer HCl 400 mg tablet                                            | P    |                  |
| sevelamer HCl 800 mg tablet                                            | P    |                  |
| Velphoro 500 mg chewable tablet                                        | NP   | PA               |
| <b>POLYCYSTIC KIDNEY DISEASE - VASOPRESSIN V2 RECEPTOR ANTAGONISTS</b> |      |                  |
| Jynarque 15 mg (AM)/15 mg (PM) tablets                                 | NP   | PA; SP           |
| Jynarque 15 mg tablet                                                  | NP   | PA; SP           |
| Jynarque 30 mg (AM)/15 mg (PM) tablets                                 | NP   | PA; SP           |
| Jynarque 30 mg tablet                                                  | NP   | PA; SP           |
| Jynarque 45 mg (AM)/15 mg (PM) tablets                                 | NP   | PA; SP           |
| Jynarque 60 mg (AM)/30 mg (PM) tablets                                 | NP   | PA; SP           |

| Drug Name                                                                     | Tier | Drug Restriction                |
|-------------------------------------------------------------------------------|------|---------------------------------|
| Jynarque 90 mg (AM)/30 mg (PM) tablets                                        | NP   | PA; SP                          |
| <b>PROSTATIC HYPERTROPHY AGENT - ALPHA-1-ADRENOCEPTOR ANTAGONISTS</b>         |      |                                 |
| alfuzosin ER 10 mg tablet, extended release 24 hr                             | P    |                                 |
| Flomax 0.4 mg capsule                                                         | NP   | PA; QL(Allowed 2 per 1 day); MT |
| Rapaflo 4 mg capsule                                                          | NP   | PA                              |
| Rapaflo 8 mg capsule                                                          | NP   | PA                              |
| silodosin 4 mg capsule                                                        | NP   | PA                              |
| silodosin 8 mg capsule                                                        | NP   | PA                              |
| tamsulosin 0.4 mg capsule                                                     | P    | QL(Allowed 2 per 1 day); MT     |
| <b>PROSTATIC HYPERTROPHY AGENT - TYPE II 5-ALPHA REDUCTASE INHIBITORS</b>     |      |                                 |
| finasteride 5 mg tablet                                                       | P    | QL(Allowed 1 per 1 day); MT     |
| Proscar 5 mg tablet                                                           | NP   | PA; QL(Allowed 1 per 1 day); MT |
| <b>PROSTATIC HYPERTROPHY AGENT-TYPE I AND II 5-ALPHA REDUCTASE INHIBITORS</b> |      |                                 |
| Avodart 0.5 mg capsule                                                        | NP   | PA                              |
| dutasteride 0.5 mg capsule                                                    | NP   | PA                              |
| <b>URINARY ACIDIFIER - BACTERIAL UREASE INHIBITOR</b>                         |      |                                 |

| Drug Name                                                             | Tier | Drug Restriction        |
|-----------------------------------------------------------------------|------|-------------------------|
| Lithostat 250 mg tablet                                               | NP   | PA                      |
| URINARY ACIDIFIER - PHOSPHATES                                        |      |                         |
| Av-Phos 250 Neutral 250 mg tablet                                     | P    | QL(Allowed 8 per 1 day) |
| K-Phos No 2 305 mg-700 mg tablet                                      | NP   | PA                      |
| K-Phos-Neutral 250 mg tablet                                          | P    | QL(Allowed 8 per 1 day) |
| Phospha 250 Neutral 250 mg tablet                                     | P    | QL(Allowed 8 per 1 day) |
| Phosphorous 250 mg tablet                                             | P    | QL(Allowed 8 per 1 day) |
| Phospho-Trin 250 Neutral 250 mg tablet                                | P    | QL(Allowed 8 per 1 day) |
| Virt-Phos 250 Neutral 250 mg tablet                                   | P    | QL(Allowed 8 per 1 day) |
| URINARY ALKALINIZER - CITRATES                                        |      |                         |
| Cytra K Crystals 3,300 mg-1,002 mg oral packet                        | NP   | PA                      |
| Oracit 490 mg-640 mg/5 mL oral solution                               | P    |                         |
| potas and sod citrate-citric acid 550 mg-500 mg-334 mg/5 mL oral soln | NP   | PA                      |

| Drug Name                                                        | Tier | Drug Restriction                          |
|------------------------------------------------------------------|------|-------------------------------------------|
| potassium citrate ER 10 mEq (1,080 mg) tablet,extended release   | NP   | PA                                        |
| potassium citrate ER 15 mEq (1,620 mg) tablet,extended release   | NP   | PA                                        |
| potassium citrate ER 5 mEq (540 mg) tablet,extended release      | NP   | PA                                        |
| potassium citrate-citric acid 1,100 mg-334 mg/5 mL oral solution | NP   | PA                                        |
| potassium citrate-citric acid 3,300 mg-1,002 mg oral packet      | NP   | PA                                        |
| sodium citrate-citric acid 500 mg-334 mg/5 mL oral solution      | P    | QL(QL Overtime: Allowed 500 over 30 days) |
| Taron-Crystals 3,300 mg-1,002 mg oral packet                     | NP   | PA                                        |
| Tricitrates 550 mg-500 mg-334 mg/5 mL oral solution              | NP   | PA                                        |
| Urocit-K 10 10 mEq (1,080 mg) tablet,extended release            | NP   | PA                                        |
| Urocit-K 15 15 mEq (1,620 mg) tablet,extended release            | NP   | PA                                        |

| Drug Name                                             | Tier | Drug Restriction |
|-------------------------------------------------------|------|------------------|
| Urocit-K 5 5 mEq (540 mg) tablet,extended release     | NP   | PA               |
| <b>URINARY ANALGESICS</b>                             |      |                  |
| phenazopyridine 100 mg tablet                         | P    |                  |
| phenazopyridine 200 mg tablet                         | P    |                  |
| Pyridium 100 mg tablet                                | NP   | PA               |
| Pyridium 200 mg tablet                                | NP   | PA               |
| <b>URINARY ANTIBACTERIAL - METHENAMINE AND SALTS</b>  |      |                  |
| Hiprex 1 gram tablet                                  | NP   | PA               |
| methenamine hippurate 1 gram tablet                   | P    |                  |
| methenamine mandelate 0.5 g tablet                    | P    |                  |
| methenamine mandelate 1 gram tablet                   | P    |                  |
| <b>URINARY ANTIBACTERIAL - NITROFURAN DERIVATIVES</b> |      |                  |
| Macrobid 100 mg capsule                               | NP   | PA               |
| Macrochantin 100 mg capsule                           | NP   | PA               |
| Macrochantin 25 mg capsule                            | NP   | PA               |

| Drug Name                                                             | Tier | Drug Restriction         |
|-----------------------------------------------------------------------|------|--------------------------|
| Macrochantin 50 mg capsule                                            | NP   | PA                       |
| nitrofurantoin 25 mg/5 mL oral suspension                             | P    | QL(Allowed 40 per 1 day) |
| nitrofurantoin macrocrystal 100 mg capsule                            | P    |                          |
| nitrofurantoin macrocrystal 25 mg capsule                             | P    |                          |
| nitrofurantoin macrocrystal 50 mg capsule                             | P    |                          |
| nitrofurantoin monohydrate/macrocystals 100 mg capsule                | P    |                          |
| <b>URINARY ANTIBACTERIALS OTHER</b>                                   |      |                          |
| fosfomycin tromethamine 3 gram oral packet                            | P    |                          |
| Monurol 3 gram oral packet                                            | P    |                          |
| <b>URINARY ANTI-INFECTIVE METHENAMINE-ANTISPAS-ANALG COMBINATIONS</b> |      |                          |
| Hyolev MB 81 mg-10.8 mg-40.8 mg tablet                                | NP   | PA                       |
| Hyophen 81.6 mg-0.12 mg-10.8 mg tablet                                | NP   | PA                       |
| Phosphasal 81.6 mg-10.8 mg-40.8 mg tablet                             | NP   | PA                       |

| Drug Name                                                                     | Tier | Drug Restriction |
|-------------------------------------------------------------------------------|------|------------------|
| Uramit MB 118 mg-10 mg-40.8 mg-36 mg capsule                                  | NP   | PA               |
| URIMAR-T 120 mg-0.12 mg-10.8 mg tablet                                        | NP   | PA               |
| Urin DS 81.6 mg-10.8 mg-40.8 mg tablet                                        | NP   | PA               |
| Uro-458 81 mg-10.8 mg-40.8 mg tablet                                          | NP   | PA               |
| Uro-MP 118 mg-10 mg-40.8 mg-36 mg capsule                                     | NP   | PA               |
| Ustell 120 mg-0.12 mg capsule                                                 | NP   | PA               |
| <b>URINARY ANTI-INFECTIVE METHENAMINE-ANTISPASMODIC COMBINATIONS</b>          |      |                  |
| methenamine 81.6 mg-sod phos 40.8 mg-methylene blue 0.12mg-hyos tablet        | NP   | PA               |
| Urogesic-Blue 81.6 mg-40.8 mg-0.12 mg tablet                                  | NP   | PA               |
| <b>URINARY ANTISPASMODIC - ANTICHOL., M(3) MUSCARINIC SELECTIVE (BLADDER)</b> |      |                  |
| darifenacin ER 15 mg tablet,extended release 24 hr                            | NP   | PA               |
| darifenacin ER 7.5 mg tablet,extended release 24 hr                           | NP   | PA               |
| Enablex 15 mg tablet,extended release                                         | NP   | PA               |

| Drug Name                                              | Tier | Drug Restriction                |
|--------------------------------------------------------|------|---------------------------------|
| Enablex 7.5 mg tablet,extended release                 | NP   | PA                              |
| solifenacin 10 mg tablet                               | P    |                                 |
| solifenacin 5 mg tablet                                | P    |                                 |
| Vesicare 10 mg tablet                                  | NP   | PA                              |
| Vesicare 5 mg tablet                                   | NP   | PA                              |
| <b>URINARY ANTISPASMODIC - SMOOTH MUSCLE RELAXANTS</b> |      |                                 |
| Detrol 1 mg tablet                                     | NP   | PA; QL(Allowed 2 per 1 day)     |
| Detrol 2 mg tablet                                     | NP   | PA; QL(Allowed 2 per 1 day)     |
| Detrol LA 2 mg capsule,extended release                | NP   | PA; QL(Allowed 1 per 1 day)     |
| Detrol LA 4 mg capsule,extended release                | NP   | PA; QL(Allowed 1 per 1 day)     |
| Ditropan XL 10 mg tablet,extended release              | NP   | PA; QL(Allowed 2 per 1 day); MT |
| Ditropan XL 5 mg tablet,extended release               | NP   | PA; QL(Allowed 2 per 1 day); MT |
| flavoxate 100 mg tablet                                | NP   | PA                              |
| Gelnique 10 % (100 mg/gram) transdermal gel packet     | NP   | PA                              |

| Drug Name                                                  | Tier | Drug Restriction             |
|------------------------------------------------------------|------|------------------------------|
| oxybutynin chloride 5 mg tablet                            | P    | QL(Allowed 3 per 1 day); MT  |
| oxybutynin chloride 5 mg/5 mL oral syrup                   | P    | QL(Allowed 16 per 1 day); MT |
| oxybutynin chloride ER 10 mg tablet,extended release 24 hr | P    | QL(Allowed 2 per 1 day); MT  |
| oxybutynin chloride ER 15 mg tablet,extended release 24 hr | P    | QL(Allowed 2 per 1 day); MT  |
| oxybutynin chloride ER 5 mg tablet,extended release 24 hr  | P    | QL(Allowed 2 per 1 day); MT  |
| Oxytrol 3.9 mg/24 hr transdermal patch                     | NP   | PA                           |
| tolterodine 1 mg tablet                                    | NP   | PA; QL(Allowed 2 per 1 day)  |
| tolterodine 2 mg tablet                                    | NP   | PA; QL(Allowed 2 per 1 day)  |
| tolterodine ER 2 mg capsule,extended release 24 hr         | NP   | PA; QL(Allowed 1 per 1 day)  |
| tolterodine ER 4 mg capsule,extended release 24 hr         | NP   | PA; QL(Allowed 1 per 1 day)  |
| Toviaz 4 mg tablet,extended release                        | NP   | PA                           |

| Drug Name                                              | Tier | Drug Restriction            |
|--------------------------------------------------------|------|-----------------------------|
| Toviaz 8 mg tablet,extended release                    | NP   | PA                          |
| trospium 20 mg tablet                                  | NP   | PA; QL(Allowed 2 per 1 day) |
| trospium ER 60 mg capsule,extended release 24 hr       | NP   | PA                          |
| URINARY RETENTION THERAPY - PARASYMPATHOMIMETIC AGENTS |      |                             |
| bethanechol chloride 10 mg tablet                      | P    | MT                          |
| bethanechol chloride 25 mg tablet                      | P    | MT                          |
| bethanechol chloride 5 mg tablet                       | P    | MT                          |
| bethanechol chloride 50 mg tablet                      | P    | MT                          |
| Urecholine 50 mg tablet                                | NP   | PA; MT                      |
| GOUT AND HYPERURICEMIA THERAPY                         |      |                             |
| GOUT ACUTE THERAPY - ANTIMITOTICS                      |      |                             |
| colchicine 0.6 mg capsule                              | NP   | PA                          |
| colchicine 0.6 mg tablet                               | NP   | PA; QL(Allowed 6 per Rx)    |
| Colcrys 0.6 mg tablet                                  | NP   | PA; QL(Allowed 6 per Rx)    |
| Gloperba 0.6 mg/5 mL oral solution                     | NP   | PA                          |

| Drug Name                                                           | Tier | Drug Restriction |
|---------------------------------------------------------------------|------|------------------|
| Mitigare 0.6 mg capsule                                             | NP   | PA               |
| <b>GOUT AND HYPERURICEMIA - ANTIMITOTIC-URICOSURIC COMBINATIONS</b> |      |                  |
| probenecid 500 mg-colchicine 0.5 mg tablet                          | P    |                  |
| <b>HYPERURICEMIA THERAPY - URICOSURICS</b>                          |      |                  |
| probenecid 500 mg tablet                                            | P    |                  |
| <b>HYPERURICEMIA THERAPY - XANTHINE OXIDASE INHIBITORS</b>          |      |                  |
| allopurinol 100 mg tablet                                           | P    | MT               |
| allopurinol 300 mg tablet                                           | P    | MT               |
| febuxostat 40 mg tablet                                             | NP   | PA               |
| febuxostat 80 mg tablet                                             | NP   | PA               |
| Uloric 40 mg tablet                                                 | NP   | PA               |
| Uloric 80 mg tablet                                                 | NP   | PA               |
| Zyloprim 300 mg tablet                                              | NP   | PA; MT           |
| <b>HEMATOLOGICAL AGENTS</b>                                         |      |                  |
| <b>ANTICOAGULANTS - COUMARIN</b>                                    |      |                  |
| Jantoven 1 mg tablet                                                | P    | MT               |
| Jantoven 10 mg tablet                                               | P    | MT               |
| Jantoven 2 mg tablet                                                | P    | MT               |

| Drug Name                                 | Tier | Drug Restriction |
|-------------------------------------------|------|------------------|
| Jantoven 2.5 mg tablet                    | P    | MT               |
| Jantoven 3 mg tablet                      | P    | MT               |
| Jantoven 4 mg tablet                      | P    | MT               |
| Jantoven 5 mg tablet                      | P    | MT               |
| Jantoven 6 mg tablet                      | P    | MT               |
| Jantoven 7.5 mg tablet                    | P    | MT               |
| warfarin 1 mg tablet                      | P    | MT               |
| warfarin 10 mg tablet                     | P    | MT               |
| warfarin 2 mg tablet                      | P    | MT               |
| warfarin 2.5 mg tablet                    | P    | MT               |
| warfarin 3 mg tablet                      | P    | MT               |
| warfarin 4 mg tablet                      | P    | MT               |
| warfarin 5 mg tablet                      | P    | MT               |
| warfarin 6 mg tablet                      | P    | MT               |
| warfarin 7.5 mg tablet                    | P    | MT               |
| <b>ANTI-INHIBITOR COAGULATION COMPLEX</b> |      |                  |

| Drug Name                                                                    | Tier | Drug Restriction                             |
|------------------------------------------------------------------------------|------|----------------------------------------------|
| Feiba NF 1,750 unit-3,250 unit intravenous solution                          | P    | PA; SP                                       |
| Feiba NF 350 unit-650 unit intravenous solution                              | P    | PA; SP                                       |
| Feiba NF 700 unit-1,300 unit intravenous solution                            | P    | PA; SP                                       |
| <b>BLOOD CELL AND PLATELET DISORDER TX-SPLEEN TYROSINE KINASE INHIBITORS</b> |      |                                              |
| Tavalisse 100 mg tablet                                                      | NP   | PA; SP                                       |
| Tavalisse 150 mg tablet                                                      | NP   | PA; SP                                       |
| <b>C1 ESTERASE INHIBITOR AGENTS</b>                                          |      |                                              |
| Haegarda 2,000 unit subcutaneous solution                                    | NP   | PA; SP                                       |
| Haegarda 3,000 unit subcutaneous solution                                    | NP   | PA; SP                                       |
| <b>DIRECT FACTOR XA INHIBITORS</b>                                           |      |                                              |
| Bevyxxa 40 mg capsule                                                        | NP   | PA; QL(QL Overtime: Allowed 42 over 42 days) |
| Eliquis 2.5 mg tablet                                                        | P    | PA; QL(Allowed 4 per 1 day)                  |
| Eliquis 5 mg tablet                                                          | P    | PA; QL(Allowed 4 per 1 day)                  |
| Eliquis DVT-PE Treatment 30-Day Starter 5 mg (74 tablets) in dose pack       | P    | PA; QL(Allowed 4 per 1 day)                  |

| Drug Name                                                              | Tier | Drug Restriction                                                   |
|------------------------------------------------------------------------|------|--------------------------------------------------------------------|
| Savaysa 15 mg tablet                                                   | NP   | PA                                                                 |
| Savaysa 30 mg tablet                                                   | NP   | PA                                                                 |
| Savaysa 60 mg tablet                                                   | NP   | PA                                                                 |
| Xarelto 10 mg tablet                                                   | P    | PA; QL(Allowed 1 per 1 day, QL Overtime: Allowed 35 over 180 days) |
| Xarelto 15 mg tablet                                                   | P    | PA; QL(Allowed 2 per 1 day)                                        |
| Xarelto 2.5 mg tablet                                                  | P    | PA                                                                 |
| Xarelto 20 mg tablet                                                   | P    | PA; QL(Allowed 1 per 1 day)                                        |
| Xarelto DVT-PE Treatment 30-Day Starter 15 mg(42)-20 mg(9) tablet pack | P    | PA                                                                 |
| <b>ERYTHROPOIETINS</b>                                                 |      |                                                                    |
| Aranesp 10 mcg/0.4 mL (in polysorbate) injection syringe               | NP   | PA; SP                                                             |
| Aranesp 100 mcg/0.5 mL (in polysorbate) injection syringe              | NP   | PA; SP                                                             |
| Aranesp 100 mcg/mL (in polysorbate) Injection                          | NP   | PA; SP                                                             |



| Drug Name                                                 | Tier | Drug Restriction |
|-----------------------------------------------------------|------|------------------|
| Aranesp 150 mcg/0.3 mL (in polysorbate) injection syringe | NP   | PA; SP           |
| Aranesp 200 mcg/0.4 mL (in polysorbate) injection syringe | NP   | PA; SP           |
| Aranesp 200 mcg/mL (in polysorbate) Injection             | NP   | PA; SP           |
| Aranesp 25 mcg/0.42 mL (in polysorbate) injection syringe | NP   | PA; SP           |
| Aranesp 25 mcg/mL (in polysorbate) Injection              | NP   | PA; SP           |
| Aranesp 300 mcg/0.6 mL (in polysorbate) injection syringe | NP   | PA; SP           |
| Aranesp 40 mcg/0.4 mL (in polysorbate) injection syringe  | NP   | PA; SP           |
| Aranesp 40 mcg/mL (in polysorbate) Injection              | NP   | PA; SP           |
| Aranesp 500 mcg/mL (in polysorbate) injection syringe     | NP   | PA; SP           |

| Drug Name                                                | Tier | Drug Restriction |
|----------------------------------------------------------|------|------------------|
| Aranesp 60 mcg/0.3 mL (in polysorbate) injection syringe | NP   | PA; SP           |
| Aranesp 60 mcg/mL (in polysorbate) Injection             | NP   | PA; SP           |
| Epogen 10,000 unit/mL injection solution                 | P    | PA; SP           |
| Epogen 2,000 unit/mL injection solution                  | P    | PA; SP           |
| Epogen 20,000 unit/2 mL injection solution               | P    | PA; SP           |
| Epogen 20,000 unit/mL injection solution                 | P    | PA; SP           |
| Epogen 3,000 unit/mL injection solution                  | P    | PA; SP           |
| Epogen 4,000 unit/mL injection solution                  | P    | PA; SP           |
| Mircera 100 mcg/0.3 mL injection syringe                 | NP   | PA; SP           |
| Mircera 150 mcg/0.3 mL injection syringe                 | NP   | PA; SP           |
| Mircera 200 mcg/0.3 mL injection syringe                 | NP   | PA; SP           |

| Drug Name                                   | Tier | Drug Restriction |
|---------------------------------------------|------|------------------|
| Mircera 30 mcg/0.3 mL injection syringe     | NP   | PA; SP           |
| Mircera 50 mcg/0.3 mL injection syringe     | NP   | PA; SP           |
| Mircera 75 mcg/0.3 mL injection syringe     | NP   | PA; SP           |
| Procrit 10,000 unit/mL injection solution   | P    | PA; SP           |
| Procrit 2,000 unit/mL injection solution    | P    | PA; SP           |
| Procrit 20,000 unit/2 mL injection solution | P    | PA; SP           |
| Procrit 20,000 unit/mL injection solution   | P    | PA; SP           |
| Procrit 3,000 unit/mL injection solution    | P    | PA; SP           |
| Procrit 4,000 unit/mL injection solution    | P    | PA; SP           |
| Procrit 40,000 unit/mL injection solution   | P    | PA; SP           |
| Retacrit 10,000 unit/mL injection solution  | NP   | PA; SP           |
| Retacrit 2,000 unit/mL injection solution   | NP   | PA; SP           |

| Drug Name                                          | Tier | Drug Restriction |
|----------------------------------------------------|------|------------------|
| Retacrit 20,000 unit/2 mL injection solution       | NP   | PA; SP           |
| Retacrit 20,000 unit/mL injection solution         | NP   | PA; SP           |
| Retacrit 3,000 unit/mL injection solution          | NP   | PA; SP           |
| Retacrit 4,000 unit/mL injection solution          | NP   | PA; SP           |
| Retacrit 40,000 unit/mL injection solution         | NP   | PA; SP           |
| FACTOR IX PREPARATIONS                             |      |                  |
| AlphaNine SD 1,000 (+/-) unit intravenous solution | P    | PA; SP           |
| AlphaNine SD 1,500 (+/-) unit intravenous solution | P    | PA; SP           |
| AlphaNine SD 500 (+/-) unit intravenous solution   | P    | PA; SP           |
| Alprolix 1,000 unit intravenous solution           | P    | PA; SP           |
| Alprolix 2,000 unit intravenous solution           | P    | PA; SP           |
| Alprolix 250 unit intravenous solution             | P    | PA; SP           |

| Drug Name                                      | Tier | Drug Restriction |
|------------------------------------------------|------|------------------|
| Alprolix 3,000 unit intravenous solution       | P    | PA; SP           |
| Alprolix 4,000 unit intravenous solution       | P    | PA; SP           |
| Alprolix 500 unit intravenous solution         | P    | PA; SP           |
| BeneFIX 1,000 unit intravenous solution        | P    | PA; SP           |
| BeneFIX 2,000 unit intravenous solution        | P    | PA; SP           |
| BeneFIX 250 unit intravenous solution          | P    | PA; SP           |
| BeneFIX 3,000 unit intravenous solution        | P    | PA; SP           |
| BeneFIX 500 unit intravenous solution          | P    | PA; SP           |
| Idelvion 1,000 (+/-) unit intravenous solution | P    | PA; SP           |
| Idelvion 2,000 (+/-) unit intravenous solution | P    | PA; SP           |
| Idelvion 250 (+/-) unit intravenous solution   | P    | PA; SP           |
| Idelvion 3,500 (+/-) unit intravenous solution | P    | PA; SP           |

| Drug Name                                        | Tier | Drug Restriction |
|--------------------------------------------------|------|------------------|
| Idelvion 500 (+/-) unit intravenous solution     | P    | PA; SP           |
| Ixinity 1,000 unit intravenous solution          | P    | PA; SP           |
| Ixinity 1,500 unit intravenous solution          | P    | PA; SP           |
| Ixinity 2,000 unit intravenous solution          | P    | PA; SP           |
| Ixinity 250 unit intravenous solution            | P    | PA; SP           |
| Ixinity 3,000 unit intravenous solution          | P    | PA; SP           |
| Ixinity 500 unit intravenous solution            | P    | PA; SP           |
| Mononine 1,000 (+/-) unit intravenous solution   | P    | PA; SP           |
| Profilnine 1,000 (+/-) unit intravenous solution | P    | PA; SP           |
| Profilnine 1,500 (+/-) unit intravenous solution | P    | PA; SP           |
| Profilnine 500 (+/-) unit intravenous solution   | P    | PA; SP           |

| Drug Name                                          | Tier | Drug Restriction |
|----------------------------------------------------|------|------------------|
| Rebinyn 1,000 (+/-) unit intravenous solution      | P    | PA; SP           |
| Rebinyn 2,000 (+/-) unit intravenous solution      | P    | PA; SP           |
| Rebinyn 500 (+/-) unit intravenous solution        | P    | PA; SP           |
| Rixubis 1,000 unit intravenous solution            | P    | PA; SP           |
| Rixubis 2,000 unit intravenous solution            | P    | PA; SP           |
| Rixubis 250 unit intravenous solution              | P    | PA; SP           |
| Rixubis 3,000 unit intravenous solution            | P    | PA; SP           |
| Rixubis 500 unit intravenous solution              | P    | PA; SP           |
| <b>FACTOR VII PREPARATIONS</b>                     |      |                  |
| Novoseven RT 1 mg (1,000 mcg) intravenous solution | P    | PA; SP           |
| Novoseven RT 2 mg (2,000 mcg) intravenous solution | P    | PA; SP           |
| Novoseven RT 5 mg (5,000 mcg) intravenous solution | P    | PA; SP           |

| Drug Name                                          | Tier | Drug Restriction |
|----------------------------------------------------|------|------------------|
| Novoseven RT 8 mg (8,000 mcg) intravenous solution | P    | PA; SP           |
| <b>FACTOR VIII PREPARATIONS (AHF)</b>              |      |                  |
| Advate 1,000 (+/-) unit intravenous solution       | P    | PA; SP           |
| Advate 1,500 (+/-) unit intravenous solution       | P    | PA; SP           |
| Advate 2,000 (+/-) unit intravenous solution       | P    | PA; SP           |
| Advate 250 (+/-) unit intravenous solution         | P    | PA; SP           |
| Advate 3,000 (+/-) unit intravenous solution       | P    | PA; SP           |
| Advate 4,000 (+/-) unit intravenous solution       | P    | PA; SP           |
| Advate 500 (+/-) unit intravenous solution         | P    | PA; SP           |
| Adynovate 1,000 (+/-) unit intravenous solution    | P    | PA; SP           |
| Adynovate 1,500 (+/-) unit intravenous solution    | P    | PA; SP           |

| Drug Name                                           | Tier | Drug Restriction |
|-----------------------------------------------------|------|------------------|
| Adynovate 2,000 (+/-) unit intravenous solution     | P    | PA; SP           |
| Adynovate 250 (+/-) unit intravenous solution       | P    | PA; SP           |
| Adynovate 3,000 (+/-) unit intravenous solution     | P    | PA; SP           |
| Adynovate 500 (+/-) unit intravenous solution       | P    | PA; SP           |
| Adynovate 750 (+/-) unit intravenous solution       | P    | PA; SP           |
| Afstyla 1,000 (+/-) unit range intravenous solution | P    | PA; SP           |
| Afstyla 1,500 (+/-) unit range intravenous solution | P    | PA; SP           |
| Afstyla 2,000 (+/-) unit range intravenous solution | P    | PA; SP           |
| Afstyla 2,500 (+/-) unit range intravenous solution | P    | PA; SP           |
| Afstyla 250 (+/-) unit range intravenous solution   | P    | PA; SP           |

| Drug Name                                                 | Tier | Drug Restriction |
|-----------------------------------------------------------|------|------------------|
| Afstyla 3,000 (+/-) unit range intravenous solution       | P    | PA; SP           |
| Afstyla 500 (+/-) unit range intravenous solution         | P    | PA; SP           |
| Alphanate 1,000 (400 vWF) unit/10 mL intravenous solution | P    | PA; SP           |
| Alphanate 1,500 (600 vWF) unit/10 mL intravenous solution | P    | PA; SP           |
| Alphanate 2,000 (800 vWF) unit/10 mL intravenous solution | P    | PA; SP           |
| Alphanate 250 (100 vWF) unit/5 mL intravenous solution    | P    | PA; SP           |
| Alphanate 500 (200 vWF) unit/5 mL intravenous solution    | P    | PA; SP           |
| Eloctate 1,000 unit intravenous solution                  | P    | PA; SP           |
| Eloctate 1,500 unit intravenous solution                  | P    | PA; SP           |
| Eloctate 2,000 unit intravenous solution                  | P    | PA; SP           |

| Drug Name                                      | Tier | Drug Restriction |
|------------------------------------------------|------|------------------|
| Eloctate 250 unit intravenous solution         | P    | PA; SP           |
| Eloctate 3,000 unit intravenous solution       | P    | PA; SP           |
| Eloctate 4,000 unit intravenous solution       | P    | PA; SP           |
| Eloctate 5,000 unit intravenous solution       | P    | PA; SP           |
| Eloctate 500 unit intravenous solution         | P    | PA; SP           |
| Eloctate 6,000 unit intravenous solution       | P    | PA; SP           |
| Eloctate 750 unit intravenous solution         | P    | PA; SP           |
| Esperoct 1,000 (+/-) unit intravenous solution | P    | PA; SP           |
| Esperoct 1,500 (+/-) unit intravenous solution | P    | PA; SP           |
| Esperoct 2,000 (+/-) unit intravenous solution | P    | PA; SP           |
| Esperoct 3,000 (+/-) unit intravenous solution | P    | PA; SP           |
| Esperoct 500 (+/-) unit intravenous solution   | P    | PA; SP           |

| Drug Name                                                       | Tier | Drug Restriction |
|-----------------------------------------------------------------|------|------------------|
| Hemofil M High 801 unit-1,500 unit intravenous solution         | P    | PA; SP           |
| Hemofil M Low 220 unit-400 unit intravenous solution            | P    | PA; SP           |
| Hemofil M Mid 401 unit-800 unit intravenous solution            | P    | PA; SP           |
| Hemofil M Super High 1,501 unit-2,000 unit intravenous solution | P    | PA; SP           |
| Humate-P 1,000 unit-2,400 unit intravenous solution             | P    | PA; SP           |
| Humate-P 250 unit-600 unit intravenous solution                 | P    | PA; SP           |
| Humate-P 500 unit-1,200 unit intravenous solution               | P    | PA; SP           |
| Jivi 1,000 (+/-) unit intravenous solution                      | P    | PA; SP           |
| Jivi 2,000 (+/-) unit intravenous solution                      | P    | PA; SP           |
| Jivi 3,000 (+/-) unit intravenous solution                      | P    | PA; SP           |

| Drug Name                                         | Tier | Drug Restriction |
|---------------------------------------------------|------|------------------|
| Jivi 500 (+/-) unit intravenous solution          | P    | PA; SP           |
| Koate 1,000 (+/-) unit intravenous solution       | P    | PA; SP           |
| Koate 250 (+/-) unit intravenous solution         | P    | PA; SP           |
| Koate 500 (+/-) unit intravenous solution         | P    | PA; SP           |
| Kogenate FS 1,000 (+/-) unit intravenous solution | P    | PA; SP           |
| Kogenate FS 2,000 (+/-) unit intravenous solution | P    | PA; SP           |
| Kogenate FS 250 (+/-) unit intravenous solution   | P    | PA; SP           |
| Kogenate FS 3,000 (+/-) unit intravenous solution | P    | PA; SP           |
| Kogenate FS 500 (+/-) unit intravenous solution   | P    | PA; SP           |
| Kovaltry 1,000 (+/-) unit intravenous solution    | P    | PA; SP           |

| Drug Name                                       | Tier | Drug Restriction |
|-------------------------------------------------|------|------------------|
| Kovaltry 2,000 (+/-) unit intravenous solution  | P    | PA; SP           |
| Kovaltry 250 (+/-) unit intravenous solution    | P    | PA; SP           |
| Kovaltry 3,000 (+/-) unit intravenous solution  | P    | PA; SP           |
| Kovaltry 500 (+/-) unit intravenous solution    | P    | PA; SP           |
| Novoeight 1,000 (+/-) unit intravenous solution | P    | PA; SP           |
| Novoeight 1,500 (+/-) unit intravenous solution | P    | PA; SP           |
| Novoeight 2,000 (+/-) unit intravenous solution | P    | PA; SP           |
| Novoeight 250 (+/-) unit intravenous solution   | P    | PA; SP           |
| Novoeight 3,000 (+/-) unit intravenous solution | P    | PA; SP           |
| Novoeight 500 (+/-) unit intravenous solution   | P    | PA; SP           |
| Nuwiq 1,000 (+/-) unit intravenous solution     | P    | PA; SP           |

| Drug Name                                         | Tier | Drug Restriction |
|---------------------------------------------------|------|------------------|
| Nuwiq 2,000 (+/-) unit intravenous solution       | P    | PA; SP           |
| Nuwiq 2,500 unit intravenous solution             | P    | PA; SP           |
| Nuwiq 250 (+/-) unit intravenous solution         | P    | PA; SP           |
| Nuwiq 3,000 unit intravenous solution             | P    | PA; SP           |
| Nuwiq 4,000 unit intravenous solution             | P    | PA; SP           |
| Nuwiq 500 (+/-) unit intravenous solution         | P    | PA; SP           |
| Obizur 500 (+/-) unit range intravenous solution  | P    | PA; SP           |
| Recombinate 1,000 (+/-) unit intravenous solution | P    | PA; SP           |
| Recombinate 1,500 (+/-) unit intravenous solution | P    | PA; SP           |
| Recombinate 2,000 (+/-) unit intravenous solution | P    | PA; SP           |

| Drug Name                                            | Tier | Drug Restriction |
|------------------------------------------------------|------|------------------|
| Recombinate 250 (+/-) unit intravenous solution      | P    | PA; SP           |
| Recombinate 500 (+/-) unit intravenous solution      | P    | PA; SP           |
| Wilate 1,000 unit-1,000 unit intravenous solution    | P    | PA; SP           |
| Wilate 500 unit-500 unit intravenous solution        | P    | PA; SP           |
| Xyntha 1,000 (+/-) unit intravenous solution         | P    | PA; SP           |
| Xyntha 2,000 (+/-) unit intravenous solution         | P    | PA; SP           |
| Xyntha 250 (+/-) unit intravenous solution           | P    | PA; SP           |
| Xyntha 500 (+/-) unit intravenous solution           | P    | PA; SP           |
| Xyntha Solofuse 1,000 (+/-) unit intravenous syringe | P    | PA; SP           |
| Xyntha Solofuse 2,000 (+/-) unit intravenous syringe | P    | PA; SP           |
| Xyntha Solofuse 250 (+/-) unit intravenous syringe   | P    | PA; SP           |



| Drug Name                                            | Tier | Drug Restriction |
|------------------------------------------------------|------|------------------|
| Xyntha Solofuse 3,000 (+/-) unit intravenous syringe | P    | PA; SP           |
| Xyntha Solofuse 500 (+/-) unit intravenous syringe   | P    | PA; SP           |
| FACTOR VIII-MIMETIC AGENT, MONOCLONAL ANTIBODY       |      |                  |
| Hemlibra 105 mg/0.7 mL subcutaneous solution         | P    | PA; SP           |
| Hemlibra 150 mg/mL subcutaneous solution             | P    | PA; SP           |
| Hemlibra 30 mg/mL subcutaneous solution              | P    | PA; SP           |
| Hemlibra 60 mg/0.4 mL subcutaneous solution          | P    | PA; SP           |
| FACTOR X PREPARATIONS                                |      |                  |
| Coagadex 250 (+/-) unit range intravenous solution   | P    | PA; SP           |
| Coagadex 500 (+/-) unit range intravenous solution   | P    | PA; SP           |
| FACTOR XIII PREPARATIONS                             |      |                  |
| Corifact 1,000 unit-1,600 unit intravenous solution  | P    | PA; SP           |

| Drug Name                                                      | Tier | Drug Restriction |
|----------------------------------------------------------------|------|------------------|
| Tretten 2,500 unit intravenous solution                        | P    | PA; SP           |
| GRANULOCYTE COLONY-STIMULATING FACTOR (G-CSF)                  |      |                  |
| Fulphila 6 mg/0.6 mL subcutaneous syringe                      | NP   | PA; SP           |
| Granix 300 mcg/0.5 mL subcutaneous syringe                     | NP   | PA; SP           |
| Granix 300 mcg/mL subcutaneous solution                        | NP   | PA; SP           |
| Granix 480 mcg/0.8 mL subcutaneous syringe                     | NP   | PA; SP           |
| Granix 480 mcg/1.6 mL subcutaneous solution                    | NP   | PA; SP           |
| Neulasta 6 mg/0.6 mL subcutaneous syringe                      | NP   | PA; SP           |
| Neulasta Onpro 6 mg/0.6 mL with wearable subcutaneous injector | NP   | PA; SP           |
| Neupogen 300 mcg/0.5 mL injection syringe                      | P    | SP               |
| Neupogen 300 mcg/mL injection solution                         | P    | SP               |

| Drug Name                                                 | Tier | Drug Restriction |
|-----------------------------------------------------------|------|------------------|
| Neupogen 480 mcg/0.8 mL injection syringe                 | P    | SP               |
| Neupogen 480 mcg/1.6 mL injection solution                | P    | SP               |
| Nivestym 300 mcg/0.5 mL subcutaneous syringe              | NP   | PA; SP           |
| Nivestym 300 mcg/mL injection solution                    | NP   | PA; SP           |
| Nivestym 480 mcg/0.8 mL subcutaneous syringe              | NP   | PA; SP           |
| Nivestym 480 mcg/1.6 mL injection solution                | NP   | PA; SP           |
| Nyvepria 6 mg/0.6 mL subcutaneous syringe                 | NP   | PA; SP           |
| Udenyca 6 mg/0.6 mL subcutaneous syringe                  | NP   | PA; SP           |
| Zarxio 300 mcg/0.5 mL injection syringe                   | NP   | PA; SP           |
| Zarxio 480 mcg/0.8 mL injection syringe                   | NP   | PA; SP           |
| Ziextenzo 6 mg/0.6 mL subcutaneous syringe                | NP   | PA; SP           |
| GRANULOCYTE-MACROPHAGE COLONY-STIMULATING FACTOR (GM-CSF) |      |                  |

| Drug Name                                                     | Tier | Drug Restriction                                                                                                         |
|---------------------------------------------------------------|------|--------------------------------------------------------------------------------------------------------------------------|
| Leukine 250 mcg solution for injection                        | P    | SP                                                                                                                       |
| HEMATOPOIETIC AGENTS - ERYTHROID (RBC) MATURATION AGENTS      |      |                                                                                                                          |
| Reblozyl 25 mg subcutaneous solution                          | NP   | PA; SP                                                                                                                   |
| Reblozyl 75 mg subcutaneous solution                          | NP   | PA; SP                                                                                                                   |
| HEMATORHEOLOGIC AGENTS                                        |      |                                                                                                                          |
| pentoxifylline ER 400 mg tablet, extended release             | P    | MT                                                                                                                       |
| HEMOSTATIC SYSTEMIC - ANTIFIBRINOLYTIC AGENTS                 |      |                                                                                                                          |
| Amicar 500 mg tablet                                          | P    | QL(Allowed 24 per Rx); SP; Use Generic Products                                                                          |
| aminocaproic acid 500 mg tablet                               | P    | QL(Allowed 24 per Rx); SP                                                                                                |
| Lysteda 650 mg tablet                                         | P    | AL(Minimum Age 12 Years); QL(QL Overtime: Allowed 30 over 5 days); QL(Limit 2 fill(s) per 30 days); Use Generic Products |
| tranexamic acid 650 mg tablet                                 | P    | AL(Minimum Age 12 Years); QL(QL Overtime: Allowed 30 over 5 days); QL(Limit 2 fill(s) per 30 days)                       |
| HEMOSTATIC SYSTEMIC- VON WILLEBRAND FACTOR (VWF) PREPARATIONS |      |                                                                                                                          |
| Vonvendi 1,300 (+/-) unit range intravenous solution          | P    | PA; SP                                                                                                                   |

| Drug Name                                                        | Tier | Drug Restriction                              |
|------------------------------------------------------------------|------|-----------------------------------------------|
| Vonvendi 650 (+/-) unit range intravenous solution               | P    | PA; SP                                        |
| <b>HEPARIN FLUSH FORMULATIONS</b>                                |      |                                               |
| Hep Flush-10 (PF) 10 unit/mL intravenous solution                | P    | QL(QL (Limit 14 days supply(ies) per claim )) |
| Heparin Lock Flush (Porcine) (PF) 10 unit/mL intravenous syringe | P    | QL(QL (Limit 14 days supply(ies) per claim )) |
| heparin lock flush (porcine) 10 unit/mL intravenous solution     | P    | QL(QL (Limit 14 days supply(ies) per claim )) |
| heparin, porcine (PF) 10 unit/mL intravenous syringe             | P    | QL(QL (Limit 14 days supply(ies) per claim )) |
| <b>HEPARINS</b>                                                  |      |                                               |
| heparin (porcine) 1,000 unit/mL injection solution               | P    |                                               |
| heparin (porcine) 10,000 unit/mL injection solution              | P    |                                               |
| heparin (porcine) 20,000 unit/mL injection solution              | P    |                                               |
| heparin (porcine) 5,000 unit/mL (1 mL) injection cartridge       | P    |                                               |
| heparin (porcine) 5,000 unit/mL injection solution               | P    |                                               |

| Drug Name                                                    | Tier | Drug Restriction |
|--------------------------------------------------------------|------|------------------|
| heparin (porcine) 5,000 unit/mL injection syringe            | P    |                  |
| heparin, porcine (PF) 1,000 unit/mL injection solution       | P    |                  |
| heparin, porcine (PF) 5,000 unit/0.5 mL injection solution   | P    |                  |
| heparin, porcine (PF) 5,000 unit/0.5 mL injection syringe    | P    |                  |
| heparin, porcine (PF) 5,000 unit/0.5 mL subcutaneous syringe | P    |                  |
| heparin, porcine (PF) 5,000 unit/mL injection syringe        | P    |                  |
| <b>INDIRECT FACTOR XA INHIBITORS</b>                         |      |                  |
| Arixtra 10 mg/0.8 mL subcutaneous solution syringe           | NP   | PA; SP           |
| Arixtra 2.5 mg/0.5 mL subcutaneous solution syringe          | NP   | PA; SP           |
| Arixtra 5 mg/0.4 mL subcutaneous solution syringe            | NP   | PA; SP           |
| Arixtra 7.5 mg/0.6 mL subcutaneous solution syringe          | NP   | PA; SP           |

| Drug Name                                                | Tier | Drug Restriction                                                                              |
|----------------------------------------------------------|------|-----------------------------------------------------------------------------------------------|
| fondaparinux 10 mg/0.8 mL subcutaneous solution syringe  | P    | SP                                                                                            |
| fondaparinux 2.5 mg/0.5 mL subcutaneous solution syringe | P    | SP                                                                                            |
| fondaparinux 5 mg/0.4 mL subcutaneous solution syringe   | P    | SP                                                                                            |
| fondaparinux 7.5 mg/0.6 mL subcutaneous solution syringe | P    | SP                                                                                            |
| <b>LOW MOLECULAR WEIGHT HEPARINS</b>                     |      |                                                                                               |
| enoxaparin 100 mg/mL subcutaneous syringe                | P    | QL(QL Overtime: Allowed 14 over 7 days); QL(QL (Limit 21 days supply(ies) per 180 days )); SP |
| enoxaparin 120 mg/0.8 mL subcutaneous syringe            | P    | QL(QL Overtime: Allowed 12 over 7 days); QL(QL (Limit 21 days supply(ies) per 180 days )); SP |
| enoxaparin 150 mg/mL subcutaneous syringe                | P    | QL(QL Overtime: Allowed 14 over 7 days); QL(QL (Limit 21 days supply(ies) per 180 days )); SP |
| enoxaparin 30 mg/0.3 mL subcutaneous syringe             | P    | QL(QL Overtime: Allowed 5 over 7 days); QL(QL (Limit 21 days supply(ies) per 180 days )); SP  |
| enoxaparin 300 mg/3 mL subcutaneous solution             | P    | QL(QL Overtime: Allowed 42 over 7 days); QL(QL (Limit 21 days supply(ies) per 180 days )); SP |

| Drug Name                                                | Tier | Drug Restriction                                                                              |
|----------------------------------------------------------|------|-----------------------------------------------------------------------------------------------|
| enoxaparin 40 mg/0.4 mL subcutaneous syringe             | P    | QL(QL Overtime: Allowed 6 over 7 days); QL(QL (Limit 21 days supply(ies) per 180 days )); SP  |
| enoxaparin 60 mg/0.6 mL subcutaneous syringe             | P    | QL(QL Overtime: Allowed 9 over 7 days); QL(QL (Limit 21 days supply(ies) per 180 days )); SP  |
| enoxaparin 80 mg/0.8 mL subcutaneous syringe             | P    | QL(QL Overtime: Allowed 12 over 7 days); QL(QL (Limit 21 days supply(ies) per 180 days )); SP |
| Fragmin 10,000 anti-Xa unit/mL subcutaneous syringe      | P    | SP                                                                                            |
| Fragmin 12,500 anti-Xa unit/0.5 mL subcutaneous syringe  | P    | SP                                                                                            |
| Fragmin 15,000 anti-Xa unit/0.6 mL subcutaneous syringe  | P    | SP                                                                                            |
| Fragmin 18,000 anti-Xa unit/0.72 mL subcutaneous syringe | P    | SP                                                                                            |
| Fragmin 2,500 anti-Xa unit/0.2 mL subcutaneous syringe   | P    | SP                                                                                            |
| Fragmin 25,000 anti-Xa unit/mL subcutaneous solution     | P    | SP                                                                                            |

| Drug Name                                              | Tier | Drug Restriction                                                                                  |
|--------------------------------------------------------|------|---------------------------------------------------------------------------------------------------|
| Fragmin 5,000 anti-Xa unit/0.2 mL subcutaneous syringe | P    | SP                                                                                                |
| Fragmin 7,500 anti-Xa unit/0.3 mL subcutaneous syringe | P    | SP                                                                                                |
| Lovenox 100 mg/mL subcutaneous syringe                 | NP   | PA; QL(QL Overtime: Allowed 14 over 7 days); QL(QL (Limit 21 days supply(ies) per 180 days )); SP |
| Lovenox 120 mg/0.8 mL subcutaneous syringe             | NP   | PA; QL(QL Overtime: Allowed 12 over 7 days); QL(QL (Limit 21 days supply(ies) per 180 days )); SP |
| Lovenox 150 mg/mL subcutaneous syringe                 | NP   | PA; QL(QL Overtime: Allowed 14 over 7 days); QL(QL (Limit 21 days supply(ies) per 180 days )); SP |
| Lovenox 30 mg/0.3 mL subcutaneous syringe              | NP   | PA; QL(QL Overtime: Allowed 5 over 7 days); QL(QL (Limit 21 days supply(ies) per 180 days )); SP  |
| Lovenox 300 mg/3 mL subcutaneous solution              | NP   | PA; QL(QL Overtime: Allowed 42 over 7 days); QL(QL (Limit 21 days supply(ies) per 180 days )); SP |
| Lovenox 40 mg/0.4 mL subcutaneous syringe              | NP   | PA; QL(QL Overtime: Allowed 6 over 7 days); QL(QL (Limit 21 days supply(ies) per 180 days )); SP  |
| Lovenox 60 mg/0.6 mL subcutaneous syringe              | NP   | PA; QL(QL Overtime: Allowed 9 over 7 days); QL(QL (Limit 21 days supply(ies) per 180 days )); SP  |

| Drug Name                                                              | Tier | Drug Restriction                                                                                  |
|------------------------------------------------------------------------|------|---------------------------------------------------------------------------------------------------|
| Lovenox 80 mg/0.8 mL subcutaneous syringe                              | NP   | PA; QL(QL Overtime: Allowed 12 over 7 days); QL(QL (Limit 21 days supply(ies) per 180 days )); SP |
| PLATELET AGGREGATION INHIB - CYCLOPENTYL-TRIAZOLO-PYRIMIDINES (CPTPS)  |      |                                                                                                   |
| Brilinta 60 mg tablet                                                  | P    | QL(Allowed 2 per 1 day)                                                                           |
| Brilinta 90 mg tablet                                                  | P    | QL(Allowed 2 per 1 day)                                                                           |
| PLATELET AGGREGATION INHIBITOR COMBINATIONS                            |      |                                                                                                   |
| Aggrenox 25 mg-200 mg capsule, extended release                        | NP   | PA                                                                                                |
| aspirin 25 mg-dipyridamole 200 mg capsule,ext.release 12 hr multiphase | P    |                                                                                                   |
| PLATELET AGGREGATION INHIBITORS - PHOSPHODIESTERASE III INHIBITORS     |      |                                                                                                   |
| cilostazol 100 mg tablet                                               | NP   | PA; QL(Allowed 2 per 1 day); MT                                                                   |
| cilostazol 50 mg tablet                                                | NP   | PA; QL(Allowed 2 per 1 day); MT                                                                   |
| PLATELET AGGREGATION INHIBITORS - QUINAZOLINE AGENTS                   |      |                                                                                                   |
| Agrylin 0.5 mg capsule                                                 | NP   | PA                                                                                                |
| anagrelide 0.5 mg capsule                                              | P    |                                                                                                   |
| anagrelide 1 mg capsule                                                | P    |                                                                                                   |
| PLATELET AGGREGATION INHIBITORS - THIENOPYRIDINE AGENTS                |      |                                                                                                   |
| clopidogrel 300 mg tablet                                              | P    |                                                                                                   |

| Drug Name                                                                     | Tier | Drug Restriction                |
|-------------------------------------------------------------------------------|------|---------------------------------|
| clopidogrel 75 mg tablet                                                      | P    | QL(Allowed 1 per 1 day); MT     |
| Effient 10 mg tablet                                                          | NP   | PA; QL(Allowed 1 per 1 day)     |
| Effient 5 mg tablet                                                           | NP   | PA; QL(Allowed 1 per 1 day)     |
| Plavix 75 mg tablet                                                           | NP   | PA; QL(Allowed 1 per 1 day); MT |
| prasugrel 10 mg tablet                                                        | NP   | PA; QL(Allowed 1 per 1 day)     |
| prasugrel 5 mg tablet                                                         | NP   | PA; QL(Allowed 1 per 1 day)     |
| <b>PLATELET AGGREGATION INHIBITORS-SALICYLATES AND PROTON PUMP INHIB COMB</b> |      |                                 |
| Yosprala 325 mg-40 mg tablet,immediate and delay release                      | NP   | PA                              |
| <b>PLATELET AGGREGATION INHIB-PDESTERASE AND ADENOSINE DEAMINASE INHIBITR</b> |      |                                 |
| dipyridamole 25 mg tablet                                                     | P    | MT                              |
| dipyridamole 50 mg tablet                                                     | P    | MT                              |
| dipyridamole 75 mg tablet                                                     | P    | MT                              |
| <b>PLATELET AGGREGATION INHIB-PROTEASE-ACTIV.RECEPTOR-1(PAR-1) ANTAGONIST</b> |      |                                 |
| Zontivity 2.08 mg tablet                                                      | NP   | PA                              |
| <b>SICKLE CELL ANEMIA AGENTS, OTHERS</b>                                      |      |                                 |
| Droxia 200 mg capsule                                                         | P    |                                 |

| Drug Name                                                   | Tier | Drug Restriction |
|-------------------------------------------------------------|------|------------------|
| Droxia 300 mg capsule                                       | P    |                  |
| Droxia 400 mg capsule                                       | P    |                  |
| <b>THROMBIN INHIBITOR - SELECTIVE DIRECT AND REVERSIBLE</b> |      |                  |
| Pradaxa 110 mg capsule                                      | NP   | PA               |
| Pradaxa 150 mg capsule                                      | NP   | PA               |
| Pradaxa 75 mg capsule                                       | NP   | PA               |
| <b>THROMBOPOIETIN RECEPTOR AGONISTS</b>                     |      |                  |
| Doptelet (10 tab pack) 20 mg tablet                         | NP   | PA; SP           |
| Doptelet (15 tab pack) 20 mg tablet                         | NP   | PA; SP           |
| Doptelet (30 tab pack) 20 mg tablet                         | NP   | PA; SP           |
| Mulpleta 3 mg tablet                                        | NP   | PA; SP           |
| Nplate 125 mcg subcutaneous solution                        | NP   | PA; SP           |
| Nplate 250 mcg subcutaneous solution                        | NP   | PA; SP           |
| Nplate 500 mcg subcutaneous solution                        | NP   | PA; SP           |
| Promacta 12.5 mg oral powder packet                         | NP   | PA; SP           |

| Drug Name                                            | Tier | Drug Restriction |
|------------------------------------------------------|------|------------------|
| Promacta 12.5 mg tablet                              | NP   | PA; SP           |
| Promacta 25 mg oral powder packet                    | NP   | PA; SP           |
| Promacta 25 mg tablet                                | NP   | PA; SP           |
| Promacta 50 mg tablet                                | NP   | PA; SP           |
| Promacta 75 mg tablet                                | NP   | PA; SP           |
| HEPATOBIILIARY SYSTEM TREATMENT AGENTS               |      |                  |
| FARNESOID X RECEPTOR (FXR) AGONIST, BILE ACID ANALOG |      |                  |
| Ocaliva 10 mg tablet                                 | NP   | PA; SP           |
| Ocaliva 5 mg tablet                                  | NP   | PA; SP           |
| IMMUNOSUPPRESSIVE AGENTS                             |      |                  |
| IMMUNOSUPPRESSIVE - CALCINEURIN INHIBITORS           |      |                  |
| Astagraf XL 0.5 mg capsule,extended release          | NP   | PA               |
| Astagraf XL 1 mg capsule,extended release            | NP   | PA               |
| Astagraf XL 5 mg capsule,extended release            | NP   | PA               |
| cyclosporine 100 mg capsule                          | P    |                  |
| cyclosporine 25 mg capsule                           | P    |                  |

| Drug Name                                     | Tier | Drug Restriction            |
|-----------------------------------------------|------|-----------------------------|
| cyclosporine modified 100 mg capsule          | P    | QL(Allowed 4 per 1 day)     |
| cyclosporine modified 100 mg/mL oral solution | P    | QL(Allowed 8 per 1 day)     |
| cyclosporine modified 25 mg capsule           | P    | QL(Allowed 4 per 1 day)     |
| cyclosporine modified 50 mg capsule           | P    | QL(Allowed 4 per 1 day)     |
| Envarsus XR 0.75 mg tablet,extended release   | NP   | PA                          |
| Envarsus XR 1 mg tablet,extended release      | NP   | PA                          |
| Envarsus XR 4 mg tablet,extended release      | NP   | PA                          |
| Gengraf 100 mg capsule                        | P    | QL(Allowed 4 per 1 day)     |
| Gengraf 100 mg/mL oral solution               | P    | QL(Allowed 8 per 1 day)     |
| Gengraf 25 mg capsule                         | P    | QL(Allowed 4 per 1 day)     |
| Neoral 100 mg capsule                         | NP   | PA; QL(Allowed 4 per 1 day) |
| Neoral 100 mg/mL oral solution                | NP   | PA; QL(Allowed 8 per 1 day) |
| Neoral 25 mg capsule                          | NP   | PA; QL(Allowed 4 per 1 day) |

| Drug Name                                                                 | Tier | Drug Restriction             |
|---------------------------------------------------------------------------|------|------------------------------|
| Prograf 0.2 mg oral granules in packet                                    | NP   | PA                           |
| Prograf 0.5 mg capsule                                                    | NP   | PA; QL(Allowed 3 per 1 day)  |
| Prograf 1 mg capsule                                                      | NP   | PA; QL(Allowed 3 per 1 day)  |
| Prograf 1 mg oral granules in packet                                      | NP   | PA                           |
| Prograf 5 mg capsule                                                      | NP   | PA; QL(Allowed 3 per 1 day)  |
| Sandimmune 100 mg capsule                                                 | NP   | PA                           |
| Sandimmune 100 mg/mL oral solution                                        | P    |                              |
| Sandimmune 25 mg capsule                                                  | NP   | PA                           |
| tacrolimus 0.5 mg capsule                                                 | P    | QL(Allowed 3 per 1 day)      |
| tacrolimus 1 mg capsule                                                   | P    | QL(Allowed 3 per 1 day)      |
| tacrolimus 5 mg capsule                                                   | P    | QL(Allowed 3 per 1 day)      |
| <b>IMMUNOSUPPRESSIVE - INOSINE MONOPHOSPHATE DEHYDROGENASE INHIBITORS</b> |      |                              |
| CellCept 200 mg/mL oral suspension                                        | NP   | PA; QL(Allowed 15 per 1 day) |
| CellCept 250 mg capsule                                                   | NP   | PA; QL(Allowed 2 per 1 day)  |
| CellCept 500 mg tablet                                                    | NP   | PA; QL(Allowed 4 per 1 day)  |

| Drug Name                                                                  | Tier | Drug Restriction            |
|----------------------------------------------------------------------------|------|-----------------------------|
| mycophenolate mofetil 200 mg/mL oral suspension                            | P    | QL(Allowed 15 per 1 day)    |
| mycophenolate mofetil 250 mg capsule                                       | P    | QL(Allowed 2 per 1 day)     |
| mycophenolate mofetil 500 mg tablet                                        | P    | QL(Allowed 4 per 1 day)     |
| mycophenolate sodium 180 mg tablet, delayed release                        | P    | QL(Allowed 2 per 1 day)     |
| mycophenolate sodium 360 mg tablet, delayed release                        | P    | QL(Allowed 4 per 1 day)     |
| Myfortic 180 mg tablet, delayed release                                    | NP   | PA; QL(Allowed 2 per 1 day) |
| Myfortic 360 mg tablet, delayed release                                    | NP   | PA; QL(Allowed 4 per 1 day) |
| <b>IMMUNOSUPPRESSIVE - MAMMALIAN TARGET OF RAPAMYCIN (MTOR) INHIBITORS</b> |      |                             |
| everolimus (immunosuppressive) 0.25 mg tablet                              | NP   | PA                          |
| everolimus (immunosuppressive) 0.5 mg tablet                               | NP   | PA                          |
| everolimus (immunosuppressive) 0.75 mg tablet                              | NP   | PA                          |
| Rapamune 0.5 mg tablet                                                     | NP   | PA                          |



| Drug Name                                 | Tier | Drug Restriction            |
|-------------------------------------------|------|-----------------------------|
| Rapamune 1 mg tablet                      | NP   | PA                          |
| Rapamune 1 mg/mL oral solution            | NP   | PA                          |
| Rapamune 2 mg tablet                      | NP   | PA                          |
| sirolimus 0.5 mg tablet                   | P    |                             |
| sirolimus 1 mg tablet                     | P    |                             |
| sirolimus 1 mg/mL oral solution           | P    |                             |
| sirolimus 2 mg tablet                     | P    |                             |
| Zortress 0.25 mg tablet                   | NP   | PA                          |
| Zortress 0.5 mg tablet                    | NP   | PA                          |
| Zortress 0.75 mg tablet                   | NP   | PA                          |
| Zortress 1 mg tablet                      | NP   | PA                          |
| <b>IMMUNOSUPPRESSIVE - PURINE ANALOGS</b> |      |                             |
| Azasan 100 mg tablet                      | NP   | PA; QL(Allowed 3 per 1 day) |
| Azasan 75 mg tablet                       | NP   | PA; QL(Allowed 3 per 1 day) |
| azathioprine 50 mg tablet                 | P    |                             |
| Imuran 50 mg tablet                       | NP   | PA                          |

| Drug Name                                                                 | Tier | Drug Restriction |
|---------------------------------------------------------------------------|------|------------------|
| <b>LOCOMOTOR SYSTEM</b>                                                   |      |                  |
| <b>AGENTS TO TREAT PERIODIC PARALYSIS - CARBONIC ANHYDRASE INHIBITORS</b> |      |                  |
| Keveyis 50 mg tablet                                                      | NP   | PA; SP           |
| <b>ALS AGENTS - BENZATHIAZOLES</b>                                        |      |                  |
| Rilutek 50 mg tablet                                                      | NP   | PA               |
| riluzole 50 mg tablet                                                     | P    |                  |
| Tiglutik 50 mg/10 mL oral suspension                                      | NP   | PA; SP           |
| <b>ANTIMYASTHENIC AGENT - REVERSIBLE CHOLINESTERASE INHIBITORS</b>        |      |                  |
| Mestinon 60 mg tablet                                                     | NP   | PA               |
| Mestinon 60 mg/5 mL oral syrup                                            | NP   | PA               |
| Mestinon Timespan 180 mg tablet,extended release                          | NP   | PA               |
| pyridostigmine bromide 30 mg tablet                                       | P    |                  |
| pyridostigmine bromide 60 mg tablet                                       | P    |                  |
| pyridostigmine bromide 60 mg/5 mL oral syrup                              | P    |                  |
| pyridostigmine bromide ER 180 mg tablet,extended release                  | P    |                  |
| <b>ANTIMYASTHENIC AGENTS OTHER</b>                                        |      |                  |

| Drug Name                                                           | Tier | Drug Restriction |
|---------------------------------------------------------------------|------|------------------|
| guanidine 125 mg tablet                                             | NP   | PA               |
| <b>SKELETAL MUSCLE RELAXANT - ANALGESIC SALICYLATE COMBINATIONS</b> |      |                  |
| Norgesic Forte 50 mg-770 mg-60 mg tablet                            | NP   | PA               |
| <b>SKELETAL MUSCLE RELAXANT - CENTRAL MUSCLE RELAXANTS</b>          |      |                  |
| Amrix 15 mg capsule,extended release                                | NP   | PA               |
| Amrix 30 mg capsule,extended release                                | NP   | PA               |
| baclofen 10 mg tablet                                               | P    | MT               |
| baclofen 20 mg tablet                                               | P    | MT               |
| baclofen 5 mg tablet                                                | P    |                  |
| carisoprodol 250 mg tablet                                          | NP   | PA               |
| carisoprodol 350 mg tablet                                          | NP   | PA               |
| chlorzoxazone 250 mg tablet                                         | P    |                  |
| chlorzoxazone 375 mg tablet                                         | P    |                  |
| chlorzoxazone 500 mg tablet                                         | P    |                  |
| chlorzoxazone 750 mg tablet                                         | P    |                  |

| Drug Name                                               | Tier | Drug Restriction            |
|---------------------------------------------------------|------|-----------------------------|
| cyclobenzaprine 10 mg tablet                            | P    | QL(Allowed 3 per 1 day)     |
| cyclobenzaprine 5 mg tablet                             | P    | QL(Allowed 3 per 1 day)     |
| cyclobenzaprine 7.5 mg tablet                           | P    | QL(Allowed 4 per 1 day)     |
| cyclobenzaprine ER 15 mg capsule,extended release 24 hr | NP   | PA                          |
| cyclobenzaprine ER 30 mg capsule,extended release 24 hr | NP   | PA                          |
| Fexmid 7.5 mg tablet                                    | NP   | PA; QL(Allowed 4 per 1 day) |
| Lorzone 375 mg tablet                                   | P    |                             |
| Lorzone 750 mg tablet                                   | P    |                             |
| Metaxall 800 mg tablet                                  | NP   | PA                          |
| metaxalone 400 mg tablet                                | NP   | PA                          |
| metaxalone 800 mg tablet                                | NP   | PA                          |
| methocarbamol 500 mg tablet                             | P    |                             |
| methocarbamol 750 mg tablet                             | P    |                             |

| Drug Name                                              | Tier | Drug Restriction |
|--------------------------------------------------------|------|------------------|
| orphenadrine citrate ER 100 mg tablet,extended release | P    |                  |
| Robaxin-750 750 mg tablet                              | NP   | PA               |
| Skelaxin 800 mg tablet                                 | NP   | PA               |
| Soma 250 mg tablet                                     | NP   | PA               |
| Soma 350 mg tablet                                     | NP   | PA               |
| tizanidine 2 mg capsule                                | NP   | PA               |
| tizanidine 2 mg tablet                                 | P    |                  |
| tizanidine 4 mg capsule                                | NP   | PA               |
| tizanidine 4 mg tablet                                 | P    |                  |
| tizanidine 6 mg capsule                                | NP   | PA               |
| Zanaflex 2 mg capsule                                  | NP   | PA               |
| Zanaflex 4 mg capsule                                  | NP   | PA               |
| Zanaflex 4 mg tablet                                   | NP   | PA               |
| Zanaflex 6 mg capsule                                  | NP   | PA               |
| SKELETAL MUSCLE RELAXANT - DIRECT MUSCLE RELAXANTS     |      |                  |

| Drug Name                                                        | Tier | Drug Restriction                                   |
|------------------------------------------------------------------|------|----------------------------------------------------|
| Dantrium 25 mg capsule                                           | NP   | PA                                                 |
| Dantrium 50 mg capsule                                           | NP   | PA                                                 |
| dantrolene 100 mg capsule                                        | P    |                                                    |
| dantrolene 25 mg capsule                                         | P    |                                                    |
| dantrolene 50 mg capsule                                         | P    |                                                    |
| SKELETAL MUSCLE RELAXANT, SALICYLATE, AND OPIOID ANALGESIC COMB. |      |                                                    |
| carisoprodol 200 mg-aspirin 325 mg-codeine 16 mg tablet          | NP   | APA                                                |
| MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT (DME)             |      |                                                    |
| MEDICAL SUPPLIES AND DME - ADHESIVE BANDAGES                     |      |                                                    |
| Restore Trio 3" X 3" bandage                                     | P    |                                                    |
| MEDICAL SUPPLIES AND DME - BLOOD GLUCOSE TESTS                   |      |                                                    |
|                                                                  | NP   | PA                                                 |
| Accu-Chek Aviva Plus test strips                                 | NP   | APA                                                |
| Accu-Chek Compact Plus Test Strips                               | NP   | QL(QL (Limit 90 days supply(ies) per claim )); APA |
| Accu-Chek Guide test strips                                      | NP   | APA                                                |
| Accu-Chek SmartView Test Strips                                  | NP   | APA                                                |

| Drug Name                          | Tier | Drug Restriction                                      |
|------------------------------------|------|-------------------------------------------------------|
| Accutrend Glucose test strips      | NP   | APA                                                   |
| Advance Test strips                | NP   | APA                                                   |
| Advanced Glucose Meter Test Strips | NP   | APA                                                   |
| Advocate Redi-Code Plus strips     | NP   | APA                                                   |
| Advocate Redi-Code strips          | NP   | APA                                                   |
| Advocate Test Strips               | NP   | APA                                                   |
| AgaMatrix Amp Test Strips          | NP   | QL(QL (Limit 90 days supply(ies) per claim ));<br>APA |
| Assure 3 Test strips               | NP   | APA                                                   |
| Assure 4 Strips                    | NP   | APA                                                   |
| Assure II Test strips              | NP   | APA                                                   |
| Assure Platinum Test Strip         | NP   | QL(QL (Limit 90 days supply(ies) per claim ));<br>APA |
| Assure Prism Multi Strip           | NP   | APA                                                   |
| Assure Pro Test Strips             | NP   | APA                                                   |
| At-Last Test strips                | NP   | PA                                                    |
| Bionime Rightest Test Strips       | NP   | APA                                                   |

| Drug Name                                      | Tier | Drug Restriction                                      |
|------------------------------------------------|------|-------------------------------------------------------|
| Bioscanner Glucose Test strips                 | NP   | APA                                                   |
| Blood Glucose Test strips                      | NP   | QL(QL (Limit 90 days supply(ies) per claim ));<br>APA |
| Breeze 2 Test Strips                           | NP   | PA                                                    |
| CareSens N Test Strips                         | NP   | APA                                                   |
| CareTouch Test Strip                           | NP   | APA                                                   |
| Clever Choice Micro Test Strip                 | NP   | APA                                                   |
| Clever Choice Pro Blood Glucose Monitor strips | NP   | APA                                                   |
| Clever Choice Talk Test strips                 | NP   | APA                                                   |
| Clever Choice Test Strips                      | NP   | APA                                                   |
| Clever Choice Voice+ Test strips               | NP   | APA                                                   |
| Contour Next Test Strips                       | NP   | QL(QL (Limit 90 days supply(ies) per claim ));<br>APA |
| Contour Test Strips                            | NP   | APA                                                   |
| Control AST Test strips                        | NP   | PA                                                    |
| Cool Glucose Test Strip                        | NP   | APA                                                   |
| Diatrue Plus Test Strip                        | NP   | APA                                                   |

| <b>Drug Name</b>              | <b>Tier</b> | <b>Drug Restriction</b> |
|-------------------------------|-------------|-------------------------|
| DuoCare strips                | NP          | APA                     |
| Easy Plus II Test strips      | NP          | APA                     |
| Easy Plus strips              | NP          | APA                     |
| Easy Pro Plus Test Strips     | NP          | APA                     |
| Easy Step strips              | NP          | APA                     |
| Easy Talk Glucose Test strips | NP          | APA                     |
| Easy Touch Test Strip         | NP          | APA                     |
| Easy Trak Glucose Test strips | NP          | APA                     |
| Easy Trak II Test Strip       | NP          | PA                      |
| EasyGluco Plus strips         | NP          | APA                     |
| EasyGluco Test strips         | NP          | APA                     |
| Easymax 15 test strips        | NP          | APA                     |
| EasyMax strips                | NP          | APA                     |
| EasyPRO Test Strips           | NP          | APA                     |
| Element Compact Test Strips   | NP          | APA                     |

| <b>Drug Name</b>                    | <b>Tier</b> | <b>Drug Restriction</b> |
|-------------------------------------|-------------|-------------------------|
| Element Test Strips                 | NP          | APA                     |
| Embrace Blood Glucose System strips | NP          | APA                     |
| Embrace EVO test strips             | NP          | APA                     |
| Embrace PRO test strips             | NP          | APA                     |
| Embrace TALK test strips            | NP          | APA                     |
| EvenCare G2 strips                  | NP          | APA                     |
| EvenCare G3 Test strips             | NP          | APA                     |
| EvenCare Mini Glucose Test Strips   | NP          | APA                     |
| EvenCare ProView Test Strip         | NP          | PA                      |
| EvenCare Test strips                | NP          | APA                     |
| Evolution Test Strips               | NP          | APA                     |
| ExacTech R-S-G Test strips          | NP          | APA                     |
| ExacTech Test strips                | NP          | APA                     |
| EZ Smart Plus Test strips           | NP          | APA                     |
| Ez Smart Test strips                | NP          | APA                     |

| Drug Name                       | Tier | Drug Restriction |
|---------------------------------|------|------------------|
| Fifty50 Test Strip              | NP   | APA              |
| Fora 6 Connect Glucose Strip    | NP   | PA               |
| Fora D15g strips                | NP   | APA              |
| Fora D20 strips                 | NP   | APA              |
| Fora D40-G31 Test Strips        | NP   | APA              |
| Fora G20 strips                 | NP   | APA              |
| Fora G30-Premium V10 Test Strip | NP   | APA              |
| Fora GD50 Test Strips           | NP   | APA              |
| Fora GTel Glucose Test Strip    | NP   | APA              |
| Fora Test Strip                 | NP   | APA              |
| Fora TN'G Voice Test Strips     | NP   | APA              |
| Fora V10 strips                 | NP   | APA              |
| Fora V10-V12-D10-D20 strips     | NP   | APA              |
| Fora V12 Glucose strips         | NP   | APA              |
| Fora V20 strips                 | NP   | APA              |

| Drug Name                       | Tier | Drug Restriction                                      |
|---------------------------------|------|-------------------------------------------------------|
| Fora V30A strips                | NP   | APA                                                   |
| ForaCare GD20 strips            | NP   | APA                                                   |
| ForaCare GD40 test strips       | NP   | APA                                                   |
| FortisCare glucose test strips  | NP   | QL(QL (Limit 90 days supply(ies) per claim ));<br>APA |
| Freestyle InsuLinx strips       | NP   | APA                                                   |
| Freestyle InsuLinx Test Strips  | NP   | APA                                                   |
| FreeStyle Lite Strips           | NP   | APA                                                   |
| FreeStyle Precision Neo Strips  | NP   | APA                                                   |
| FreeStyle Test strips           | NP   | APA                                                   |
| GE100 Blood Glucose Test Strip  | NP   | APA                                                   |
| GenStrip Test Strip             | NP   | APA                                                   |
| Gluco Navii Test Strip          | NP   | QL(QL (Limit 90 days supply(ies) per claim ));<br>APA |
| Glucocard 01 Sensor Plus strips | NP   | APA                                                   |
| Glucocard Expression strips     | NP   | APA                                                   |
| Glucocard Shine Test Strips     | NP   | APA                                                   |

| Drug Name                                       | Tier | Drug Restriction |
|-------------------------------------------------|------|------------------|
| Glucocard Vital Sensor strips                   | NP   | APA              |
| Glucocard Vital Test Strips                     | NP   | APA              |
| Glucocard X-Sensor strips                       | NP   | APA              |
| Glucocom Glucose strips                         | NP   | APA              |
| GM100 strips                                    | NP   | APA              |
| Harmony Glucose Test Strip                      | NP   | PA               |
| HealthPro Test Strips                           | NP   | APA              |
| iGlucose Test Strip                             | NP   | APA              |
| Infinity Test strips                            | NP   | APA              |
| Infinity Voice Test Strip                       | NP   | APA              |
| Keynote strips                                  | NP   | APA              |
| Liberty Test strips                             | NP   | APA              |
| Micro Blood Glucose strips                      | NP   | APA              |
| Microdot Blood Glucose Monitoring System strips | NP   | APA              |

| Drug Name                             | Tier | Drug Restriction                                      |
|---------------------------------------|------|-------------------------------------------------------|
| Microdot Xtra Blood Glucose strips    | NP   | PA                                                    |
| Myglucohealth strips                  | NP   | APA                                                   |
| Neutek 2Tek Test Strips               | NP   | APA                                                   |
| Nexgen Test strips                    | NP   | PA                                                    |
| Nova Max Glucose Test strips          | NP   | APA                                                   |
| On Call Express Test Strip            | NP   | APA                                                   |
| On Call Plus Test Strip               | NP   | APA                                                   |
| On Call Vivid Test Strip              | NP   | APA                                                   |
| OneTouch Ultra Blue Test Strip        | P    | QL(QL (Limit 90 days supply(ies) per claim ));<br>APA |
| OneTouch Verio test strips            | P    | QL(QL (Limit 90 days supply(ies) per claim ));<br>APA |
| Optium EZ strips                      | NP   | APA                                                   |
| Optium Test strips                    | NP   | APA                                                   |
| OptumRx strips                        | NP   | APA                                                   |
| Pharmacist Choice Glucose Test Strips | NP   | APA                                                   |
| PocketChem EZ strips                  | NP   | APA                                                   |

| Drug Name                           | Tier | Drug Restriction                                      |
|-------------------------------------|------|-------------------------------------------------------|
| Precision PCX Plus Test strips      | NP   | APA                                                   |
| Precision PCX Test strips           | NP   | APA                                                   |
| Precision Point Of Care Test strips | NP   | APA                                                   |
| Precision Q-I-D Test strips         | NP   | APA                                                   |
| Precision Sof-Tact Test strips      | NP   | APA                                                   |
| Precision Xtra Test strips          | NP   | APA                                                   |
| Premier Test Strip                  | NP   | APA                                                   |
| Premium V10 strips                  | NP   | APA                                                   |
| Pro Voice V8-V9 Test Strip          | NP   | APA                                                   |
| Prodigy No Coding strips            | NP   | APA                                                   |
| PTS Panels strips                   | NP   | APA                                                   |
| Quicktek Test strips                | NP   | APA                                                   |
| Quintet AC strips                   | NP   | QL(QL (Limit 90 days supply(ies) per claim ));<br>APA |
| Quintet Glucose Test Strips         | NP   | QL(QL (Limit 90 days supply(ies) per claim ));<br>APA |
| Refuah Plus strips                  | NP   | APA                                                   |

| Drug Name                         | Tier | Drug Restriction                                      |
|-----------------------------------|------|-------------------------------------------------------|
| Relion Confirm-Micro strips       | NP   | APA                                                   |
| ReliOn Prime Test Strips          | NP   | APA                                                   |
| Relion Ultima strips              | NP   | APA                                                   |
| Reveal Test Strip                 | NP   | APA                                                   |
| Rightest GS550 Test Strips        | NP   | APA                                                   |
| Sidekick Blood Glucose System kit | NP   | PA                                                    |
| Smart Sense Test Strips           | NP   | APA                                                   |
| Smartest Test strips              | NP   | APA                                                   |
| Solus V2 Test Strips              | NP   | QL(QL (Limit 90 days supply(ies) per claim ));<br>APA |
| Supreme Test strips               | NP   | APA                                                   |
| Sure Edge strips                  | NP   | APA                                                   |
| SureChek Test Strips              | NP   | APA                                                   |
| Sure-Test EasyPlus Mini strips    | NP   | APA                                                   |
| Telcare Test Strips               | NP   | APA                                                   |
| Test N'Go Test strips             | NP   | APA                                                   |



| Drug Name                                                                  | Tier | Drug Restriction                                   |
|----------------------------------------------------------------------------|------|----------------------------------------------------|
| True Metrix Glucose Test Strip                                             | NP   | QL(QL (Limit 90 days supply(ies) per claim )); APA |
| True Metrix Pro Test Strip                                                 | NP   | PA                                                 |
| Truetest Test Strips                                                       | NP   | QL(QL (Limit 90 days supply(ies) per claim )); APA |
| Truetrack Test strips                                                      | NP   | QL(QL (Limit 90 days supply(ies) per claim )); APA |
| Ultima Test Strips                                                         | NP   | APA                                                |
| UltraTRAK strips                                                           | NP   | QL(QL (Limit 90 days supply(ies) per claim )); APA |
| UltraTrak Ultimate strips                                                  | NP   | QL(QL (Limit 90 days supply(ies) per claim )); APA |
| UniStrip1 Test Strip                                                       | NP   | APA                                                |
| Verasens Test Strip                                                        | NP   | APA                                                |
| Victory Glucose Test strips                                                | NP   | APA                                                |
| VivaGuard Ino Test Strip                                                   | NP   | QL(QL (Limit 90 days supply(ies) per claim )); APA |
| Vocal Point strips                                                         | NP   | APA                                                |
| WaveSense Jazz strips                                                      | NP   | QL(QL (Limit 90 days supply(ies) per claim )); APA |
| WaveSense Presto strips                                                    | NP   | QL(QL (Limit 90 days supply(ies) per claim )); APA |
| <b>MEDICAL SUPPLIES AND DME - BLOOD GLUCOSE-KETONE COMB. TEST SUPPLIES</b> |      |                                                    |
| Fora GTel Multi-functional Monitor                                         | NP   | PA                                                 |

| Drug Name                                        | Tier | Drug Restriction                         |
|--------------------------------------------------|------|------------------------------------------|
| Precision Xtra Ketone-Glucose Monitor kit        | NP   | PA                                       |
| <b>MEDICAL SUPPLIES AND DME - FACIAL MASKS</b>   |      |                                          |
| Pillow Mask Adult                                | P    | QL(QL Overtime: Allowed 1 over 360 days) |
| <b>MEDICAL SUPPLIES AND DME - GAUZE BANDAGES</b> |      |                                          |
| Band-Aid Gauze Pads 2" X 2" bandage              | P    |                                          |
| Band-Aid Gauze Pads 3" X 3" bandage              | P    |                                          |
| Band-Aid Gauze Pads 4" X 4" bandage              | P    |                                          |
| Band-Aid Mirasorb Gauze 4" X 4" sponge           | P    |                                          |
| Bordered Gauze 4" X 4" bandage                   | P    |                                          |
| Curity Gauze 2" X 2" bandage                     | P    |                                          |
| Curity Gauze 2" X 2" sponge                      | P    |                                          |
| Curity Gauze 3" X 3" bandage                     | P    |                                          |
| Curity Gauze 3" X 3" sponge                      | P    |                                          |
| Curity Gauze 4" X 4" bandage                     | P    |                                          |
| Curity Gauze 4" X 4" sponge                      | P    |                                          |

| Drug Name                         | Tier | Drug Restriction |
|-----------------------------------|------|------------------|
| Dermacea 2" X 2" bandage          | P    |                  |
| Dermacea 2" X 2" sponge           | P    |                  |
| Dermacea 3" X 3" bandage          | P    |                  |
| Dermacea 3" X 3" sponge           | P    |                  |
| Dermacea 4" X 4" bandage          | P    |                  |
| Dermacea 4" X 4" sponge           | P    |                  |
| Dermacea Non-Woven 2" X 2" sponge | P    |                  |
| Dermacea Non-Woven 3" X 3" sponge | P    |                  |
| Dermacea Non-Woven 4" X 4" sponge | P    |                  |
| gauze bandage 2" X 2"             | P    |                  |
| gauze bandage 4" X 4"             | P    |                  |
| Gauze Pad 2" X 2" bandage         | P    |                  |
| Gauze Pad 3" X 3" bandage         | P    |                  |
| Gauze Pad 4" X 4" bandage         | P    |                  |

| Drug Name                                           | Tier | Drug Restriction |
|-----------------------------------------------------|------|------------------|
| Kerlix 4" X 4" sponge                               | P    |                  |
| Lisco 2" X 2" sponge                                | P    |                  |
| Lisco 4" X 4" sponge                                | P    |                  |
| Sterile Pads 2" X 2" bandage                        | P    |                  |
| Sterile Pads 3" X 3" bandage                        | P    |                  |
| Sterile Pads 4" X 4" bandage                        | P    |                  |
| Versalon 2" X 2" sponge                             | P    |                  |
| Versalon 3" X 3" sponge                             | P    |                  |
| Versalon 4" X 4" sponge                             | P    |                  |
| Versalon Nonwoven All-Purpose 2" X 2" sponge        | P    |                  |
| Versalon Nonwoven All-Purpose 3" X 3" sponge        | P    |                  |
| Versalon Nonwoven All-Purpose 4" X 4" sponge        | P    |                  |
| Vistec X-Ray Detect 4" X 4" sponge                  | P    |                  |
| MEDICAL SUPPLIES AND DME - GAUZE PADS AND DRESSINGS |      |                  |

| Drug Name                                                          | Tier | Drug Restriction                                   |
|--------------------------------------------------------------------|------|----------------------------------------------------|
| Curity Cover 3" X 3" sponge                                        | P    |                                                    |
| Curity Cover 4" X 4" sponge                                        | P    |                                                    |
| Curity Non-Adhering Dressing 3" X 3"                               | P    |                                                    |
| Dermacea I.V. 2" X 2" sponge                                       | P    |                                                    |
| Excilon 4" X 4" sponge                                             | P    |                                                    |
| Excilon Drain 4" X 4" sponge                                       | P    |                                                    |
| Excilon I.V. 2" X 2" sponge                                        | P    |                                                    |
| <b>MEDICAL SUPPLIES AND DME - GLUCOSE MONITORING TEST SUPPLIES</b> |      |                                                    |
| 1st Tier Unilet ComforTouch Lancet 28 gauge                        | P    | QL(QL (Limit 90 days supply(ies) per claim )); APA |
| 1st Tier Unilet ComforTouch Lancet 30 gauge                        | P    | QL(QL (Limit 90 days supply(ies) per claim )); APA |
| 2-In-1 Lancet Device 30 gauge                                      | P    | QL(QL Overtime: Allowed 1 over 180 days)           |
| Accu-Chek Aviva Connect meter                                      | NP   | PA                                                 |
| Accu-Chek Aviva Meter                                              | NP   | PA                                                 |
| Accu-Chek Aviva Plus Meter                                         | NP   | PA                                                 |
| Accu-Chek Compact Plus Care kit                                    | NP   | PA                                                 |

| Drug Name                              | Tier | Drug Restriction                         |
|----------------------------------------|------|------------------------------------------|
| Accu-Chek Guide Glucose Meter          | NP   | PA                                       |
| Accu-Chek Guide Me Glucose Meter       | NP   | PA                                       |
| Accu-Chek Multiclix Lancet kit         | P    | QL(QL Overtime: Allowed 1 over 180 days) |
| Accu-Chek Nano                         | NP   | PA                                       |
| Adjustable Lancing Device              | P    | QL(QL Overtime: Allowed 1 over 180 days) |
| Advance Intuition Glucose kit          | NP   | PA                                       |
| Advance Meter                          | NP   | PA                                       |
| Advanced Glucose Meter                 | NP   | PA                                       |
| Advanced Lancing Device kit            | P    | QL(QL Overtime: Allowed 1 over 180 days) |
| Advocate Blood Glucose Monitor         | NP   | PA                                       |
| Advocate Lancing Device                | P    | QL(QL Overtime: Allowed 1 over 180 days) |
| Advocate Rapid-Safe Lancing Device     | P    | QL(QL Overtime: Allowed 1 over 180 days) |
| Advocate Redi-Code Glucose Monitor     | NP   | PA                                       |
| Advocate Redi-Code Glucose Monitor kit | NP   | PA                                       |

| Drug Name                               | Tier | Drug Restriction                                   |
|-----------------------------------------|------|----------------------------------------------------|
| Advocate Redi-Code Plus                 | NP   | PA                                                 |
| AgaMatrix AMP Glucose Monitoring System | NP   | PA                                                 |
| Alternate Site Lancet 26 gauge          | P    | QL(QL (Limit 90 days supply(ies) per claim )); APA |
| Alternate Site Lancing Device           | P    | QL(QL Overtime: Allowed 1 over 180 days)           |
| Aqua Lance Lancing Device               | P    | QL(QL Overtime: Allowed 1 over 180 days)           |
| Assure 3 kit                            | NP   | PA                                                 |
| Assure 4 Meter                          | NP   | PA                                                 |
| Assure Platinum Glucose Meter           | NP   | PA                                                 |
| Assure Prism Multi Meter                | NP   | PA                                                 |
| Assure Pro Blood Glucose Meter kit      | NP   | PA                                                 |
| At Last Blood Glucose System kit        | NP   | PA                                                 |
| Auto-Lancet Mini                        | P    | QL(QL Overtime: Allowed 1 over 180 days)           |
| Autolet Impression Lancing Device kit   | P    | QL(QL Overtime: Allowed 1 over 180 days)           |
| Autolet Lancing Device                  | P    | QL(QL Overtime: Allowed 1 over 180 days)           |
| Autolet Plus Lancing Device             | P    | QL(QL Overtime: Allowed 1 over 180 days)           |

| Drug Name                         | Tier | Drug Restriction                                   |
|-----------------------------------|------|----------------------------------------------------|
| BD Lancet Device                  | P    | QL(QL Overtime: Allowed 1 over 180 days)           |
| BD Latitude kit                   | NP   | PA                                                 |
| BD Logic Glucose Monitor kit      | NP   | PA                                                 |
| BD Ultra-Fine II Lancets 30 gauge | P    | QL(QL (Limit 90 days supply(ies) per claim )); APA |
| Bionime Rightest Gm300 System kit | NP   | PA                                                 |
| Blood Glucose Monitor Kit         | NP   | PA                                                 |
| Blood Glucose Monitoring kit      | NP   | PA                                                 |
| blood-glucose meter               | NP   | PA                                                 |
| blood-glucose meter kit           | NP   | PA                                                 |
| Breeze 2 kit                      | NP   | PA                                                 |
| Careone Lancing Device            | P    | QL(QL Overtime: Allowed 1 over 180 days)           |
| Careone Thin Lancet               | P    | QL(QL (Limit 90 days supply(ies) per claim )); APA |
| Careone Ultra Thin Lancet         | P    | QL(QL (Limit 90 days supply(ies) per claim )); APA |
| CareSens N                        | NP   | PA                                                 |
| CareSens N Voice                  | NP   | PA                                                 |

| Drug Name                                | Tier | Drug Restriction                                   |
|------------------------------------------|------|----------------------------------------------------|
| CareTouch Glucose Monitoring System kit  | NP   | PA                                                 |
| CareTouch Lancing Device                 | P    | QL(QL Overtime: Allowed 1 over 180 days)           |
| CareTouch Safety Lancets 26 gauge        | P    | QL(QL (Limit 90 days supply(ies) per claim )); APA |
| CareTouch Safety Lancets 28 gauge        | P    | QL(QL (Limit 90 days supply(ies) per claim )); APA |
| Clever Chek Blood Glucose                | NP   | PA                                                 |
| Clever Chek Blood Glucose Syst kit       | NP   | PA                                                 |
| Clever Choice Blood Glucose System       | NP   | PA                                                 |
| Clever Choice Micro                      | NP   | PA                                                 |
| Clever Choice Mini Blood Glucose Monitor | NP   | PA                                                 |
| Clever Choice Pro Blood Glucose Monitor  | NP   | PA                                                 |
| Clever Choice Talk Blood Glucose System  | NP   | PA                                                 |
| Comfort Lancets                          | P    | QL(QL (Limit 90 days supply(ies) per claim )); APA |
| Contour Link kit                         | NP   | PA                                                 |
| Contour Meter                            | NP   | PA                                                 |

| Drug Name                                 | Tier | Drug Restriction                                  |
|-------------------------------------------|------|---------------------------------------------------|
| Contour Meter kit                         | NP   | PA                                                |
| Contour Next EZ Meter                     | NP   | PA                                                |
| Contour Next EZ Meter kit                 | NP   | PA                                                |
| Contour Next Link kit                     | NP   | PA                                                |
| Contour Next Meter                        | NP   | PA                                                |
| Contour Next One Meter                    | NP   | PA                                                |
| Control AST Monitoring System             | NP   | PA                                                |
| Cool Blood Glucose Meter                  | NP   | PA                                                |
| Cool Blood Glucose Meter kit              | NP   | PA                                                |
| Dexcom G4 Receiver                        | NP   | PA                                                |
| Dexcom G4 Receiver Pediatric              | NP   | PA                                                |
| Dexcom G4 Receiver with Share (Pediatric) | NP   | PA                                                |
| Dexcom G4 Receiver with Share Kit         | NP   | PA                                                |
| Dexcom G4 Transmitter device              | NP   | PA; QL(QL (Limit 90 days supply(ies) per claim )) |
| Dexcom G5 Receiver                        | NP   | PA                                                |

| Drug Name                               | Tier | Drug Restriction                                   |
|-----------------------------------------|------|----------------------------------------------------|
| Dexcom G5 Transmitter device            | NP   | PA; QL(QL (Limit 90 days supply(ies) per claim ))  |
| Dexcom G5-G4 Sensor device              | NP   | PA                                                 |
| Dexcom G6 Receiver misc                 | P    | PA                                                 |
| Dexcom G6 Sensor device                 | P    | PA                                                 |
| Dexcom G6 Transmitter device            | P    | PA; QL(QL (Limit 90 days supply(ies) per claim ))  |
| Dexcom Receiver                         | NP   | PA                                                 |
| Diatrue Plus Blood Glucose Meter System | NP   | PA                                                 |
| Droplet Lancets 30 gauge                | P    | QL(QL (Limit 90 days supply(ies) per claim )); APA |
| Droplet Lancing Device                  | P    | QL(QL Overtime: Allowed 1 over 180 days)           |
| Easy Click Lancing Device               | P    | QL(QL Overtime: Allowed 1 over 180 days)           |
| Easy Mini Eject Lancing Device          | P    | QL(QL Overtime: Allowed 1 over 180 days)           |
| Easy Plus II Blood Glucose Meter        | NP   | PA                                                 |
| Easy Pro Plus Kit                       | NP   | PA                                                 |
| Easy Step Blood Glucose Meter           | NP   | PA                                                 |
| Easy Step Blood Glucose System kit      | NP   | PA                                                 |

| Drug Name                         | Tier | Drug Restriction                                   |
|-----------------------------------|------|----------------------------------------------------|
| Easy Talk Blood Glucose Meter     | NP   | PA                                                 |
| Easy Talk Glucose System kit      | NP   | PA                                                 |
| Easy Touch Glucose Monitor        | NP   | PA                                                 |
| Easy Touch Lancets 26 gauge       | P    | QL(QL (Limit 90 days supply(ies) per claim )); APA |
| Easy Touch Lancets 28 gauge       | P    | QL(QL (Limit 90 days supply(ies) per claim )); APA |
| Easy Touch Lancets 30 gauge       | P    | QL(QL (Limit 90 days supply(ies) per claim )); APA |
| Easy Touch Lancets 32 gauge       | P    | QL(QL (Limit 90 days supply(ies) per claim )); APA |
| Easy Touch Lancing Device         | P    | QL(QL Overtime: Allowed 1 over 180 days)           |
| Easy Touch Twist Lancets 26 gauge | P    | QL(QL (Limit 90 days supply(ies) per claim )); APA |
| Easy Touch Twist Lancets 28 gauge | P    | QL(QL (Limit 90 days supply(ies) per claim )); APA |
| Easy Touch Twist Lancets 30 gauge | P    | QL(QL (Limit 90 days supply(ies) per claim )); APA |
| Easy Touch Twist Lancets 32 gauge | P    | QL(QL (Limit 90 days supply(ies) per claim )); APA |
| Easy Touch Twist Lancets 33 gauge | P    | QL(QL (Limit 90 days supply(ies) per claim )); APA |
| Easy Trak Blood Glucose Meter     | NP   | PA                                                 |
| Easy Trak Glucose System kit      | NP   | PA                                                 |

| Drug Name                               | Tier | Drug Restriction |
|-----------------------------------------|------|------------------|
| EasyGluco Meter kit                     | NP   | PA               |
| EasyGluco Monitoring System kit         | NP   | PA               |
| EasyGluco Plus kit                      | NP   | PA               |
| EasyMax L Blood Glucose Meter           | NP   | PA               |
| EasyMax L Glucose System kit            | NP   | PA               |
| EasyMax N Blood Glucose System          | NP   | PA               |
| EasyMax N kit                           | NP   | PA               |
| EasyMax NG kit                          | NP   | PA               |
| EasyMax NG meter                        | NP   | PA               |
| EasyMax V Glucose System kit            | NP   | PA               |
| EasyMax V Speaking Blood Glucose System | NP   | PA               |
| EasyMax V2 Blood Glucose Meter          | NP   | PA               |
| EasyMax V2 Glucose System Kit           | NP   | PA               |
| EasyPlus R13N kit                       | NP   | PA               |

| Drug Name                                        | Tier | Drug Restriction |
|--------------------------------------------------|------|------------------|
| EasyPlus V Glucose System kit                    | NP   | PA               |
| EasyPRO Blood Glucose System kit                 | NP   | PA               |
| Easy-Touch Blood Glucose Meter                   | NP   | PA               |
| Element Blood Glucose Meter kit                  | NP   | PA               |
| Element Compact Glucose Meter                    | NP   | PA               |
| Element Compact V Glucose Meter                  | NP   | PA               |
| Element Plus Blood Glucose Kit                   | NP   | PA               |
| Embrace Blood Glucose kit                        | NP   | PA               |
| Embrace Blood Glucose System                     | NP   | PA               |
| Embrace EVO Blood Glucose Kit                    | NP   | PA               |
| Embrace PRO Blood Glucose Meter                  | NP   | PA               |
| Embrace TALK Blood Glucose Monitoring System kit | NP   | PA               |
| Embrace TALK Glucose Monitor                     | NP   | PA               |
| Enlite Glucose Sensor device                     | NP   | PA               |

| Drug Name                                   | Tier | Drug Restriction                                   |
|---------------------------------------------|------|----------------------------------------------------|
| EvenCare G2                                 | NP   | PA                                                 |
| EvenCare G3 Glucose Meter kit               | NP   | PA                                                 |
| EvenCare kit                                | NP   | PA                                                 |
| EvenCare Mini Monitor System                | NP   | PA                                                 |
| Eversense Sensor-Holder subcutaneous device | NP   | PA                                                 |
| Eversense Smart Transmitter device          | NP   | PA; QL(QL (Limit 90 days supply(ies) per claim ))  |
| Evolution Blood Glucose Meter kit           | NP   | PA                                                 |
| E-Z Ject Lancets                            | P    | QL(QL (Limit 90 days supply(ies) per claim )); APA |
| E-Z Ject Lancets 26 gauge                   | P    | QL(QL (Limit 90 days supply(ies) per claim )); APA |
| E-Z Ject Lancets 30 gauge                   | P    | QL(QL (Limit 90 days supply(ies) per claim )); APA |
| E-Z Ject Lancets 32 gauge                   | P    | QL(QL (Limit 90 days supply(ies) per claim )); APA |
| E-Z Ject Lancets 33 gauge                   | P    | QL(QL (Limit 90 days supply(ies) per claim )); APA |
| E-Z Ject Thin Lancets 28 gauge              | P    | QL(QL (Limit 90 days supply(ies) per claim )); APA |
| Ez Smart Lancets 28 gauge                   | P    | QL(QL (Limit 90 days supply(ies) per claim )); APA |
| EZ Smart Plus System kit                    | NP   | PA                                                 |

| Drug Name                                               | Tier | Drug Restriction                                   |
|---------------------------------------------------------|------|----------------------------------------------------|
| Ez Smart System kit                                     | NP   | PA                                                 |
| EZ-Lets 26 gauge                                        | P    | QL(QL (Limit 90 days supply(ies) per claim )); APA |
| First Choice Lancets Thin                               | P    | QL(QL (Limit 90 days supply(ies) per claim )); APA |
| Fora G20 kit                                            | NP   | PA                                                 |
| Fora G30A                                               | NP   | PA                                                 |
| Fora GD50 Blood Glucose System                          | NP   | PA                                                 |
| Fora Lancing Device                                     | P    | QL(QL Overtime: Allowed 1 over 180 days)           |
| Fora Premium V10 glucose meter                          | NP   | PA                                                 |
| Fora Test N'Go Voice Meter                              | NP   | PA                                                 |
| Fora TN'G Voice meter                                   | NP   | PA                                                 |
| Fora V10 kit                                            | NP   | PA                                                 |
| Fora V10-V12-D10-D20 strips-lancets 30 gauge combo pack | NP   | PA                                                 |
| Fora V12 Blood Glucose System                           | NP   | PA                                                 |
| Fora V12 Blood Glucose System kit                       | NP   | PA                                                 |
| Fora V20 kit                                            | NP   | PA                                                 |



| Drug Name                           | Tier | Drug Restriction                                   |
|-------------------------------------|------|----------------------------------------------------|
| Fora V30A                           | NP   | PA                                                 |
| Fora V30A kit                       | NP   | PA                                                 |
| ForaCare GD20 Glucose Meter         | NP   | PA                                                 |
| ForaCare GD40a Glucose Meter        | NP   | PA                                                 |
| ForaCare GD40b Glucose Meter        | NP   | PA                                                 |
| ForaCare Lancets 30 gauge           | P    | QL(QL (Limit 90 days supply(ies) per claim )); APA |
| FortisCare blood glucose system kit | NP   | PA                                                 |
| FortisCare HIGH solution            | P    | QL(QL Overtime: Allowed 1 over 72 days)            |
| FortisCare LOW solution             | P    | QL(QL Overtime: Allowed 1 over 72 days)            |
| FortisCare NORMAL solution          | P    | QL(QL Overtime: Allowed 1 over 72 days)            |
| FreeStyle Flash System kit          | NP   | PA                                                 |
| FreeStyle Freedom kit               | NP   | PA                                                 |
| FreeStyle Freedom Lite kit          | NP   | PA                                                 |
| Freestyle InsuLinx meter            | NP   | PA                                                 |
| FreeStyle Libre 10 Day Reader       | NP   | PA                                                 |

| Drug Name                                | Tier | Drug Restriction                         |
|------------------------------------------|------|------------------------------------------|
| FreeStyle Libre 10 Day Sensor kit        | NP   | PA                                       |
| FreeStyle Libre 14 Day Reader            | NP   | PA                                       |
| FreeStyle Libre 14 Day Sensor kit        | NP   | PA                                       |
| FreeStyle Libre 2 Reader                 | NP   | PA                                       |
| FreeStyle Libre 2 Sensor kit             | NP   | PA                                       |
| FreeStyle Lite Meter kit                 | NP   | PA                                       |
| FreeStyle Precision Neo Meter            | NP   | PA                                       |
| FreeStyle Sidekick II kit                | NP   | PA                                       |
| FreeStyle System Kit                     | NP   | PA                                       |
| GE100 Blood Glucose System               | NP   | PA                                       |
| GE100 Blood Glucose System kit           | NP   | PA                                       |
| Genteel Vacuum Lancing Device combo pack | P    | QL(QL Overtime: Allowed 1 over 180 days) |
| Glucocard 01 Meter                       | NP   | PA                                       |
| Glucocard 01 Meter kit                   | NP   | PA                                       |
| Glucocard 01-Mini kit                    | NP   | PA                                       |

| Drug Name                             | Tier | Drug Restriction                                   |
|---------------------------------------|------|----------------------------------------------------|
| Glucocard Expression                  | NP   | PA                                                 |
| Glucocard Expression kit              | NP   | PA                                                 |
| Glucocard Shine Connex Meter          | NP   | PA                                                 |
| Glucocard Shine Express Meter         | NP   | PA                                                 |
| Glucocard Shine Meter                 | NP   | PA                                                 |
| Glucocard Shine Meter Kit             | NP   | PA                                                 |
| Glucocard Shine XL Meter              | NP   | PA                                                 |
| Glucocard Vital kit                   | NP   | PA                                                 |
| Glucocard X-Meter kit                 | NP   | PA                                                 |
| Glucocom Blood Glucose kit            | NP   | PA                                                 |
| Glucocom Lancets 28 gauge             | P    | QL(QL (Limit 90 days supply(ies) per claim )); APA |
| Glucocom Lancets 30 gauge             | P    | QL(QL (Limit 90 days supply(ies) per claim )); APA |
| GM100 kit                             | NP   | PA                                                 |
| Gmate Lancing Device                  | P    | QL(QL Overtime: Allowed 1 over 180 days)           |
| Goggi Glucose Control Solution-Normal | P    | QL(QL Overtime: Allowed 1 over 72 days)            |

| Drug Name                                         | Tier | Drug Restriction                                   |
|---------------------------------------------------|------|----------------------------------------------------|
| Guardian Connect Transmitter device               | NP   | PA; QL(QL (Limit 90 days supply(ies) per claim ))  |
| Guardian Link 3 Transmitter device                | NP   | PA; QL(QL (Limit 90 days supply(ies) per claim ))  |
| Guardian RT Monitor System                        | NP   | PA                                                 |
| Guardian RT Transmitter misc                      | NP   | PA                                                 |
| Guardian Sensor 3 device                          | NP   | PA; QL(QL (Limit 90 days supply(ies) per claim ))  |
| HealthPro Glucose Monitor                         | NP   | PA                                                 |
| Healthy Accents Autolet Impression Lancing Device | P    | QL(QL Overtime: Allowed 1 over 180 days)           |
| Healthy Accents Unilet Lancet 30 gauge            | P    | QL(QL (Limit 90 days supply(ies) per claim )); APA |
| iBG-Star kit                                      | NP   | PA                                                 |
| iGlucose Blood Glucose Monitor kit                | NP   | PA                                                 |
| inControl Lancing Device                          | P    | QL(QL Overtime: Allowed 1 over 180 days)           |
| inControl Super Thin Lancets 30 gauge             | P    | QL(QL (Limit 90 days supply(ies) per claim )); APA |
| inControl Ultra Thin Lancets 28 gauge             | P    | QL(QL (Limit 90 days supply(ies) per claim )); APA |
| Infinity Meter Kit                                | NP   | PA                                                 |

| Drug Name                        | Tier | Drug Restriction                                   |
|----------------------------------|------|----------------------------------------------------|
| Infinity Starter Kit             | NP   | PA                                                 |
| Infinity Voice Glucose Monitor   | NP   | PA                                                 |
| Invacare Lancets 30 gauge        | P    | QL(QL (Limit 90 days supply(ies) per claim )); APA |
| Jazz Wireless 2 Meter kit        | NP   | PA                                                 |
| Keynote Blood Glucose System     | NP   | PA                                                 |
| Keynote Pro Blood Glucose System | NP   | PA                                                 |
| Kinney Brand Lancets 23 gauge    | P    | QL(QL (Limit 90 days supply(ies) per claim )); APA |
| lancets                          | P    | QL(QL (Limit 90 days supply(ies) per claim )); APA |
| lancets 26 gauge                 | P    | QL(QL (Limit 90 days supply(ies) per claim )); APA |
| lancets 28 gauge                 | P    | QL(QL (Limit 90 days supply(ies) per claim )); APA |
| lancets 30 gauge                 | P    | QL(QL (Limit 90 days supply(ies) per claim )); APA |
| lancets 33 gauge                 | P    | QL(QL (Limit 90 days supply(ies) per claim )); APA |
| Lancets, Super Thin              | P    | QL(QL (Limit 90 days supply(ies) per claim )); APA |
| Lancets,Thin                     | P    | QL(QL (Limit 90 days supply(ies) per claim )); APA |
| Lancets,Thin 23 gauge            | P    | QL(QL (Limit 90 days supply(ies) per claim )); APA |

| Drug Name                                | Tier | Drug Restriction                                   |
|------------------------------------------|------|----------------------------------------------------|
| Lancets,Thin 28 gauge                    | P    | QL(QL (Limit 90 days supply(ies) per claim )); APA |
| Lancets,Ultra Thin 26 gauge              | P    | QL(QL (Limit 90 days supply(ies) per claim )); APA |
| lancing device                           | P    | QL(QL Overtime: Allowed 1 over 180 days)           |
| lancing device with lancets              | P    | QL(QL Overtime: Allowed 1 over 180 days)           |
| lancing device with lancets kit          | P    | QL(QL Overtime: Allowed 1 over 180 days)           |
| Lanzo Lancing Device kit                 | P    | QL(QL Overtime: Allowed 1 over 180 days)           |
| Latitude Diabetes System kit             | NP   | PA                                                 |
| Liberty Blood Glucose Meter              | NP   | PA                                                 |
| Liberty Blood Glucose Monitor            | NP   | PA                                                 |
| Lite Touch Lancing Device                | P    | QL(QL Overtime: Allowed 1 over 180 days)           |
| Medisense Thin Lancets 28 gauge          | P    | QL(QL (Limit 90 days supply(ies) per claim )); APA |
| Micro Blood Glucose kit                  | NP   | PA                                                 |
| Micro Thin Lancets 33 gauge              | P    | QL(QL (Limit 90 days supply(ies) per claim )); APA |
| Microdot Blood Glucose Monitoring System | NP   | PA                                                 |
| Microlet 2 Lancing Device kit            | P    | QL(QL Overtime: Allowed 1 over 180 days)           |

| Drug Name                        | Tier | Drug Restriction                                   |
|----------------------------------|------|----------------------------------------------------|
| Microlet Next Lancing Device kit | P    | QL(QL Overtime: Allowed 1 over 180 days)           |
| Mini Lancing Device              | P    | QL(QL Overtime: Allowed 1 over 180 days)           |
| Monolet Lancets 21 gauge         | P    | QL(QL (Limit 90 days supply(ies) per claim )); APA |
| Myglucohealth kit                | NP   | PA                                                 |
| Nexgen Meter kit                 | NP   | PA                                                 |
| Nova Max Blood Glucose Meter     | NP   | PA                                                 |
| Nova Sureflex Lancets            | P    | QL(QL (Limit 90 days supply(ies) per claim )); APA |
| On Call Express Meter            | NP   | PA                                                 |
| On Call Express Meter kit        | NP   | PA                                                 |
| On Call Lancing Device           | P    | QL(QL Overtime: Allowed 1 over 180 days)           |
| On Call Plus Lancing Device      | P    | QL(QL Overtime: Allowed 1 over 180 days)           |
| On Call Plus Meter               | NP   | PA                                                 |
| On Call Plus Meter kit           | NP   | PA                                                 |
| On Call Vivid Meter              | NP   | PA                                                 |
| On Call Vivid Meter kit          | NP   | PA                                                 |

| Drug Name                                 | Tier | Drug Restriction                         |
|-------------------------------------------|------|------------------------------------------|
| On Call Vivid Pal Blood Glucose Meter     | NP   | PA                                       |
| On Call Vivid Pal Blood Glucose Meter kit | NP   | PA                                       |
| OneTouch Delica Lancing Device kit        | P    | QL(QL Overtime: Allowed 1 over 180 days) |
| OneTouch Delica Plus Lancing Device kit   | P    | QL(QL Overtime: Allowed 1 over 180 days) |
| OneTouch Ultra2 Meter                     | P    |                                          |
| OneTouch Ultra2 Meter kit                 | NP   | PA                                       |
| OneTouch UltraLink kit                    | NP   | PA                                       |
| OneTouch UltraMini kit                    | P    |                                          |
| OneTouch Verio Flex Meter                 | P    |                                          |
| OneTouch Verio Flex Start kit             | NP   | PA                                       |
| OneTouch Verio IQ Meter                   | P    |                                          |
| OneTouch Verio IQ Meter kit               | NP   | PA                                       |
| OneTouch Verio Meter                      | P    |                                          |
| OneTouch Verio Reflect Meter              | P    |                                          |

| Drug Name                              | Tier | Drug Restriction                                      |
|----------------------------------------|------|-------------------------------------------------------|
| OneTouch Verio Reflect Start kit       | NP   | PA                                                    |
| OneTouch Verio Sync kit                | NP   | PA                                                    |
| Optium Glucose Monitor System          | NP   | PA                                                    |
| Optium Glucose Monitor System kit      | NP   | PA                                                    |
| OptumRx kit                            | NP   | PA                                                    |
| OptumRx meter                          | NP   | PA                                                    |
| Pharmacist Choice Blood Glucose System | NP   | PA                                                    |
| Pip Lancet 28 gauge                    | P    | QL(QL (Limit 90 days supply(ies) per claim ));<br>APA |
| Pip Lancet 30 gauge                    | P    | QL(QL (Limit 90 days supply(ies) per claim ));<br>APA |
| PocketChem EZ kit                      | NP   | PA                                                    |
| Precision Link kit                     | NP   | PA                                                    |
| Precision QID Monitor                  | NP   | PA                                                    |
| Precision Sof-Tact Monitor kit         | NP   | PA                                                    |
| Precision Xtra Monitor                 | NP   | PA                                                    |
| Premier BLU Glucose Meter              | NP   | PA                                                    |

| Drug Name                                        | Tier | Drug Restriction                                      |
|--------------------------------------------------|------|-------------------------------------------------------|
| Premier Compact Glucose Meter kit                | NP   | PA                                                    |
| Premier Voice Glucose Meter                      | NP   | PA                                                    |
| Premium Blood Glucose Monitoring System          | NP   | PA                                                    |
| Premium V10                                      | NP   | PA                                                    |
| Presto Pro Blood Glucose Meter                   | NP   | PA                                                    |
| Pro Voice V8 Glucose Monitor                     | NP   | PA                                                    |
| Pro Voice V9 Glucose Monitor                     | NP   | PA                                                    |
| Prodigy Autocode Blood Glucose Monitoring System | NP   | PA                                                    |
| Prodigy Autocode Meter kit                       | NP   | PA                                                    |
| Prodigy Lancing Device                           | P    | QL(QL Overtime: Allowed 1 over 180 days)              |
| Prodigy Pocket Meter kit                         | NP   | PA                                                    |
| Prodigy Twist Top Lancet 28 gauge                | P    | QL(QL (Limit 90 days supply(ies) per claim ));<br>APA |
| Prodigy Voice Glucose Meter kit                  | NP   | PA                                                    |
| Pure Comfort Lancets 30 gauge                    | P    | QL(QL (Limit 90 days supply(ies) per claim ));<br>APA |

| Drug Name                             | Tier | Drug Restriction                                   |
|---------------------------------------|------|----------------------------------------------------|
| Pure Comfort Safety Lancets 30 gauge  | P    | QL(QL (Limit 90 days supply(ies) per claim )); APA |
| Quicktek kit                          | NP   | PA                                                 |
| Quintet AC meter                      | NP   | PA                                                 |
| Quintet Blood Glucose Meter           | NP   | PA                                                 |
| Refuah Plus Glucose Monitor kit       | NP   | PA                                                 |
| ReliaMed Lancet 28 gauge              | P    | QL(QL (Limit 90 days supply(ies) per claim )); APA |
| ReliaMed Mini Lancing Device          | P    | QL(QL Overtime: Allowed 1 over 180 days)           |
| ReliaMed Safety Seal Lancets 28 gauge | P    | QL(QL (Limit 90 days supply(ies) per claim )); APA |
| ReliaMed Safety Seal Lancets 30 gauge | P    | QL(QL (Limit 90 days supply(ies) per claim )); APA |
| ReliOn All-In-One Meter kit           | NP   | PA                                                 |
| Relion Confirm kit                    | NP   | PA                                                 |
| ReliOn Micro Glucose Monitor kit      | NP   | PA                                                 |
| ReliOn Prime Meter                    | NP   | PA                                                 |
| ReliOn Thin Lancets 26 gauge          | P    | QL(QL (Limit 90 days supply(ies) per claim )); APA |

| Drug Name                       | Tier | Drug Restriction                                   |
|---------------------------------|------|----------------------------------------------------|
| ReliOn Ultra Thin Plus Lancets  | P    | QL(QL (Limit 90 days supply(ies) per claim )); APA |
| Replacement Pediatric Monitor   | NP   | PA                                                 |
| Reveal Blood Glucose Meter kit  | NP   | PA                                                 |
| Rightest GD500 Lancing Device   | P    | QL(QL Overtime: Allowed 1 over 180 days)           |
| Rightest GL300 Lancets 30 gauge | P    | QL(QL (Limit 90 days supply(ies) per claim )); APA |
| Rightest GM550 System kit       | NP   | PA                                                 |
| Safety Seal Lancets 28 gauge    | P    | QL(QL (Limit 90 days supply(ies) per claim )); APA |
| Smart Sense Lancets 21 gauge    | P    | QL(QL (Limit 90 days supply(ies) per claim )); APA |
| Smart Sense Lancets 26 gauge    | P    | QL(QL (Limit 90 days supply(ies) per claim )); APA |
| Smart Sense Lancets 33 gauge    | P    | QL(QL (Limit 90 days supply(ies) per claim )); APA |
| Smart Sense Monitoring System   | NP   | PA                                                 |
| SmartDiabetes Vantage           | P    | QL(QL Overtime: Allowed 1 over 180 days)           |
| Smartest Eject kit              | NP   | PA                                                 |
| Smartest Persona Starter kit    | NP   | PA                                                 |
| Smartest Pronto Starter kit     | NP   | PA                                                 |

| Drug Name                     | Tier | Drug Restriction                                   |
|-------------------------------|------|----------------------------------------------------|
| Smartest Protege kit          | NP   | PA                                                 |
| Sof-Sensor device             | NP   | PA                                                 |
| Solus V2 Audible Meter        | NP   | PA                                                 |
| Solus V2 Audible Meter kit    | NP   | PA                                                 |
| Solus V2 Lancing Device kit   | P    | QL(QL Overtime: Allowed 1 over 180 days)           |
| Sterilance TL 30 gauge        | P    | QL(QL (Limit 90 days supply(ies) per claim )); APA |
| Sterilance TL 32 gauge        | P    | QL(QL (Limit 90 days supply(ies) per claim )); APA |
| Super Thin Lancets            | P    | QL(QL (Limit 90 days supply(ies) per claim )); APA |
| Super Thin Lancets 28 gauge   | P    | QL(QL (Limit 90 days supply(ies) per claim )); APA |
| Super Thin Lancets 30 gauge   | P    | QL(QL (Limit 90 days supply(ies) per claim )); APA |
| Super Thin Lancets 33 gauge   | P    | QL(QL (Limit 90 days supply(ies) per claim )); APA |
| Sure Comfort Lancets 30 gauge | P    | QL(QL (Limit 90 days supply(ies) per claim )); APA |
| Sure Comfort Lancing Pen      | P    | QL(QL Overtime: Allowed 1 over 180 days)           |
| Sure Edge Blood Glucose Meter | NP   | PA                                                 |
| Sureflex Lancing Device       | P    | QL(QL Overtime: Allowed 1 over 180 days)           |

| Drug Name                                | Tier | Drug Restriction                                   |
|------------------------------------------|------|----------------------------------------------------|
| Sureflex Lancing Device with Lancets kit | P    | QL(QL Overtime: Allowed 1 over 180 days)           |
| Sure-Test EasyPlus Mini Meter            | NP   | PA                                                 |
| TechLITE Lancets 25 gauge                | P    | QL(QL (Limit 90 days supply(ies) per claim )); APA |
| TechLITE Lancets 28 gauge                | P    | QL(QL (Limit 90 days supply(ies) per claim )); APA |
| TechLITE Lancets 30 gauge                | P    | QL(QL (Limit 90 days supply(ies) per claim )); APA |
| Telcare BGM kit                          | NP   | PA                                                 |
| TelCare Blood Glucose kit                | NP   | PA                                                 |
| Test N'Go Blood Glucose System           | NP   | PA                                                 |
| Thin Lancets 26 gauge                    | P    | QL(QL (Limit 90 days supply(ies) per claim )); APA |
| Topcare Universal1 Lancet                | P    | QL(QL (Limit 90 days supply(ies) per claim )); APA |
| True Metrix Air Glucose Meter            | NP   | PA                                                 |
| True Metrix Air Glucose Meter kit        | NP   | PA                                                 |
| True Metrix Glucose Meter                | NP   | PA                                                 |
| True Metrix Go Glucose Meter             | NP   | PA                                                 |
| True Metrix Level 1 solution             | P    | QL(QL Overtime: Allowed 1 over 72 days)            |

| Drug Name                              | Tier | Drug Restriction                                   |
|----------------------------------------|------|----------------------------------------------------|
| True Metrix Level 2 solution           | P    | QL(QL Overtime: Allowed 1 over 72 days)            |
| True Metrix Level 3 solution           | P    | QL(QL Overtime: Allowed 1 over 72 days)            |
| True2Go Blood Glucose System kit       | NP   | PA                                                 |
| TrueControl Level 0 solution           | P    | QL(QL Overtime: Allowed 1 over 72 days)            |
| TrueControl Level 1 solution           | P    | QL(QL Overtime: Allowed 1 over 72 days)            |
| TRUEdraw Lancing Device                | P    | QL(QL Overtime: Allowed 1 over 180 days)           |
| TRUEplus Lancets 26 gauge              | P    | QL(QL (Limit 90 days supply(ies) per claim )); APA |
| TRUEplus Lancets 28 gauge              | P    | QL(QL (Limit 90 days supply(ies) per claim )); APA |
| TRUEplus Lancets 30 gauge              | P    | QL(QL (Limit 90 days supply(ies) per claim )); APA |
| TRUEplus Lancets 33 gauge              | P    | QL(QL (Limit 90 days supply(ies) per claim )); APA |
| Trueresult Blood Glucose System        | NP   | PA                                                 |
| Trueresult Blood Glucose System kit    | NP   | PA                                                 |
| Truetest High Glucose Control solution | P    | QL(QL Overtime: Allowed 1 over 72 days)            |
| Truetest Low Glucose Control solution  | P    | QL(QL Overtime: Allowed 1 over 72 days)            |

| Drug Name                                | Tier | Drug Restriction                                   |
|------------------------------------------|------|----------------------------------------------------|
| Truetest Normal Glucose Control solution | P    | QL(QL Overtime: Allowed 1 over 72 days)            |
| Truetrack Blood Glucose System kit       | NP   | PA                                                 |
| TrueTrack Smart System kit               | NP   | PA                                                 |
| Ulti-Lance misc                          | P    | QL(QL Overtime: Allowed 1 over 180 days)           |
| Ultilet Classic Lancets                  | P    | QL(QL (Limit 90 days supply(ies) per claim )); APA |
| Ultima Monitor                           | NP   | PA                                                 |
| Ultra Thin Lancets                       | P    | QL(QL (Limit 90 days supply(ies) per claim )); APA |
| Ultra Thin Lancets 28 gauge              | P    | QL(QL (Limit 90 days supply(ies) per claim )); APA |
| Ultra Thin Lancets 30 gauge              | P    | QL(QL (Limit 90 days supply(ies) per claim )); APA |
| Ultra Thin Lancets 33 gauge              | P    | QL(QL (Limit 90 days supply(ies) per claim )); APA |
| Ultra Thin Plus Lancets 33 gauge         | P    | QL(QL (Limit 90 days supply(ies) per claim )); APA |
| UltraTRAK Glucose Meter                  | NP   | PA                                                 |
| UltraTRAK Glucose Meter kit              | NP   | PA                                                 |
| UltraTrak Ultimate                       | NP   | PA                                                 |
| Unilet ComforTouch Lancet                | P    | QL(QL (Limit 90 days supply(ies) per claim )); APA |



| Drug Name                          | Tier | Drug Restriction                                   |
|------------------------------------|------|----------------------------------------------------|
| Unilet ComforTouch Lancet 26 gauge | P    | QL(QL (Limit 90 days supply(ies) per claim )); APA |
| Unilet Excelite II Lancet          | P    | QL(QL (Limit 90 days supply(ies) per claim )); APA |
| Unilet Excelite Lancet             | P    | QL(QL (Limit 90 days supply(ies) per claim )); APA |
| Unilet GP Lancet                   | P    | QL(QL (Limit 90 days supply(ies) per claim )); APA |
| Unilet Lancet 28 gauge             | P    | QL(QL (Limit 90 days supply(ies) per claim )); APA |
| Unilet Lancet 33 gauge             | P    | QL(QL (Limit 90 days supply(ies) per claim )); APA |
| Unilet Lancets 30 gauge            | P    | QL(QL (Limit 90 days supply(ies) per claim )); APA |
| Unilet Super Thin Lancets 30 gauge | P    | QL(QL (Limit 90 days supply(ies) per claim )); APA |
| Unistik Touch Lancets 21 gauge     | P    | QL(QL (Limit 90 days supply(ies) per claim )); APA |
| Unistik Touch Lancets 23 gauge     | P    | QL(QL (Limit 90 days supply(ies) per claim )); APA |
| Unistik Touch Lancets 28 gauge     | P    | QL(QL (Limit 90 days supply(ies) per claim )); APA |
| Unistik Touch Lancets 30 gauge     | P    | QL(QL (Limit 90 days supply(ies) per claim )); APA |
| Universal 1 Lancets 21 gauge       | P    | QL(QL (Limit 90 days supply(ies) per claim )); APA |
| Universal 1 Lancets 26 gauge       | P    | QL(QL (Limit 90 days supply(ies) per claim )); APA |
| Universal 1 Lancets 30 gauge       | P    | QL(QL (Limit 90 days supply(ies) per claim )); APA |

| Drug Name                                                                      | Tier | Drug Restriction                                   |
|--------------------------------------------------------------------------------|------|----------------------------------------------------|
| Universal 1 Lancets 33 gauge                                                   | P    | QL(QL (Limit 90 days supply(ies) per claim )); APA |
| Verasens Blood Glucose Meter                                                   | NP   | PA                                                 |
| Verasens Meter Starter Kit                                                     | NP   | PA                                                 |
| Victory Blood Glucose Monitor                                                  | NP   | PA                                                 |
| VivaGuard Ino Glucose Meter                                                    | NP   | PA                                                 |
| VivaGuard Lancing Device                                                       | P    | QL(QL Overtime: Allowed 1 over 180 days)           |
| Wavesense AMP kit                                                              | NP   | PA                                                 |
| WaveSense Presto                                                               | NP   | PA                                                 |
| WaveSense Presto kit                                                           | NP   | PA                                                 |
| <b>MEDICAL SUPPLIES AND DME - INSULIN NEEDLES- SYRINGES AND ADMIN SUPPLIES</b> |      |                                                    |
| 1st Tier Unifine Pentips 29 gauge x 1/2" needle                                | P    | QL(Allowed 5 per 1 day)                            |
| 1st Tier Unifine Pentips 31 gauge x 1/4" needle                                | P    | QL(Allowed 5 per 1 day)                            |
| 1st Tier Unifine Pentips 31 gauge x 3/16" needle                               | P    | QL(Allowed 5 per 1 day)                            |
| 1st Tier Unifine Pentips 31 gauge x 5/16" needle                               | P    | QL(Allowed 5 per 1 day)                            |

| Drug Name                                             | Tier | Drug Restriction        |
|-------------------------------------------------------|------|-------------------------|
| 1st Tier Unifine Pentips 32 gauge x 5/32" needle      | P    | QL(Allowed 5 per 1 day) |
| 1st Tier Unifine Pentips Plus 29 gauge x 1/2" needle  | P    | QL(Allowed 5 per 1 day) |
| 1st Tier Unifine Pentips Plus 31 gauge x 1/4" needle  | P    | QL(Allowed 5 per 1 day) |
| 1st Tier Unifine Pentips Plus 31 gauge x 3/16" needle | P    | QL(Allowed 5 per 1 day) |
| 1st Tier Unifine Pentips Plus 31 gauge x 5/16" needle | P    | QL(Allowed 5 per 1 day) |
| 1st Tier Unifine Pentips Plus 32 gauge x 5/32" needle | P    | QL(Allowed 5 per 1 day) |
| AboutTime Pen Needle 30 gauge x 5/16"                 | P    | QL(Allowed 5 per 1 day) |
| AboutTime Pen Needle 31 gauge x 3/16"                 | P    | QL(Allowed 5 per 1 day) |
| AboutTime Pen Needle 31 gauge x 5/16"                 | P    | QL(Allowed 5 per 1 day) |
| AboutTime Pen Needle 32 gauge x 5/32"                 | P    | QL(Allowed 5 per 1 day) |
| Advocate Pen Needle 29 gauge x 1/2"                   | P    | QL(Allowed 5 per 1 day) |

| Drug Name                                 | Tier | Drug Restriction        |
|-------------------------------------------|------|-------------------------|
| Advocate Pen Needle 31 gauge x 3/16"      | P    | QL(Allowed 5 per 1 day) |
| Advocate Pen Needle 31 gauge x 5/16"      | P    | QL(Allowed 5 per 1 day) |
| Advocate Syringes 0.3 mL 29 gauge x 1/2"  | P    | QL(Allowed 5 per 1 day) |
| Advocate Syringes 0.3 mL 30 gauge x 5/16" | P    | QL(Allowed 5 per 1 day) |
| Advocate Syringes 0.3 mL 31 gauge x 5/16" | P    | QL(Allowed 5 per 1 day) |
| Advocate Syringes 0.5 mL 29 gauge x 1/2"  | P    | QL(Allowed 5 per 1 day) |
| Advocate Syringes 0.5 mL 30 gauge x 5/16" | P    | QL(Allowed 5 per 1 day) |
| Advocate Syringes 0.5 mL 31 gauge x 5/16" | P    | QL(Allowed 5 per 1 day) |
| Advocate Syringes 1 mL 29 gauge x 1/2"    | P    | QL(Allowed 5 per 1 day) |
| Advocate Syringes 1 mL 30 gauge x 5/16"   | P    | QL(Allowed 5 per 1 day) |
| Advocate Syringes 1 mL 31 gauge x 5/16"   | P    | QL(Allowed 5 per 1 day) |

| Drug Name                                               | Tier | Drug Restriction        |
|---------------------------------------------------------|------|-------------------------|
| Assure ID Insulin Safety 0.5 mL 29 gauge x 1/2" syringe | P    | QL(Allowed 5 per 1 day) |
| Assure ID Insulin Safety 1 mL 29 gauge x 1/2" syringe   | P    | QL(Allowed 5 per 1 day) |
| Assure ID Pen Needle 30 gauge x 5/16"                   | P    | QL(Allowed 5 per 1 day) |
| Assure ID Pen Needle 31 gauge x 3/16"                   | P    | QL(Allowed 5 per 1 day) |
| BD Autosield Pen Needle 29 gauge x 5/16"                | P    | QL(Allowed 5 per 1 day) |
| BD Eclipse Luer-Lok 1 mL 30 gauge x 1/2" syringe        | P    |                         |
| BD Insulin Syringe 0.3 mL 29 gauge x 1/2"               | P    | QL(Allowed 5 per 1 day) |
| BD Insulin Syringe 0.5 mL 29 gauge x 1/2"               | P    | QL(Allowed 5 per 1 day) |
| BD Insulin Syringe 1 mL 25 gauge x 5/8"                 | P    | QL(Allowed 5 per 1 day) |
| BD Insulin Syringe 1 mL 25 x 1"                         | P    | QL(Allowed 5 per 1 day) |
| BD Insulin Syringe 1 mL 26 x 1/2"                       | P    | QL(Allowed 5 per 1 day) |
| BD Insulin Syringe 1 mL 27 gauge x 1/2"                 | P    | QL(Allowed 5 per 1 day) |

| Drug Name                                                       | Tier | Drug Restriction        |
|-----------------------------------------------------------------|------|-------------------------|
| BD Insulin Syringe 1 mL 28 gauge x 1/2"                         | P    | QL(Allowed 5 per 1 day) |
| BD Insulin Syringe 1 mL 29 gauge x 1/2"                         | P    | QL(Allowed 5 per 1 day) |
| BD Insulin Syringe Half Unit Ultra-Fine 0.3 mL 31 gauge x 5/16" | P    | QL(Allowed 5 per 1 day) |
| BD Insulin Syringe Micro-Fine 0.3 mL 28                         | P    |                         |
| BD Insulin Syringe Micro-Fine 1 mL 28 gauge x 1/2"              | P    | QL(Allowed 5 per 1 day) |
| BD Insulin Syringe Micro-Fine 1/2 mL 28 gauge x 1/2"            | P    |                         |
| BD Insulin Syringe Safety-Lok 1 mL 29 gauge x 1/2"              | P    | QL(Allowed 5 per 1 day) |
| BD Insulin Syringe Slip Tip 1 mL                                | P    | QL(Allowed 5 per 1 day) |
| BD Insulin Syringe Ultra-Fine 0.3 mL 30 gauge x 1/2"            | P    | QL(Allowed 5 per 1 day) |
| BD Insulin Syringe Ultra-Fine 0.3 mL 31 gauge x 5/16"           | P    | QL(Allowed 5 per 1 day) |
| BD Insulin Syringe Ultra-Fine 0.5 mL 30 gauge x 1/2"            | P    | QL(Allowed 5 per 1 day) |
| BD Insulin Syringe Ultra-Fine 0.5 mL 31 gauge x 5/16"           | P    | QL(Allowed 5 per 1 day) |

| Drug Name                                               | Tier | Drug Restriction        |
|---------------------------------------------------------|------|-------------------------|
| BD Insulin Syringe Ultra-Fine 1 mL 29 gauge x 1/2"      | P    | QL(Allowed 5 per 1 day) |
| BD Insulin Syringe Ultra-Fine 1 mL 30 gauge x 1/2"      | P    | QL(Allowed 5 per 1 day) |
| BD Insulin Syringe Ultra-Fine 1 mL 31 gauge x 5/16"     | P    | QL(Allowed 5 per 1 day) |
| BD Integra Insulin Syringe 1 mL 29 gauge x 1/2"         | P    |                         |
| BD Lo-Dose Micro-Fine IV 0.3 mL 28 gauge x 1/2" syringe | P    |                         |
| BD Lo-Dose Micro-Fine IV 1/2 mL 28 gauge x 1/2" syringe | P    | QL(Allowed 5 per 1 day) |
| BD Lo-Dose Ultra-Fine 0.3 mL 29 gauge x 1/2" syringe    | P    | QL(Allowed 5 per 1 day) |
| BD Lo-Dose Ultra-Fine 0.5 mL 29 gauge x 1/2" syringe    | P    | QL(Allowed 5 per 1 day) |
| BD Nano 2nd Gen Pen Needle 32 gauge x 5/32"             | P    | QL(Allowed 5 per 1 day) |
| BD SafetyGlide Insulin Syringe 0.3 mL 29 gauge x 1/2"   | P    | QL(Allowed 5 per 1 day) |

| Drug Name                                              | Tier | Drug Restriction        |
|--------------------------------------------------------|------|-------------------------|
| BD SafetyGlide Insulin Syringe 0.3 mL 31 gauge x 5/16" | P    | QL(Allowed 5 per 1 day) |
| BD SafetyGlide Insulin Syringe 0.5 mL 29 gauge x 1/2"  | P    |                         |
| BD SafetyGlide Insulin Syringe 0.5 mL 30 gauge x 5/16" | P    | QL(Allowed 5 per 1 day) |
| BD SafetyGlide Insulin Syringe 1 mL 29 gauge x 1/2"    | P    | QL(Allowed 5 per 1 day) |
| BD SafetyGlide Insulin Syringe 1 mL 31 gauge x 15/64"  | P    | QL(Allowed 5 per 1 day) |
| BD SafetyGlide Syringe 1 mL 27 gauge x 5/8"            | P    |                         |
| BD Ultra-Fine Micro Pen Needle 32 gauge x 1/4"         | P    | QL(Allowed 5 per 1 day) |
| BD Ultra-Fine Mini Pen Needle 31 gauge x 3/16"         | P    | QL(Allowed 5 per 1 day) |
| BD Ultra-Fine Nano Pen Needle 32 gauge x 5/32"         | P    | QL(Allowed 5 per 1 day) |
| BD Ultra-Fine Original Pen Needle 29 gauge x 1/2"      | P    | QL(Allowed 5 per 1 day) |
| BD Ultra-Fine Short Pen Needle 31 gauge x 5/16"        | P    | QL(Allowed 5 per 1 day) |

| Drug Name                                                | Tier | Drug Restriction        |
|----------------------------------------------------------|------|-------------------------|
| BD Veo Insulin Syringe Ultra-Fine 1 mL 31 gauge x 15/64" | P    | QL(Allowed 5 per 1 day) |
| CareFine Pen Needle 29 gauge x 1/2"                      | P    | QL(Allowed 5 per 1 day) |
| CareFine Pen Needle 30 gauge x 5/16"                     | P    | QL(Allowed 5 per 1 day) |
| CareFine Pen Needle 31 gauge x 1/4"                      | P    | QL(Allowed 5 per 1 day) |
| CareFine Pen Needle 31 gauge x 5/16"                     | P    | QL(Allowed 5 per 1 day) |
| CareFine Pen Needle 32 gauge x 1/4"                      | P    | QL(Allowed 5 per 1 day) |
| CareFine Pen Needle 32 gauge x 3/16"                     | P    | QL(Allowed 5 per 1 day) |
| CareFine Pen Needle 32 gauge x 5/32"                     | P    | QL(Allowed 5 per 1 day) |
| CareTouch Pen Needle 31 gauge x 1/4"                     | P    | QL(Allowed 5 per 1 day) |
| CareTouch Pen Needle 31 gauge x 3/16"                    | P    | QL(Allowed 5 per 1 day) |
| CareTouch Pen Needle 31 gauge x 5/16"                    | P    | QL(Allowed 5 per 1 day) |

| Drug Name                                          | Tier | Drug Restriction        |
|----------------------------------------------------|------|-------------------------|
| CareTouch Pen Needle 32 gauge x 3/16"              | P    | QL(Allowed 5 per 1 day) |
| CareTouch Pen Needle 32 gauge x 5/32"              | P    | QL(Allowed 5 per 1 day) |
| Clickfine Pen Needle 31 gauge x 1/4"               | P    | QL(Allowed 5 per 1 day) |
| Clickfine Pen Needle 31 gauge x 5/16"              | P    | QL(Allowed 5 per 1 day) |
| Clickfine Pen Needle 32 gauge x 5/32"              | P    | QL(Allowed 5 per 1 day) |
| Comfort EZ Insulin Syringe 0.3 mL 29 gauge x 1/2"  | P    | QL(Allowed 5 per 1 day) |
| Comfort EZ Insulin Syringe 0.3 mL 30 gauge x 1/2"  | P    | QL(Allowed 5 per 1 day) |
| Comfort EZ Insulin Syringe 0.3 mL 30 gauge x 5/16" | P    | QL(Allowed 5 per 1 day) |
| Comfort EZ Insulin Syringe 0.3 mL 31 gauge x 5/16" | P    | QL(Allowed 5 per 1 day) |
| Comfort EZ Insulin Syringe 0.5 mL 29 gauge x 1/2"  | P    | QL(Allowed 5 per 1 day) |
| Comfort EZ Insulin Syringe 0.5 mL 30 gauge x 1/2"  | P    | QL(Allowed 5 per 1 day) |
| Comfort EZ Insulin Syringe 0.5 mL 30 gauge x 5/16" | P    | QL(Allowed 5 per 1 day) |

| Drug Name                                          | Tier | Drug Restriction        |
|----------------------------------------------------|------|-------------------------|
| Comfort EZ Insulin Syringe 0.5 mL 31 gauge x 5/16" | P    | QL(Allowed 5 per 1 day) |
| Comfort EZ Insulin Syringe 1 mL 28 gauge x 1/2"    | P    | QL(Allowed 5 per 1 day) |
| Comfort EZ Insulin Syringe 1 mL 29 gauge x 1/2"    | P    | QL(Allowed 5 per 1 day) |
| Comfort EZ Insulin Syringe 1 mL 30 gauge x 1/2"    | P    | QL(Allowed 5 per 1 day) |
| Comfort EZ Insulin Syringe 1 mL 30 gauge x 5/16"   | P    | QL(Allowed 5 per 1 day) |
| Comfort EZ Insulin Syringe 1 mL 31 gauge x 5/16"   | P    | QL(Allowed 5 per 1 day) |
| Comfort EZ Insulin Syringe 1/2 mL 28 gauge x 1/2"  | P    | QL(Allowed 5 per 1 day) |
| Comfort EZ Pen Needles 29 gauge x 1/2"             | P    | QL(Allowed 5 per 1 day) |
| Comfort EZ Pen Needles 31 gauge x 1/4"             | P    | QL(Allowed 5 per 1 day) |
| Comfort EZ Pen Needles 31 gauge x 3/16"            | P    | QL(Allowed 5 per 1 day) |
| Comfort EZ Pen Needles 31 gauge x 5/16"            | P    | QL(Allowed 5 per 1 day) |
| Comfort EZ Pen Needles 32 gauge x 1/4"             | P    | QL(Allowed 5 per 1 day) |

| Drug Name                                       | Tier | Drug Restriction        |
|-------------------------------------------------|------|-------------------------|
| Comfort EZ Pen Needles 32 gauge x 3/16"         | P    | QL(Allowed 5 per 1 day) |
| Comfort EZ Pen Needles 32 gauge x 5/32"         | P    | QL(Allowed 5 per 1 day) |
| Droplet Insulin Syringe 0.3 mL 29 gauge x 1/2"  | P    | QL(Allowed 5 per 1 day) |
| Droplet Insulin Syringe 0.3 mL 30 gauge x 1/2"  | P    | QL(Allowed 5 per 1 day) |
| Droplet Insulin Syringe 0.3 mL 30 gauge x 5/16" | P    | QL(Allowed 5 per 1 day) |
| Droplet Insulin Syringe 0.3 mL 31 gauge x 5/16" | P    | QL(Allowed 5 per 1 day) |
| Droplet Insulin Syringe 1 mL 29 gauge x 1/2"    | P    | QL(Allowed 5 per 1 day) |
| Droplet Insulin Syringe 1 mL 30 gauge x 1/2"    | P    | QL(Allowed 5 per 1 day) |
| Droplet Insulin Syringe 1 mL 30 gauge x 5/16"   | P    | QL(Allowed 5 per 1 day) |
| Droplet Insulin Syringe 1 mL 31 gauge x 15/64"  | P    | QL(Allowed 5 per 1 day) |
| Droplet Insulin Syringe 1 mL 31 gauge x 5/16"   | P    | QL(Allowed 5 per 1 day) |

| Drug Name                                                 | Tier | Drug Restriction        |
|-----------------------------------------------------------|------|-------------------------|
| Droplet Insulin Syringe Half Unit 0.5 mL 29 gauge x 1/2"  | P    | QL(Allowed 5 per 1 day) |
| Droplet Insulin Syringe Half Unit 0.5 mL 30 gauge x 1/2"  | P    | QL(Allowed 5 per 1 day) |
| Droplet Insulin Syringe Half Unit 0.5 mL 30 gauge x 5/16" | P    | QL(Allowed 5 per 1 day) |
| Droplet Insulin Syringe Half Unit 0.5 mL 31 gauge x 5/16" | P    | QL(Allowed 5 per 1 day) |
| Droplet Pen Needle 29 gauge x 1/2"                        | P    | QL(Allowed 5 per 1 day) |
| Droplet Pen Needle 30 gauge x 5/16"                       | P    | QL(Allowed 5 per 1 day) |
| Droplet Pen Needle 31 gauge x 1/4"                        | P    | QL(Allowed 5 per 1 day) |
| Droplet Pen Needle 31 gauge x 3/16"                       | P    | QL(Allowed 5 per 1 day) |
| Droplet Pen Needle 31 gauge x 5/16"                       | P    | QL(Allowed 5 per 1 day) |
| Droplet Pen Needle 32 gauge x 1/4"                        | P    | QL(Allowed 5 per 1 day) |
| Droplet Pen Needle 32 gauge x 3/16"                       | P    | QL(Allowed 5 per 1 day) |
| Droplet Pen Needle 32 gauge x 5/32"                       | P    | QL(Allowed 5 per 1 day) |
| DropSafe Pen Needle 31 gauge x 1/4"                       | P    | QL(Allowed 5 per 1 day) |

| Drug Name                                            | Tier | Drug Restriction        |
|------------------------------------------------------|------|-------------------------|
| DropSafe Pen Needle 31 gauge x 5/16"                 | P    | QL(Allowed 5 per 1 day) |
| Easy Comfort Insulin Syringe 0.3 mL 30 gauge x 5/16" | P    |                         |
| Easy Comfort Insulin Syringe 0.5 mL 30 gauge x 1/2"  | P    | QL(Allowed 5 per 1 day) |
| Easy Comfort Insulin Syringe 0.5 mL 30 gauge x 5/16" | P    | QL(Allowed 5 per 1 day) |
| Easy Comfort Insulin Syringe 0.5 mL 31 gauge x 5/16" | P    | QL(Allowed 5 per 1 day) |
| Easy Comfort Insulin Syringe 1 mL 30 gauge x 1/2"    | P    | QL(Allowed 5 per 1 day) |
| Easy Comfort Insulin Syringe 1 mL 30 gauge x 5/16"   | P    | QL(Allowed 5 per 1 day) |
| Easy Comfort Insulin Syringe 1 mL 31 gauge x 5/16"   | P    | QL(Allowed 5 per 1 day) |
| Easy Comfort Pen Needles 31 gauge x 1/4"             | P    | QL(Allowed 5 per 1 day) |
| Easy Comfort Pen Needles 31 gauge x 3/16"            | P    | QL(Allowed 5 per 1 day) |

| Drug Name                                                          | Tier | Drug Restriction        |
|--------------------------------------------------------------------|------|-------------------------|
| Easy Comfort Pen<br>Needles 31 gauge x<br>5/16"                    | P    | QL(Allowed 5 per 1 day) |
| Easy Comfort Pen<br>Needles 32 gauge x<br>5/32"                    | P    | QL(Allowed 5 per 1 day) |
| Easy Touch 29<br>gauge x 1/2" needle                               | P    | QL(Allowed 5 per 1 day) |
| Easy Touch 31<br>gauge x 1/4" needle                               | P    | QL(Allowed 5 per 1 day) |
| Easy Touch 31<br>gauge x 3/16"<br>needle                           | P    | QL(Allowed 5 per 1 day) |
| Easy Touch 31<br>gauge x 5/16"<br>needle                           | P    | QL(Allowed 5 per 1 day) |
| Easy Touch 32<br>gauge x 1/4" needle                               | P    | QL(Allowed 5 per 1 day) |
| Easy Touch 32<br>gauge x 3/16"<br>needle                           | P    | QL(Allowed 5 per 1 day) |
| Easy Touch 32<br>gauge x 5/32"<br>needle                           | P    | QL(Allowed 5 per 1 day) |
| Easy Touch<br>FlipLock Insulin 1<br>mL 29 gauge x 1/2"<br>syringe  | P    | QL(Allowed 5 per 1 day) |
| Easy Touch<br>FlipLock Insulin 1<br>mL 31 gauge x<br>5/16" syringe | P    | QL(Allowed 5 per 1 day) |
| Easy Touch<br>FlipLock Insulin<br>syringe 1 mL 30<br>gauge x 1/2"  | P    | QL(Allowed 5 per 1 day) |

| Drug Name                                                          | Tier | Drug Restriction        |
|--------------------------------------------------------------------|------|-------------------------|
| Easy Touch<br>FlipLock Insulin<br>syringe 1 mL 30<br>gauge x 5/16" | P    | QL(Allowed 5 per 1 day) |
| Easy Touch Insulin<br>Safety Syringe 0.5<br>mL 29 gauge x 1/2"     | P    | QL(Allowed 5 per 1 day) |
| Easy Touch Insulin<br>Safety Syringe 0.5<br>mL 30 gauge x<br>5/16" | P    | QL(Allowed 5 per 1 day) |
| Easy Touch Insulin<br>Safety Syringe 1<br>mL 29 gauge x 1/2"       | P    | QL(Allowed 5 per 1 day) |
| Easy Touch Insulin<br>Safety Syringe 1<br>mL 30 gauge x 1/2"       | P    | QL(Allowed 5 per 1 day) |
| Easy Touch Insulin<br>Syringe 0.3 mL 30<br>gauge x 1/2"            | P    | QL(Allowed 5 per 1 day) |
| Easy Touch Insulin<br>Syringe 0.3 mL 30<br>gauge x 5/16"           | P    | QL(Allowed 5 per 1 day) |
| Easy Touch Insulin<br>Syringe 0.3 mL 31<br>gauge x 5/16"           | P    | QL(Allowed 5 per 1 day) |
| Easy Touch Insulin<br>Syringe 0.5 mL 29<br>gauge x 1/2"            | P    | QL(Allowed 5 per 1 day) |
| Easy Touch Insulin<br>Syringe 0.5 mL 30<br>gauge x 1/2"            | P    | QL(Allowed 5 per 1 day) |
| Easy Touch Insulin<br>Syringe 0.5 mL 30<br>gauge x 5/16"           | P    | QL(Allowed 5 per 1 day) |



| Drug Name                                                  | Tier | Drug Restriction        |
|------------------------------------------------------------|------|-------------------------|
| Easy Touch Insulin Syringe 0.5 mL 31 gauge x 5/16"         | P    | QL(Allowed 5 per 1 day) |
| Easy Touch Insulin Syringe 1 mL 27 gauge x 1/2"            | P    | QL(Allowed 5 per 1 day) |
| Easy Touch Insulin Syringe 1 mL 28 gauge x 1/2"            | P    | QL(Allowed 5 per 1 day) |
| Easy Touch Insulin Syringe 1 mL 29 gauge x 1/2"            | P    | QL(Allowed 5 per 1 day) |
| Easy Touch Insulin Syringe 1 mL 30 gauge x 1/2"            | P    | QL(Allowed 5 per 1 day) |
| Easy Touch Insulin Syringe 1 mL 30 gauge x 5/16"           | P    | QL(Allowed 5 per 1 day) |
| Easy Touch Insulin Syringe 1 mL 31 gauge x 5/16"           | P    | QL(Allowed 5 per 1 day) |
| Easy Touch Insulin Syringe 1/2 mL 27 gauge x 1/2"          | P    | QL(Allowed 5 per 1 day) |
| Easy Touch Insulin Syringe 1/2 mL 28 gauge x 1/2"          | P    | QL(Allowed 5 per 1 day) |
| Easy Touch Pen Needle 30 gauge x 5/16"                     | P    | QL(Allowed 5 per 1 day) |
| Easy Touch SheathLock Insulin 1 mL 29 gauge x 1/2" syringe | P    | QL(Allowed 5 per 1 day) |

| Drug Name                                                   | Tier | Drug Restriction        |
|-------------------------------------------------------------|------|-------------------------|
| Easy Touch SheathLock Insulin 1 mL 30 gauge x 5/16" syringe | P    | QL(Allowed 5 per 1 day) |
| Easy Touch SheathLock Insulin 1 mL 31 gauge x 5/16" syringe | P    | QL(Allowed 5 per 1 day) |
| Easy Touch SheathLock Insulin syringe 1 mL 30 gauge x 1/2"  | P    | QL(Allowed 5 per 1 day) |
| Exel Insulin 0.3 mL 29 gauge x 1/2" syringe                 | P    | QL(Allowed 5 per 1 day) |
| Exel Insulin 0.5 mL 30 gauge x 5/16" syringe                | P    | QL(Allowed 5 per 1 day) |
| Exel Insulin 1 mL 30 gauge x 5/16" syringe                  | P    | QL(Allowed 5 per 1 day) |
| Exel Insulin 1/2 mL 28 gauge x 1/2" syringe                 | P    | QL(Allowed 5 per 1 day) |
| FreeStyle Precision 0.5 mL 30 gauge x 5/16" syringe         | P    | QL(Allowed 5 per 1 day) |
| FreeStyle Precision 0.5 mL 31 gauge x 5/16" syringe         | P    | QL(Allowed 5 per 1 day) |
| FreeStyle Precision 1 mL 30 gauge x 5/16" syringe           | P    | QL(Allowed 5 per 1 day) |
| FreeStyle Precision 1 mL 31 gauge x 5/16" syringe           | P    | QL(Allowed 5 per 1 day) |

| Drug Name                                             | Tier | Drug Restriction        |
|-------------------------------------------------------|------|-------------------------|
| HealthWise Insulin Syringe 0.3 mL 30 gauge x 5/16"    | P    | QL(Allowed 5 per 1 day) |
| HealthWise Insulin Syringe 0.3 mL 31 gauge x 5/16"    | P    | QL(Allowed 5 per 1 day) |
| HealthWise Insulin Syringe 0.5 mL 30 gauge x 5/16"    | P    | QL(Allowed 5 per 1 day) |
| HealthWise Insulin Syringe 0.5 mL 31 gauge x 5/16"    | P    | QL(Allowed 5 per 1 day) |
| HealthWise Insulin Syringe 1 mL 30 gauge x 5/16"      | P    | QL(Allowed 5 per 1 day) |
| HealthWise Insulin Syringe 1 mL 31 gauge x 5/16"      | P    | QL(Allowed 5 per 1 day) |
| HealthWise Pen Needle 31 gauge x 3/16"                | P    | QL(Allowed 5 per 1 day) |
| HealthWise Pen Needle 31 gauge x 5/16"                | P    | QL(Allowed 5 per 1 day) |
| HealthWise Pen Needle 32 gauge x 5/32"                | P    | QL(Allowed 5 per 1 day) |
| Healthy Accents Unifine Pentip 29 gauge x 1/2" needle | P    | QL(Allowed 5 per 1 day) |
| Healthy Accents Unifine Pentip 31 gauge x 1/4" needle | P    | QL(Allowed 5 per 1 day) |

| Drug Name                                              | Tier | Drug Restriction        |
|--------------------------------------------------------|------|-------------------------|
| Healthy Accents Unifine Pentip 31 gauge x 3/16" needle | P    | QL(Allowed 5 per 1 day) |
| Healthy Accents Unifine Pentip 31 gauge x 5/16" needle | P    | QL(Allowed 5 per 1 day) |
| Healthy Accents Unifine Pentip 32 gauge x 5/32" needle | P    | QL(Allowed 5 per 1 day) |
| inControl Pen Needle 29 gauge x 1/2"                   | P    | QL(Allowed 5 per 1 day) |
| inControl Pen Needle 31 gauge x 1/4"                   | P    | QL(Allowed 5 per 1 day) |
| inControl Pen Needle 31 gauge x 3/16"                  | P    | QL(Allowed 5 per 1 day) |
| inControl Pen Needle 31 gauge x 5/16"                  | P    | QL(Allowed 5 per 1 day) |
| inControl Pen Needle 32 gauge x 5/32"                  | P    | QL(Allowed 5 per 1 day) |
| Insulin Syringe 0.5 mL 29 gauge x 1/2"                 | P    | QL(Allowed 5 per 1 day) |
| Insulin Syringe 1 mL 29 gauge x 1/2"                   | P    | QL(Allowed 5 per 1 day) |
| Insulin Syringe MicroFine 0.3 mL 28 gauge x 1/2"       | P    |                         |

| Drug Name                                                 | Tier | Drug Restriction        |
|-----------------------------------------------------------|------|-------------------------|
| Insulin Syringe MicroFine 1 mL 27 gauge x 5/8"            | P    | QL(Allowed 5 per 1 day) |
| Insulin Syringe MicroFine 1/2 mL 28 gauge x 1/2"          | P    | QL(Allowed 5 per 1 day) |
| insulin syringe needleless 1 mL                           | P    | QL(Allowed 5 per 1 day) |
| insulin syringe U-100 with needle 0.3 mL 29 gauge         | P    | QL(Allowed 5 per 1 day) |
| insulin syringe U-100 with needle 0.3 mL 29 gauge x 1/2"  | P    | QL(Allowed 5 per 1 day) |
| insulin syringe U-100 with needle 0.3 mL 30               | P    | QL(Allowed 5 per 1 day) |
| insulin syringe U-100 with needle 0.3 mL 30 gauge x 1/2"  | P    | QL(Allowed 5 per 1 day) |
| insulin syringe U-100 with needle 0.3 mL 30 gauge x 5/16" | P    | QL(Allowed 5 per 1 day) |
| insulin syringe U-100 with needle 0.3 mL 31 gauge x 5/16" | P    | QL(Allowed 5 per 1 day) |
| insulin syringe U-100 with needle 0.5 mL 29 gauge x 1/2"  | P    | QL(Allowed 5 per 1 day) |
| insulin syringe U-100 with needle 0.5 mL 30 gauge x 1/2"  | P    | QL(Allowed 5 per 1 day) |

| Drug Name                                                 | Tier | Drug Restriction        |
|-----------------------------------------------------------|------|-------------------------|
| insulin syringe U-100 with needle 0.5 mL 30 gauge x 5/16" | P    | QL(Allowed 5 per 1 day) |
| insulin syringe U-100 with needle 0.5 mL 31 gauge x 5/16" | P    | QL(Allowed 5 per 1 day) |
| insulin syringe U-100 with needle 1 mL 27 gauge x 1/2"    | P    | QL(Allowed 5 per 1 day) |
| insulin syringe U-100 with needle 1 mL 28 gauge           | P    | QL(Allowed 5 per 1 day) |
| insulin syringe U-100 with needle 1 mL 28 gauge x 1/2"    | P    | QL(Allowed 5 per 1 day) |
| insulin syringe U-100 with needle 1 mL 29 gauge x 1/2"    | P    | QL(Allowed 5 per 1 day) |
| insulin syringe U-100 with needle 1 mL 29 gauge x 7/16"   | P    | QL(Allowed 5 per 1 day) |
| insulin syringe U-100 with needle 1 mL 30 gauge x 1/2"    | P    | QL(Allowed 5 per 1 day) |
| insulin syringe U-100 with needle 1 mL 30 gauge x 5/16"   | P    | QL(Allowed 5 per 1 day) |
| insulin syringe U-100 with needle 1 mL 30 gauge x 7/16"   | P    | QL(Allowed 5 per 1 day) |

| Drug Name                                                | Tier | Drug Restriction        |
|----------------------------------------------------------|------|-------------------------|
| insulin syringe U-100 with needle 1 mL 31 gauge x 15/64" | P    | QL(Allowed 5 per 1 day) |
| insulin syringe U-100 with needle 1 mL 31 gauge x 5/16"  | P    | QL(Allowed 5 per 1 day) |
| insulin syringe U-100 with needle 1/2 mL 27 gauge x 1/2" | P    | QL(Allowed 5 per 1 day) |
| insulin syringe U-100 with needle 1/2 mL 28 gauge        | P    | QL(Allowed 5 per 1 day) |
| insulin syringe U-100 with needle 1/2 mL 28 gauge x 1/2" | P    | QL(Allowed 5 per 1 day) |
| insulin syringe U-100 with needle 1/2 mL 29              | P    | QL(Allowed 5 per 1 day) |
| insulin syringe U-100 with needle 1/2 mL 30 gauge        | P    | QL(Allowed 5 per 1 day) |
| Insulin Syringe Ultrafine 0.5 mL 29 gauge x 1/2"         | P    | QL(Allowed 5 per 1 day) |
| insulin syringes (disposable) 1 mL                       | P    | QL(Allowed 5 per 1 day) |
| Insupen 29 gauge x 1/2" needle                           | P    | QL(Allowed 5 per 1 day) |
| Insupen 30 gauge x 5/16" needle                          | P    | QL(Allowed 5 per 1 day) |
| Insupen 31 gauge x 1/4" needle                           | P    | QL(Allowed 5 per 1 day) |

| Drug Name                                          | Tier | Drug Restriction        |
|----------------------------------------------------|------|-------------------------|
| Insupen 31 gauge x 3/16" needle                    | P    | QL(Allowed 5 per 1 day) |
| Insupen 31 gauge x 5/16" needle                    | P    | QL(Allowed 5 per 1 day) |
| Insupen 32 gauge x 1/4" needle                     | P    | QL(Allowed 5 per 1 day) |
| Insupen 32 gauge x 5/32" needle                    | P    | QL(Allowed 5 per 1 day) |
| Lite Touch Insulin Pen Needles 29 gauge x 1/2"     | P    | QL(Allowed 5 per 1 day) |
| Lite Touch Insulin Pen Needles 31 gauge x 1/4"     | P    | QL(Allowed 5 per 1 day) |
| Lite Touch Insulin Pen Needles 31 gauge x 3/16"    | P    | QL(Allowed 5 per 1 day) |
| Lite Touch Insulin Pen Needles 31 gauge x 5/16"    | P    | QL(Allowed 5 per 1 day) |
| Lite Touch Insulin Syringe 0.3 mL 29 gauge x 1/2"  | P    | QL(Allowed 5 per 1 day) |
| Lite Touch Insulin Syringe 0.3 mL 30 gauge x 5/16" | P    | QL(Allowed 5 per 1 day) |
| Lite Touch Insulin Syringe 0.3 mL 31 gauge x 5/16" | P    | QL(Allowed 5 per 1 day) |
| Lite Touch Insulin Syringe 0.5 mL 29 gauge x 1/2"  | P    | QL(Allowed 5 per 1 day) |
| Lite Touch Insulin Syringe 0.5 mL 30 gauge x 5/16" | P    | QL(Allowed 5 per 1 day) |

| Drug Name                                          | Tier | Drug Restriction        |
|----------------------------------------------------|------|-------------------------|
| Lite Touch Insulin Syringe 0.5 mL 31 gauge x 5/16" | P    | QL(Allowed 5 per 1 day) |
| Lite Touch Insulin Syringe 1 mL 28 gauge           | P    | QL(Allowed 5 per 1 day) |
| Lite Touch Insulin Syringe 1 mL 28 gauge x 1/2"    | P    | QL(Allowed 5 per 1 day) |
| Lite Touch Insulin Syringe 1 mL 29 gauge           | P    | QL(Allowed 5 per 1 day) |
| Lite Touch Insulin Syringe 1 mL 29 gauge x 1/2"    | P    | QL(Allowed 5 per 1 day) |
| Lite Touch Insulin Syringe 1 mL 30 gauge x 5/16"   | P    | QL(Allowed 5 per 1 day) |
| Lite Touch Insulin Syringe 1 mL 30 gauge x 7/16"   | P    | QL(Allowed 5 per 1 day) |
| Lite Touch Insulin Syringe 1 mL 31 gauge x 5/16"   | P    | QL(Allowed 5 per 1 day) |
| Lite Touch Insulin Syringe 1/2 mL 28 gauge         | P    | QL(Allowed 5 per 1 day) |
| Lite Touch Insulin Syringe 1/2 mL 28 gauge x 1/2"  | P    | QL(Allowed 5 per 1 day) |
| Lite Touch Insulin Syringe 1/2 mL 29               | P    | QL(Allowed 5 per 1 day) |
| Lite Touch Insulin Syringe 1/2 mL 30 gauge         | P    | QL(Allowed 5 per 1 day) |

| Drug Name                                              | Tier | Drug Restriction        |
|--------------------------------------------------------|------|-------------------------|
| Magellan Insulin Safety Syringe 0.3 mL 29 x 1/2"       | P    | QL(Allowed 5 per 1 day) |
| Magellan Insulin Safety Syringe 0.5 mL 29 gauge x 1/2" | P    | QL(Allowed 5 per 1 day) |
| Magellan Insulin Safety Syringe 1 mL 29 gauge x 1/2"   | P    | QL(Allowed 5 per 1 day) |
| Magellan Insulin Safety Syringe 1 mL 30 gauge x 5/16"  | P    | QL(Allowed 5 per 1 day) |
| Magellan Syringe 0.3 mL 30 x 5/16"                     | P    | QL(Allowed 5 per 1 day) |
| Magellan Syringe 0.5 mL 30 gauge x 5/16"               | P    | QL(Allowed 5 per 1 day) |
| Maxicomfort II Pen Needle 31 gauge x 1/4"              | P    | QL(Allowed 5 per 1 day) |
| Maxicomfort Insulin Syringe 1 mL 27 gauge x 1/2"       | P    | QL(Allowed 5 per 1 day) |
| Maxi-Comfort Insulin Syringe 1 mL 28 gauge x 1/2"      | P    | QL(Allowed 5 per 1 day) |
| Maxicomfort Insulin Syringe 1/2 mL 27 gauge x 1/2"     | P    | QL(Allowed 5 per 1 day) |
| Maxi-Comfort Insulin Syringe 1/2 mL 28 gauge x 1/2"    | P    | QL(Allowed 5 per 1 day) |
| Maxicomfort Safety Pen Needle 29 gauge x 5/16"         | P    | QL(Allowed 5 per 1 day) |

| Drug Name                                               | Tier | Drug Restriction        |
|---------------------------------------------------------|------|-------------------------|
| Mini Ultra-Thin II 31 gauge x 3/16" needle              | P    | QL(Allowed 5 per 1 day) |
| Monoject Insulin Safety Syringe 0.3 mL 29 gauge x 1/2"  | P    | QL(Allowed 5 per 1 day) |
| Monoject Insulin Safety Syringe 0.3 mL 30 gauge x 5/16" | P    | QL(Allowed 5 per 1 day) |
| Monoject Insulin Safety Syringe 0.5 mL 29 gauge x 1/2"  | P    | QL(Allowed 5 per 1 day) |
| Monoject Insulin Safety Syringe 0.5 mL 30 gauge x 5/16" | P    | QL(Allowed 5 per 1 day) |
| Monoject Insulin Safety Syringe 29 gauge x 1/2"         | P    | QL(Allowed 5 per 1 day) |
| Monoject Insulin Syringe 0.3 mL 29 gauge x 1/2"         | P    | QL(Allowed 5 per 1 day) |
| Monoject Insulin Syringe 0.3 mL 30 gauge x 5/16"        | P    | QL(Allowed 5 per 1 day) |
| Monoject Insulin Syringe 0.3 mL 31 gauge x 5/16"        | P    | QL(Allowed 5 per 1 day) |
| Monoject Insulin Syringe 0.5 mL 29 gauge x 1/2"         | P    | QL(Allowed 5 per 1 day) |
| Monoject Insulin Syringe 0.5 mL 30 gauge x 5/16"        | P    | QL(Allowed 5 per 1 day) |

| Drug Name                                              | Tier | Drug Restriction        |
|--------------------------------------------------------|------|-------------------------|
| Monoject Insulin Syringe 0.5 mL 31 gauge x 5/16"       | P    | QL(Allowed 5 per 1 day) |
| Monoject Insulin Syringe 1 mL                          | P    | QL(Allowed 5 per 1 day) |
| Monoject Insulin Syringe 1 mL 25 gauge x 5/8"          | P    | QL(Allowed 5 per 1 day) |
| Monoject Insulin Syringe 1 mL 27 gauge x 1/2"          | P    | QL(Allowed 5 per 1 day) |
| Monoject Insulin Syringe 1 mL 28 gauge x 1/2"          | P    | QL(Allowed 5 per 1 day) |
| Monoject Insulin Syringe 1 mL 29 gauge x 1/2"          | P    | QL(Allowed 5 per 1 day) |
| Monoject Insulin Syringe 1 mL 30 gauge x 5/16"         | P    | QL(Allowed 5 per 1 day) |
| Monoject Insulin Syringe 1 mL 31 gauge x 5/16"         | P    | QL(Allowed 5 per 1 day) |
| Monoject Insulin Syringe 1/2 mL 28 gauge x 1/2"        | P    | QL(Allowed 5 per 1 day) |
| Monoject Syringe 1/2 mL 28 gauge                       | P    | QL(Allowed 5 per 1 day) |
| Monoject Ultra Comfort Insulin 1/2 mL 28 gauge syringe | P    | QL(Allowed 5 per 1 day) |
| NovoFine 30 30 gauge x 1/3" needle                     | P    | QL(Allowed 5 per 1 day) |

| Drug Name                                  | Tier | Drug Restriction        |
|--------------------------------------------|------|-------------------------|
| Novofine 32 32 gauge x 1/4" needle         | P    | QL(Allowed 5 per 1 day) |
| Novofine Autocover 30 gauge x 1/3" needle  | P    | QL(Allowed 5 per 1 day) |
| NovoFine Plus 32 gauge x 1/6" needle       | P    | QL(Allowed 5 per 1 day) |
| NovoTwist 30 gauge x 1/3" needle           | P    |                         |
| NovoTwist 32 gauge x 1/5" needle           | P    | QL(Allowed 5 per 1 day) |
| Omnipod Dash Personal Diabetes Manager Kit | P    | PA                      |
| Pen Needle 29 gauge x 1/2"                 | P    | QL(Allowed 5 per 1 day) |
| Pen Needle 30 gauge x 5/16"                | P    | QL(Allowed 5 per 1 day) |
| Pen Needle 31 gauge x 1/4"                 | P    | QL(Allowed 5 per 1 day) |
| Pen Needle 31 gauge x 3/16"                | P    | QL(Allowed 5 per 1 day) |
| Pen Needle 31 gauge x 5/16"                | P    | QL(Allowed 5 per 1 day) |
| Pen Needle 32 gauge x 5/32"                | P    | QL(Allowed 5 per 1 day) |
| pen needle, diabetic 29 gauge x 1/2"       | P    | QL(Allowed 5 per 1 day) |
| pen needle, diabetic 31 gauge x 1/3"       | P    | QL(Allowed 5 per 1 day) |
| pen needle, diabetic 31 gauge x 1/4"       | P    | QL(Allowed 5 per 1 day) |

| Drug Name                                           | Tier | Drug Restriction        |
|-----------------------------------------------------|------|-------------------------|
| pen needle, diabetic 31 gauge x 3/16"               | P    | QL(Allowed 5 per 1 day) |
| pen needle, diabetic 31 gauge x 5/16"               | P    | QL(Allowed 5 per 1 day) |
| pen needle, diabetic 32 gauge x 1/4"                | P    | QL(Allowed 5 per 1 day) |
| pen needle, diabetic 32 gauge x 3/16"               | P    | QL(Allowed 5 per 1 day) |
| pen needle, diabetic 32 gauge x 5/32"               | P    | QL(Allowed 5 per 1 day) |
| Pentips 29 gauge x 1/2" needle                      | P    | QL(Allowed 5 per 1 day) |
| Pentips 31 gauge x 1/4" needle                      | P    | QL(Allowed 5 per 1 day) |
| Pentips 31 gauge x 3/16" needle                     | P    | QL(Allowed 5 per 1 day) |
| Pentips 31 gauge x 5/16" needle                     | P    | QL(Allowed 5 per 1 day) |
| Pentips 32 gauge x 5/32" needle                     | P    | QL(Allowed 5 per 1 day) |
| Pro Comfort Insulin Syringe 0.5 mL 30 gauge x 1/2"  | P    | QL(Allowed 5 per 1 day) |
| Pro Comfort Insulin Syringe 0.5 mL 30 gauge x 5/16" | P    | QL(Allowed 5 per 1 day) |
| Pro Comfort Insulin Syringe 0.5 mL 31 gauge x 5/16" | P    | QL(Allowed 5 per 1 day) |

| Drug Name                                         | Tier | Drug Restriction        |
|---------------------------------------------------|------|-------------------------|
| Pro Comfort Insulin Syringe 1 mL 30 gauge x 1/2"  | P    | QL(Allowed 5 per 1 day) |
| Pro Comfort Insulin Syringe 1 mL 30 gauge x 5/16" | P    | QL(Allowed 5 per 1 day) |
| Pro Comfort Insulin Syringe 1 mL 31 gauge x 5/16" | P    | QL(Allowed 5 per 1 day) |
| Pro Comfort Pen Needle 31 gauge x 5/16"           | P    | QL(Allowed 5 per 1 day) |
| Pro Comfort Pen Needle 32 gauge x 1/4"            | P    | QL(Allowed 5 per 1 day) |
| Pro Comfort Pen Needle 32 gauge x 3/16"           | P    | QL(Allowed 5 per 1 day) |
| Pro Comfort Pen Needle 32 gauge x 5/32"           | P    | QL(Allowed 5 per 1 day) |
| Prodigy Insulin Syringe 0.3 mL 31 gauge x 5/16"   | P    | QL(Allowed 5 per 1 day) |
| Prodigy Insulin Syringe 0.5 mL 31 gauge x 5/16"   | P    | QL(Allowed 5 per 1 day) |
| Prodigy Insulin Syringe 1 mL 28 gauge x 1/2"      | P    | QL(Allowed 5 per 1 day) |
| Pure Comfort Pen Needle 32 gauge x 1/4"           | P    | QL(Allowed 5 per 1 day) |

| Drug Name                                           | Tier | Drug Restriction        |
|-----------------------------------------------------|------|-------------------------|
| Pure Comfort Pen Needle 32 gauge x 3/16"            | P    | QL(Allowed 5 per 1 day) |
| Pure Comfort Pen Needle 32 gauge x 5/32"            | P    | QL(Allowed 5 per 1 day) |
| ReliOn Needles 31 gauge x 1/4"                      | P    | QL(Allowed 5 per 1 day) |
| ReliOn Pen Needles 32 gauge x 5/32"                 | P    | QL(Allowed 5 per 1 day) |
| SafeSnap Insulin Syringe 0.3 mL 30 gauge x 5/16"    | P    | QL(Allowed 5 per 1 day) |
| SafeSnap Insulin Syringe 0.5 mL 29 gauge x 1/2"     | P    | QL(Allowed 5 per 1 day) |
| SafeSnap Insulin Syringe 0.5 mL 30 gauge x 5/16"    | P    | QL(Allowed 5 per 1 day) |
| SafeSnap Insulin Syringe 1 mL 28 gauge x 1/2"       | P    | QL(Allowed 5 per 1 day) |
| SafeSnap Insulin Syringe 1 mL 29 gauge x 1/2"       | P    | QL(Allowed 5 per 1 day) |
| Safety Pen Needle 31 gauge x 3/16"                  | P    | QL(Allowed 5 per 1 day) |
| Sure Comfort Insulin Syringe 0.3 mL 29 gauge x 1/2" | P    | QL(Allowed 5 per 1 day) |
| Sure Comfort Insulin Syringe 0.3 mL 30 gauge x 1/2" | P    | QL(Allowed 5 per 1 day) |



| Drug Name                                            | Tier | Drug Restriction        |
|------------------------------------------------------|------|-------------------------|
| Sure Comfort Insulin Syringe 0.3 mL 30 gauge x 5/16" | P    | QL(Allowed 5 per 1 day) |
| Sure Comfort Insulin Syringe 0.3 mL 31 gauge x 5/16" | P    | QL(Allowed 5 per 1 day) |
| Sure Comfort Insulin Syringe 0.5 mL 30 gauge x 1/2"  | P    | QL(Allowed 5 per 1 day) |
| Sure Comfort Insulin Syringe 0.5 mL 30 gauge x 5/16" | P    | QL(Allowed 5 per 1 day) |
| Sure Comfort Insulin Syringe 0.5 mL 31 gauge x 5/16" | P    | QL(Allowed 5 per 1 day) |
| Sure Comfort Insulin Syringe 1 mL 28 gauge x 1/2"    | P    | QL(Allowed 5 per 1 day) |
| Sure Comfort Insulin Syringe 1 mL 29 gauge x 1/2"    | P    | QL(Allowed 5 per 1 day) |
| Sure Comfort Insulin Syringe 1 mL 30 gauge x 1/2"    | P    | QL(Allowed 5 per 1 day) |
| Sure Comfort Insulin Syringe 1 mL 30 gauge x 5/16"   | P    | QL(Allowed 5 per 1 day) |
| Sure Comfort Insulin Syringe 1 mL 31 gauge x 5/16"   | P    | QL(Allowed 5 per 1 day) |

| Drug Name                                                 | Tier | Drug Restriction        |
|-----------------------------------------------------------|------|-------------------------|
| Sure Comfort Insulin Syringe 1/2 mL 28 gauge x 1/2"       | P    | QL(Allowed 5 per 1 day) |
| Sure Comfort Insulin Syringe U-100 0.5 mL 29 gauge x 1/2" | P    | QL(Allowed 5 per 1 day) |
| Sure Comfort Pen Needle 29 gauge x 1/2"                   | P    | QL(Allowed 5 per 1 day) |
| Sure Comfort Pen Needle 30 gauge x 5/16"                  | P    | QL(Allowed 5 per 1 day) |
| Sure Comfort Pen Needle 31 gauge x 3/16"                  | P    | QL(Allowed 5 per 1 day) |
| Sure Comfort Pen Needle 31 gauge x 5/16"                  | P    | QL(Allowed 5 per 1 day) |
| Sure Comfort Pen Needle 32 gauge x 1/4"                   | P    | QL(Allowed 5 per 1 day) |
| Sure Comfort Pen Needle 32 gauge x 5/32"                  | P    | QL(Allowed 5 per 1 day) |
| Sure-Fine Pen Needles 29 gauge x 1/2"                     | P    | QL(Allowed 5 per 1 day) |
| Sure-Fine Pen Needles 31 gauge x 3/16"                    | P    | QL(Allowed 5 per 1 day) |
| Sure-Fine Pen Needles 31 gauge x 5/16"                    | P    | QL(Allowed 5 per 1 day) |

| Drug Name                                         | Tier | Drug Restriction        |
|---------------------------------------------------|------|-------------------------|
| Sure-Ject Insulin Syringe 0.3 mL 29 gauge x 1/2"  | P    | QL(Allowed 5 per 1 day) |
| Sure-Ject Insulin Syringe 0.3 mL 30 gauge x 5/16" | P    | QL(Allowed 5 per 1 day) |
| Sure-Ject Insulin Syringe 0.5 mL 29 gauge x 1/2"  | P    | QL(Allowed 5 per 1 day) |
| Sure-Ject Insulin Syringe 0.5 mL 30 gauge x 5/16" | P    | QL(Allowed 5 per 1 day) |
| Sure-Ject Insulin Syringe 1 mL 28 gauge x 1/2"    | P    | QL(Allowed 5 per 1 day) |
| Sure-Ject Insulin Syringe 1 mL 29 gauge x 1/2"    | P    | QL(Allowed 5 per 1 day) |
| Sure-Ject Insulin Syringe 1 mL 30 gauge x 5/16"   | P    | QL(Allowed 5 per 1 day) |
| Sure-Ject Insulin Syringe 1/2 mL 28 gauge x 1/2"  | P    | QL(Allowed 5 per 1 day) |
| TechLITE Insulin Syringe 1 mL 29 gauge x 1/2"     | P    | QL(Allowed 5 per 1 day) |
| TechLITE Insulin Syringe 1 mL 30 gauge x 1/2"     | P    | QL(Allowed 5 per 1 day) |
| TechLITE Insulin Syringe 1 mL 30 gauge x 5/16"    | P    | QL(Allowed 5 per 1 day) |
| TechLITE Insulin Syringe 1 mL 31 gauge x 15/64"   | P    | QL(Allowed 5 per 1 day) |

| Drug Name                                                  | Tier | Drug Restriction        |
|------------------------------------------------------------|------|-------------------------|
| TechLITE Insulin Syringe 1 mL 31 gauge x 5/16"             | P    | QL(Allowed 5 per 1 day) |
| TechLITE Insulin Syringe Half Unit 0.3 mL 29 gauge x 1/2"  | P    | QL(Allowed 5 per 1 day) |
| TechLITE Insulin Syringe Half Unit 0.3 mL 30 gauge x 1/2"  | P    | QL(Allowed 5 per 1 day) |
| TechLITE Insulin Syringe Half Unit 0.3 mL 30 gauge x 5/16" | P    | QL(Allowed 5 per 1 day) |
| TechLITE Insulin Syringe Half Unit 0.3 mL 31 gauge x 5/16" | P    | QL(Allowed 5 per 1 day) |
| TechLITE Insulin Syringe Half Unit 0.5 mL 29 gauge x 1/2"  | P    | QL(Allowed 5 per 1 day) |
| TechLITE Insulin Syringe Half Unit 0.5 mL 30 gauge x 1/2"  | P    | QL(Allowed 5 per 1 day) |
| TechLITE Insulin Syringe Half Unit 0.5 mL 30 gauge x 5/16" | P    | QL(Allowed 5 per 1 day) |
| TechLITE Insulin Syringe Half Unit 0.5 mL 31 gauge x 5/16" | P    | QL(Allowed 5 per 1 day) |
| TechLITE Pen Needle 29 gauge x 1/2"                        | P    | QL(Allowed 5 per 1 day) |

| Drug Name                                                      | Tier | Drug Restriction        |
|----------------------------------------------------------------|------|-------------------------|
| TechLITE Pen<br>Needle 31 gauge x 1/4"                         | P    | QL(Allowed 5 per 1 day) |
| TechLITE Pen<br>Needle 31 gauge x 3/16"                        | P    | QL(Allowed 5 per 1 day) |
| TechLITE Pen<br>Needle 31 gauge x 5/16"                        | P    | QL(Allowed 5 per 1 day) |
| TechLITE Pen<br>Needle 32 gauge x 1/4"                         | P    | QL(Allowed 5 per 1 day) |
| TechLITE Pen<br>Needle 32 gauge x 5/32"                        | P    | QL(Allowed 5 per 1 day) |
| Topcare Clickfine<br>31 gauge x 1/4"<br>needle                 | P    | QL(Allowed 5 per 1 day) |
| Topcare Clickfine<br>31 gauge x 5/16"<br>needle                | P    | QL(Allowed 5 per 1 day) |
| Topcare Ultra<br>Comfort 0.3 mL 29<br>gauge x 1/2"<br>syringe  | P    | QL(Allowed 5 per 1 day) |
| Topcare Ultra<br>Comfort 0.3 mL 30<br>gauge x 5/16"<br>syringe | P    | QL(Allowed 5 per 1 day) |
| Topcare Ultra<br>Comfort 0.3 mL 31<br>gauge x 5/16"<br>syringe | P    | QL(Allowed 5 per 1 day) |
| Topcare Ultra<br>Comfort 0.5 mL 29<br>gauge x 1/2"<br>syringe  | P    | QL(Allowed 5 per 1 day) |

| Drug Name                                                      | Tier | Drug Restriction        |
|----------------------------------------------------------------|------|-------------------------|
| Topcare Ultra<br>Comfort 0.5 mL 30<br>gauge x 5/16"<br>syringe | P    | QL(Allowed 5 per 1 day) |
| Topcare Ultra<br>Comfort 0.5 mL 31<br>gauge x 5/16"<br>syringe | P    | QL(Allowed 5 per 1 day) |
| Topcare Ultra<br>Comfort 1 mL 29<br>gauge x 1/2"<br>syringe    | P    | QL(Allowed 5 per 1 day) |
| Topcare Ultra<br>Comfort 1 mL 30<br>gauge x 5/16"<br>syringe   | P    | QL(Allowed 5 per 1 day) |
| Topcare Ultra<br>Comfort 1 mL 31<br>gauge x 5/16"<br>syringe   | P    | QL(Allowed 5 per 1 day) |
| True Comfort<br>Insulin Syringe 0.5<br>mL 31 gauge x<br>5/16"  | P    | QL(Allowed 5 per 1 day) |
| True Comfort<br>Insulin Syringe 1<br>mL 31 gauge x<br>5/16"    | P    | QL(Allowed 5 per 1 day) |
| True Comfort Pen<br>Needle 31 gauge x<br>1/4"                  | P    | QL(Allowed 5 per 1 day) |
| True Comfort Pen<br>Needle 31 gauge x<br>3/16"                 | P    | QL(Allowed 5 per 1 day) |
| True Comfort Pen<br>Needle 32 gauge x<br>5/32"                 | P    | QL(Allowed 5 per 1 day) |

| Drug Name                                              | Tier | Drug Restriction        |
|--------------------------------------------------------|------|-------------------------|
| TRUEplus Insulin<br>0.3 mL 29 gauge x<br>1/2" syringe  | P    | QL(Allowed 5 per 1 day) |
| TRUEplus Insulin<br>0.3 mL 30 gauge x<br>5/16" syringe | P    | QL(Allowed 5 per 1 day) |
| TRUEplus Insulin<br>0.3 mL 31 gauge x<br>5/16" syringe | P    | QL(Allowed 5 per 1 day) |
| TRUEplus Insulin<br>0.5 mL 29 gauge x<br>1/2" syringe  | P    | QL(Allowed 5 per 1 day) |
| TRUEplus Insulin<br>0.5 mL 30 gauge x<br>5/16" syringe | P    | QL(Allowed 5 per 1 day) |
| TRUEplus Insulin<br>0.5 mL 31 gauge x<br>5/16" syringe | P    | QL(Allowed 5 per 1 day) |
| TRUEplus Insulin<br>1 mL 28 gauge x<br>1/2" syringe    | P    | QL(Allowed 5 per 1 day) |
| TRUEplus Insulin<br>1 mL 29 gauge x<br>1/2" syringe    | P    | QL(Allowed 5 per 1 day) |
| TRUEplus Insulin<br>1 mL 30 gauge x<br>5/16" syringe   | P    | QL(Allowed 5 per 1 day) |
| TRUEplus Insulin<br>1 mL 31 gauge x<br>5/16" syringe   | P    | QL(Allowed 5 per 1 day) |
| TRUEplus Insulin<br>1/2 mL 28 gauge x<br>1/2" syringe  | P    | QL(Allowed 5 per 1 day) |
| TRUEplus Pen<br>Needle 29 gauge x<br>1/2"              | P    | QL(Allowed 5 per 1 day) |

| Drug Name                                      | Tier | Drug Restriction        |
|------------------------------------------------|------|-------------------------|
| TRUEplus Pen<br>Needle 31 gauge x<br>1/4"      | P    | QL(Allowed 5 per 1 day) |
| TRUEplus Pen<br>Needle 31 gauge x<br>3/16"     | P    | QL(Allowed 5 per 1 day) |
| TRUEplus Pen<br>Needle 31 gauge x<br>5/16"     | P    | QL(Allowed 5 per 1 day) |
| TRUEplus Pen<br>Needle 32 gauge x<br>5/32"     | P    | QL(Allowed 5 per 1 day) |
| UltiCare 0.3 mL 29<br>x 1/2" syringe           | P    |                         |
| UltiCare 0.3 mL 30<br>gauge x 1/2"<br>syringe  | P    | QL(Allowed 5 per 1 day) |
| UltiCare 0.3 mL 30<br>x 5/16" syringe          | P    |                         |
| UltiCare 0.3 mL 31<br>gauge x 5/16"<br>syringe | P    | QL(Allowed 5 per 1 day) |
| UltiCare 0.5 mL 30<br>gauge x 1/2"<br>syringe  | P    | QL(Allowed 5 per 1 day) |
| UltiCare 0.5 mL 31<br>gauge x 5/16"<br>syringe | P    | QL(Allowed 5 per 1 day) |
| UltiCare 1 mL 29 x<br>1/2" syringe             | P    |                         |
| UltiCare 1 mL 30<br>gauge x 1/2"<br>syringe    | P    | QL(Allowed 5 per 1 day) |

| Drug Name                                   | Tier | Drug Restriction        |
|---------------------------------------------|------|-------------------------|
| UltiCare 1 mL 30 gauge x 5/16" syringe      | P    |                         |
| UltiCare 1 mL 31 gauge x 5/16" syringe      | P    | QL(Allowed 5 per 1 day) |
| UltiCare 1/2 mL 29 X 1/2" syringe           | P    |                         |
| UltiCare 1/2 mL 30 gauge x 5/16" syringe    | P    |                         |
| UltiCare Pen Needle 29 gauge x 1/2"         | P    | QL(Allowed 5 per 1 day) |
| UltiCare Pen Needle 31 gauge x 1/4"         | P    | QL(Allowed 5 per 1 day) |
| UltiCare Pen Needle 31 gauge x 3/16"        | P    | QL(Allowed 5 per 1 day) |
| UltiCare Pen Needle 31 gauge x 5/16"        | P    | QL(Allowed 5 per 1 day) |
| UltiCare Pen Needle 32 gauge x 1/4"         | P    | QL(Allowed 5 per 1 day) |
| UltiCare Pen Needle 32 gauge x 5/32"        | P    | QL(Allowed 5 per 1 day) |
| UltiGuard Safe Pack 31 gauge x 1/4" needle  | P    | QL(Allowed 5 per 1 day) |
| UltiGuard Safe Pack 31 gauge x 3/16" needle | P    | QL(Allowed 5 per 1 day) |

| Drug Name                                             | Tier | Drug Restriction        |
|-------------------------------------------------------|------|-------------------------|
| UltiGuard Safe Pack 31 gauge x 5/16" needle           | P    | QL(Allowed 5 per 1 day) |
| UltiGuard Safe Pack 32 gauge x 1/4" needle            | P    | QL(Allowed 5 per 1 day) |
| UltiGuard Safe Pack 32 gauge x 5/32" needle           | P    | QL(Allowed 5 per 1 day) |
| Ultilet Pen Needle 32 gauge x 5/32"                   | P    | QL(Allowed 5 per 1 day) |
| Ultra Comfort Insulin Syringe 0.3 mL 29 gauge x 1/2"  | P    | QL(Allowed 5 per 1 day) |
| Ultra Comfort Insulin Syringe 0.3 mL 30               | P    | QL(Allowed 5 per 1 day) |
| Ultra Comfort Insulin Syringe 0.3 mL 30 gauge x 5/16" | P    | QL(Allowed 5 per 1 day) |
| Ultra Comfort Insulin Syringe 0.5 mL 29 gauge x 1/2"  | P    | QL(Allowed 5 per 1 day) |
| Ultra Comfort Insulin Syringe 0.5 mL 30 gauge x 5/16" | P    | QL(Allowed 5 per 1 day) |
| Ultra Comfort Insulin Syringe 0.5 mL 31 gauge x 5/16" | P    | QL(Allowed 5 per 1 day) |
| Ultra Comfort Insulin Syringe 1 mL 28 gauge           | P    | QL(Allowed 5 per 1 day) |

| Drug Name                                                      | Tier | Drug Restriction        |
|----------------------------------------------------------------|------|-------------------------|
| Ultra Comfort Insulin Syringe 1 mL 28 gauge x 1/2"             | P    | QL(Allowed 5 per 1 day) |
| Ultra Comfort Insulin Syringe 1 mL 29 gauge                    | P    | QL(Allowed 5 per 1 day) |
| Ultra Comfort Insulin Syringe 1 mL 29 gauge x 1/2"             | P    | QL(Allowed 5 per 1 day) |
| Ultra Comfort Insulin Syringe 1 mL 30 gauge x 5/16"            | P    | QL(Allowed 5 per 1 day) |
| Ultra Comfort Insulin Syringe 1 mL 30 gauge x 7/16"            | P    | QL(Allowed 5 per 1 day) |
| Ultra Comfort Insulin Syringe 1 mL 31 gauge x 5/16"            | P    | QL(Allowed 5 per 1 day) |
| Ultra Comfort Insulin Syringe 1/2 mL 28 gauge                  | P    | QL(Allowed 5 per 1 day) |
| Ultra Comfort Insulin Syringe 1/2 mL 28 gauge x 1/2"           | P    | QL(Allowed 5 per 1 day) |
| Ultra Comfort Insulin Syringe 1/2 mL 29                        | P    | QL(Allowed 5 per 1 day) |
| Ultra Comfort Insulin Syringe 1/2 mL 30 gauge                  | P    | QL(Allowed 5 per 1 day) |
| Ultra Comfort Insulin Syringe Half Unit 0.3 mL 29 gauge x 1/2" | P    | QL(Allowed 5 per 1 day) |

| Drug Name                                                       | Tier | Drug Restriction        |
|-----------------------------------------------------------------|------|-------------------------|
| Ultra Comfort Insulin Syringe Half Unit 0.3 mL 30 gauge x 5/16" | P    | QL(Allowed 5 per 1 day) |
| Ultra Comfort Insulin Syringe Half Unit 0.3 mL 31 gauge x 5/16" | P    | QL(Allowed 5 per 1 day) |
| Ultra Thin Pen Needle 32 gauge x 5/32"                          | P    | QL(Allowed 5 per 1 day) |
| Ultracare Insulin Syringe 0.3 mL 30 gauge x 5/16"               | P    | QL(Allowed 5 per 1 day) |
| Ultracare Insulin Syringe 0.3 mL 31 gauge x 5/16"               | P    | QL(Allowed 5 per 1 day) |
| Ultracare Insulin Syringe 0.5 mL 30 gauge x 1/2"                | P    | QL(Allowed 5 per 1 day) |
| Ultracare Insulin Syringe 0.5 mL 30 gauge x 5/16"               | P    | QL(Allowed 5 per 1 day) |
| Ultracare Insulin Syringe 0.5 mL 31 gauge x 5/16"               | P    | QL(Allowed 5 per 1 day) |
| Ultracare Insulin Syringe 1 mL 30 gauge x 1/2"                  | P    | QL(Allowed 5 per 1 day) |
| Ultracare Insulin Syringe 1 mL 30 gauge x 5/16"                 | P    | QL(Allowed 5 per 1 day) |
| Ultracare Insulin Syringe 1 mL 31 gauge x 5/16"                 | P    | QL(Allowed 5 per 1 day) |

| Drug Name                                                              | Tier | Drug Restriction        |
|------------------------------------------------------------------------|------|-------------------------|
| Ultracare Pen<br>Needle 31 gauge x<br>1/4"                             | P    | QL(Allowed 5 per 1 day) |
| Ultracare Pen<br>Needle 31 gauge x<br>3/16"                            | P    | QL(Allowed 5 per 1 day) |
| Ultracare Pen<br>Needle 31 gauge x<br>5/16"                            | P    | QL(Allowed 5 per 1 day) |
| Ultracare Pen<br>Needle 32 gauge x<br>1/4"                             | P    | QL(Allowed 5 per 1 day) |
| Ultracare Pen<br>Needle 32 gauge x<br>3/16"                            | P    | QL(Allowed 5 per 1 day) |
| Ultracare Pen<br>Needle 32 gauge x<br>5/32"                            | P    | QL(Allowed 5 per 1 day) |
| Ultra-Thin II<br>(Short) Insulin<br>syringe 0.3 mL 30<br>gauge x 5/16" | P    | QL(Allowed 5 per 1 day) |
| Ultra-Thin II<br>(Short) Insulin<br>syringe 0.3 mL 31<br>gauge x 5/16" | P    | QL(Allowed 5 per 1 day) |
| Ultra-Thin II<br>(Short) Insulin<br>syringe 0.5 mL 30<br>gauge x 5/16" | P    | QL(Allowed 5 per 1 day) |
| Ultra-Thin II<br>(Short) Insulin<br>syringe 0.5 mL 31<br>gauge x 5/16" | P    | QL(Allowed 5 per 1 day) |

| Drug Name                                                            | Tier | Drug Restriction        |
|----------------------------------------------------------------------|------|-------------------------|
| Ultra-Thin II<br>(Short) Insulin<br>syringe 1 mL 30<br>gauge x 5/16" | P    | QL(Allowed 5 per 1 day) |
| Ultra-Thin II<br>(Short) Insulin<br>syringe 1 mL 31<br>gauge x 5/16" | P    | QL(Allowed 5 per 1 day) |
| Ultra-Thin II<br>(Short) Pen NDL<br>31 gauge x 5/16"<br>needle       | P    | QL(Allowed 5 per 1 day) |
| Ultra-Thin II<br>Insulin Pen<br>Needles 29 gauge x<br>1/2"           | P    | QL(Allowed 5 per 1 day) |
| Ultra-Thin II<br>Insulin Syringe 0.3<br>mL 29 gauge x 1/2"           | P    | QL(Allowed 5 per 1 day) |
| Ultra-Thin II<br>Insulin Syringe 0.5<br>mL 29 gauge x 1/2"           | P    | QL(Allowed 5 per 1 day) |
| Ultra-Thin II<br>Insulin Syringe 1<br>mL 29 gauge x 1/2"             | P    | QL(Allowed 5 per 1 day) |
| Unifine Pentips 29<br>gauge needle                                   | P    | QL(Allowed 5 per 1 day) |
| Unifine Pentips 29<br>gauge x 1/2" needle                            | P    | QL(Allowed 5 per 1 day) |
| Unifine Pentips 31<br>gauge x 1/4" needle                            | P    | QL(Allowed 5 per 1 day) |
| Unifine Pentips 31<br>gauge x 3/16"<br>needle                        | P    | QL(Allowed 5 per 1 day) |

| Drug Name                                      | Tier | Drug Restriction        |
|------------------------------------------------|------|-------------------------|
| Unifine Pentips 31 gauge x 5/16" needle        | P    | QL(Allowed 5 per 1 day) |
| Unifine Pentips 32 gauge x 1/4" needle         | P    | QL(Allowed 5 per 1 day) |
| Unifine Pentips 32 gauge x 5/32" needle        | P    | QL(Allowed 5 per 1 day) |
| Unifine Pentips Plus 29 gauge x 1/2" needle    | P    | QL(Allowed 5 per 1 day) |
| Unifine Pentips Plus 31 gauge x 1/4" needle    | P    | QL(Allowed 5 per 1 day) |
| Unifine Pentips Plus 31 gauge x 3/16" needle   | P    | QL(Allowed 5 per 1 day) |
| Unifine Pentips Plus 31 gauge x 5/16" needle   | P    | QL(Allowed 5 per 1 day) |
| Unifine Pentips Plus 32 gauge x 5/32" needle   | P    | QL(Allowed 5 per 1 day) |
| Unifine SafeControl 30 gauge x 5/16" needle    | P    | QL(Allowed 5 per 1 day) |
| VanishPoint Syringe 0.5 mL 30 gauge x 1/2"     | P    | QL(Allowed 5 per 1 day) |
| VanishPoint Syringe 1 mL 29 gauge x 1/2"       | P    | QL(Allowed 5 per 1 day) |
| <b>MEDICAL SUPPLIES AND DME - MALE CONDOMS</b> |      |                         |
| Aimsco Latex Condom                            | P    | QL(Allowed 36 per Rx)   |

| Drug Name                                | Tier | Drug Restriction      |
|------------------------------------------|------|-----------------------|
| Condoms-Prem Lubricated                  | P    | QL(Allowed 36 per Rx) |
| Fantasy Condom                           | P    | QL(Allowed 36 per Rx) |
| Kimono Condoms(Non-lubricated)           | P    | QL(Allowed 36 per Rx) |
| Kimono Maxx Condoms                      | P    | QL(Allowed 36 per Rx) |
| Kimono MicroThin Aqua Lube Condom        | P    | QL(Allowed 36 per Rx) |
| Kimono MicroThin Condoms                 | P    | QL(Allowed 36 per Rx) |
| Kimono MicroThin Large Condoms           | P    | QL(Allowed 36 per Rx) |
| Kimono Textured Condoms                  | P    | QL(Allowed 36 per Rx) |
| Trustex Latex Condom                     | P    | QL(Allowed 36 per Rx) |
| Trustex Lubricated Condoms               | P    | QL(Allowed 36 per Rx) |
| Trustex Non-Lubricated Condoms           | P    | QL(Allowed 36 per Rx) |
| Trustex-RIA Lubricated Condoms           | P    | QL(Allowed 36 per Rx) |
| Trustex-RIA Lubricated/Spermicide Condom | P    | QL(Allowed 36 per Rx) |
| Trustex-RIA Non-Lubricated Condoms       | P    | QL(Allowed 36 per Rx) |



| Drug Name                                              | Tier | Drug Restriction                         |
|--------------------------------------------------------|------|------------------------------------------|
| <b>MEDICAL SUPPLIES AND DME - MISCELLANEOUS OTHER</b>  |      |                                          |
| Airs Pediatric Disposable Mask                         | P    | QL(QL Overtime: Allowed 1 over 360 days) |
| Disposable Paper Mouthpiece                            | P    | QL(QL Overtime: Allowed 1 over 180 days) |
| Omnipod Dash 5 Pack Insulin Pod subcutaneous cartridge | P    | PA                                       |
| Omnipod Insulin Refill subcutaneous cartridge          | P    | PA                                       |
| Pediatric Mouthpieces                                  | P    | QL(QL Overtime: Allowed 1 over 180 days) |
| Pediatric-Small Mouth Adaptor misc                     | P    | QL(QL Overtime: Allowed 1 over 180 days) |
| <b>MEDICAL SUPPLIES AND DME - NEBULIZERS</b>           |      |                                          |
| Altera Nebulizer misc                                  | P    | QL(QL Overtime: Allowed 1 over 360 days) |
| <b>MEDICAL SUPPLIES AND DME - NEEDLES AND SYRINGES</b> |      |                                          |
| BD Eclipse Luer-Lok 1 mL 27 x 1/2" syringe             | P    |                                          |
| BD Luer-Lok Syringe 1 mL 20 gauge x 1"                 | P    |                                          |
| BD Luer-Lok Syringe 10 mL 20 x 1 1/2"                  | P    |                                          |
| BD Luer-Lok Syringe 10 mL 20 x 1"                      | P    |                                          |

| Drug Name                                  | Tier | Drug Restriction |
|--------------------------------------------|------|------------------|
| BD Luer-Lok Syringe 10 mL 21 gauge x 1"    | P    |                  |
| BD Luer-Lok Syringe 10 mL 21 x 1 1/2"      | P    |                  |
| BD Luer-Lok Syringe 10 mL 22 x 1"          | P    |                  |
| BD Luer-Lok Syringe 10 mL 23 x 1 1/4"      | P    |                  |
| BD Luer-Lok Syringe 3 mL 18 x 1 1/2"       | P    |                  |
| BD Luer-Lok Syringe 3 mL 20 gauge x 1 1/2" | P    |                  |
| BD Luer-Lok Syringe 3 mL 20 gauge x 1"     | P    |                  |
| BD Luer-Lok Syringe 3 mL 23 gauge x 1 1/2" | P    |                  |
| BD Luer-Lok Syringe 3 mL 23 x 1"           | P    |                  |
| BD Luer-Lok Syringe 3 mL 25 x 1 1/2"       | P    |                  |
| BD Luer-Lok Syringe 3 mL 25 x 5/8"         | P    |                  |
| BD Luer-Lok Syringe 3 mL 26 x 5/8"         | P    |                  |

| Drug Name                                                           | Tier | Drug Restriction |
|---------------------------------------------------------------------|------|------------------|
| BD Luer-Lok Syringe 5 mL 20 x 1 1/2"                                | P    |                  |
| BD Luer-Lok Syringe 5 mL 20 x 1"                                    | P    |                  |
| BD Luer-Lok Syringe 5 mL 21 gauge x 1"                              | P    |                  |
| BD Luer-Lok Syringe 5 mL 22 gauge x 1 1/2"                          | P    |                  |
| BD Luer-Lok Syringe 5 mL 22 x 1"                                    | P    |                  |
| BD SafetyGlide Shielding Regular Bevel 1 mL 25 gauge x 5/8" syringe | P    |                  |
| BD SafetyGlide Syringe 10 mL 22 x 1 1/2"                            | P    |                  |
| BD Safety-Lok Detachable Needle 3 mL 22 gauge x 1" syringe          | P    |                  |
| BD Safety-Lok Detachable Needle 5 mL 21 gauge x 1 1/2" syringe      | P    |                  |
| BD Safety-Lok Detachable Needle syringe 3 mL 21 gauge x 1 1/2"      | P    |                  |

| Drug Name                                           | Tier | Drug Restriction |
|-----------------------------------------------------|------|------------------|
| BD Slip Tip Syringe 1 mL 26 gauge x 5/8"            | P    |                  |
| Easy Touch FlipLock Syringe 1 mL 26 gauge x 3/8"    | P    |                  |
| Flow-Eze Vented Needle                              | P    |                  |
| Integra Syringe 1 mL 25 gauge x 1"                  | P    |                  |
| Lifeshield Blunt Cannula 1 mL 18 gauge x 1" syringe | P    |                  |
| Lifeshield Blunt Cannula 3 mL 18 x 1" syringe       | P    |                  |
| Magellan Safety Syringe 1 mL 23 gauge x 1"          | P    |                  |
| Monoject 3cc Syringe 3 mL 25 gauge x 1"             | P    |                  |
| Monoject Syringe 12 mL 18 gauge x 1"                | P    |                  |
| Monoject Syringe 12 mL 20 x 1 1/2"                  | P    |                  |
| Monoject Syringe 12 mL 21 gauge x 1 1/2"            | P    |                  |
| Monoject Syringe 12 mL 21 gauge x 1"                | P    |                  |
| Monoject Syringe 3 mL 20 x 3/4"                     | P    |                  |

| Drug Name                                                      | Tier | Drug Restriction                         |
|----------------------------------------------------------------|------|------------------------------------------|
| Monoject Syringe 3 mL 25 x 1 1/4"                              | P    |                                          |
| Monoject Syringe 3 mL 27 gauge x 1 1/4"                        | P    |                                          |
| Monoject Syringe 6 mL 20 x 1 1/2"                              | P    |                                          |
| Monoject Syringe 6 mL 21 x 1 1/2"                              | P    |                                          |
| Monoject Syringe 6 mL 21 x 1"                                  | P    |                                          |
| Monoject Syringe 6 mL 22 x 1 1/2"                              | P    |                                          |
| Syringe 3 mL 21 gauge x 1"                                     | P    |                                          |
| Syringe 3cc 22 gauge x 3/4"                                    | P    |                                          |
| syringe with needle 1 mL 25 gauge x 1"                         | P    |                                          |
| syringe with needle 3 mL 22 x 1 1/2"                           | P    |                                          |
| UltiCare 1.5 mL 22 gauge x 1 1/2" syringe                      | P    |                                          |
| <b>MEDICAL SUPPLIES AND DME - RESPIRATORY THERAPY SUPPLIES</b> |      |                                          |
| Ace Aerosol Cloud Enhancer spacer                              | P    | QL(QL Overtime: Allowed 1 over 360 days) |
| Adult Aerosol Mask                                             | P    | QL(QL Overtime: Allowed 1 over 360 days) |
| Adult Disposable Mouthpiece                                    | P    | QL(QL Overtime: Allowed 1 over 180 days) |

| Drug Name                             | Tier | Drug Restriction                         |
|---------------------------------------|------|------------------------------------------|
| Aerochamber Mini                      | P    | QL(QL Overtime: Allowed 2 over 360 days) |
| Aerochamber MV spacer                 | P    | QL(QL Overtime: Allowed 2 over 360 days) |
| Aerochamber Plus Flow-Vu              | P    | QL(QL Overtime: Allowed 2 over 360 days) |
| Aerochamber Plus Flow-Vu, Large Mask  | P    | QL(QL Overtime: Allowed 2 over 360 days) |
| Aerochamber Plus Flow-Vu, Medium Mask | P    | QL(QL Overtime: Allowed 2 over 360 days) |
| Aerochamber Plus Flow-Vu, Small Mask  | P    | QL(QL Overtime: Allowed 2 over 360 days) |
| Aerochamber Plus Z Stat Large Mask    | P    | QL(QL Overtime: Allowed 2 over 360 days) |
| AeroChamber Plus Z Stat Medium Mask   | P    | QL(QL Overtime: Allowed 2 over 360 days) |
| AeroChamber Plus Z Stat Small Mask    | P    | QL(QL Overtime: Allowed 2 over 360 days) |
| Aerochamber Plus Z Stat spacer        | P    | QL(QL Overtime: Allowed 2 over 360 days) |
| Aerochamber with Flowsignal           | P    | QL(QL Overtime: Allowed 2 over 360 days) |
| AeroChamber Z-Stat Plus-Flow Signal   | P    | QL(QL Overtime: Allowed 2 over 360 days) |
| AeroTrach Plus spacer                 | P    | QL(QL Overtime: Allowed 1 over 360 days) |
| Aerovent Plus spacer                  | P    | QL(QL Overtime: Allowed 2 over 360 days) |

| Drug Name                                 | Tier | Drug Restriction                         |
|-------------------------------------------|------|------------------------------------------|
| Air Tube With Air Plugs                   | P    | QL(QL Overtime: Allowed 1 over 360 days) |
| All Flow 1000 PFT Filter                  | P    | QL(QL Overtime: Allowed 1 over 360 days) |
| BreatheRite MDI Spacer                    | P    | QL(QL Overtime: Allowed 2 over 360 days) |
| BreatheRite Spacer and Mask, Adult        | P    | QL(QL Overtime: Allowed 2 over 360 days) |
| BreatheRite Spacer and Mask, Child        | P    | QL(QL Overtime: Allowed 2 over 360 days) |
| BreatheRite Spacer and Mask, Infant       | P    | QL(QL Overtime: Allowed 2 over 360 days) |
| BreatheRite Spacer and Mask, Neonate      | P    | QL(QL Overtime: Allowed 2 over 360 days) |
| BreatheRite Spacer and Mask, Small Child  | P    | QL(QL Overtime: Allowed 2 over 360 days) |
| BreatheRite with Mask, Large              | P    | QL(QL Overtime: Allowed 2 over 360 days) |
| BreatheRite with Mask, Medium             | P    | QL(QL Overtime: Allowed 2 over 360 days) |
| BreatheRite with Mask, Small              | P    | QL(QL Overtime: Allowed 2 over 360 days) |
| Bubbles the Fish Pedi Mask                | P    | QL(QL Overtime: Allowed 1 over 360 days) |
| Clever Choice Holding Chamber-Large Mask  | P    | QL(QL Overtime: Allowed 2 over 360 days) |
| Clever Choice Holding Chamber-Medium Mask | P    | QL(QL Overtime: Allowed 2 over 360 days) |

| Drug Name                                | Tier | Drug Restriction                         |
|------------------------------------------|------|------------------------------------------|
| Clever Choice Holding Chamber-Small Mask | P    | QL(QL Overtime: Allowed 2 over 360 days) |
| Compact Space Chamber                    | P    | QL(QL Overtime: Allowed 2 over 360 days) |
| Compact Space Chamber-Lrg Mask           | P    | QL(QL Overtime: Allowed 2 over 360 days) |
| Compact Space Chamber-Med Mask           | P    | QL(QL Overtime: Allowed 2 over 360 days) |
| Compact Space Chamber-Sm Mask            | P    | QL(QL Overtime: Allowed 2 over 360 days) |
| EasiVent Holding Chamber                 | P    | QL(QL Overtime: Allowed 2 over 360 days) |
| EasiVent Mask Large                      | P    | QL(QL Overtime: Allowed 2 over 360 days) |
| EasiVent Mask Medium                     | P    | QL(QL Overtime: Allowed 2 over 360 days) |
| EasiVent Mask Small                      | P    | QL(QL Overtime: Allowed 2 over 360 days) |
| eBase Controller device                  | P    | QL(QL Overtime: Allowed 1 over 360 days) |
| eRapid Nebulizer Handset                 | P    | QL(QL Overtime: Allowed 1 over 360 days) |
| Expiratory Mouthpiece                    | P    | QL(QL Overtime: Allowed 1 over 180 days) |
| E-Z Spacer                               | P    | QL(QL Overtime: Allowed 2 over 360 days) |
| Filters Replacement                      | P    | QL(QL Overtime: Allowed 1 over 360 days) |
| Flexichamber spacer                      | P    | QL(QL Overtime: Allowed 2 over 360 days) |

| Drug Name                        | Tier | Drug Restriction                         |
|----------------------------------|------|------------------------------------------|
| Hypersoniq Nebulizer Cartridge   | P    | QL(QL Overtime: Allowed 1 over 360 days) |
| Innospire Replacement Filter     | P    | QL(QL Overtime: Allowed 1 over 360 days) |
| InspiraChamber spacer            | P    | QL(QL Overtime: Allowed 2 over 360 days) |
| InspiraChamber with Mask-Large   | P    | QL(QL Overtime: Allowed 2 over 360 days) |
| InspiraChamber with Mask-Med     | P    | QL(QL Overtime: Allowed 2 over 360 days) |
| InspiraChamber with Mask-Small   | P    | QL(QL Overtime: Allowed 2 over 360 days) |
| Inspiration Elite Filter         | P    | QL(QL Overtime: Allowed 1 over 360 days) |
| Lite Touch-Medium Mask           | P    | QL(QL Overtime: Allowed 1 over 360 days) |
| LiteAire MDI Chamber             | P    | QL(QL Overtime: Allowed 2 over 360 days) |
| LiteTouch-Large Mask             | P    | QL(QL Overtime: Allowed 1 over 360 days) |
| LiteTouch-Small Mask             | P    | QL(QL Overtime: Allowed 1 over 360 days) |
| Micro Elite Lithium Battery misc | P    | QL(QL Overtime: Allowed 1 over 360 days) |
| Micro Elite Replacement Filter   | P    | QL(QL Overtime: Allowed 1 over 360 days) |
| Microchamber spacer              | P    | QL(QL Overtime: Allowed 2 over 360 days) |
| Microspacer                      | P    | QL(QL Overtime: Allowed 2 over 360 days) |

| Drug Name                                | Tier | Drug Restriction                         |
|------------------------------------------|------|------------------------------------------|
| Mini Elite Filter Replacement            | P    | QL(QL Overtime: Allowed 1 over 360 days) |
| Mini Elite Lithium Battery               | P    | QL(QL Overtime: Allowed 1 over 360 days) |
| Mouthpiece device                        | P    | QL(QL Overtime: Allowed 1 over 360 days) |
| Nose Clip                                | P    | QL(QL Overtime: Allowed 1 over 360 days) |
| One Way Valved Mouthpiece device         | P    | QL(QL Overtime: Allowed 1 over 180 days) |
| Optichamber Adult Mask-Large             | P    | QL(QL Overtime: Allowed 1 over 360 days) |
| OptiChamber Diamond VHC spacer           | P    | QL(QL Overtime: Allowed 2 over 360 days) |
| OptiChamber Diamond VHC with Large Mask  | P    | QL(QL Overtime: Allowed 2 over 360 days) |
| OptiChamber Diamond VHC with Medium Mask | P    | QL(QL Overtime: Allowed 2 over 360 days) |
| OptiChamber Diamond VHC with Small Mask  | P    | QL(QL Overtime: Allowed 2 over 360 days) |
| Pari Baby Conversion Kit - Size 1        | P    | QL(QL Overtime: Allowed 1 over 360 days) |
| Pari Baby Conversion Kit - Size 2        | P    | QL(QL Overtime: Allowed 1 over 360 days) |
| Pari Baby Conversion Kit - Size 3        | P    | QL(QL Overtime: Allowed 1 over 360 days) |

| Drug Name                        | Tier | Drug Restriction                         |
|----------------------------------|------|------------------------------------------|
| PFLEX Inspiratory Trainer device | P    | QL(QL Overtime: Allowed 1 over 360 days) |
| Pillow Mask Child                | P    | QL(QL Overtime: Allowed 1 over 360 days) |
| Pillow Mask Pediatric            | P    | QL(QL Overtime: Allowed 1 over 360 days) |
| POCKET CHAMBER spacer            | P    | QL(QL Overtime: Allowed 2 over 360 days) |
| Pro Comfort Spacer-Adult Mask    | P    | QL(QL Overtime: Allowed 2 over 360 days) |
| Pro Comfort Spacer-Child Mask    | P    | QL(QL Overtime: Allowed 2 over 360 days) |
| Procure Spacer With Adult Mask   | P    |                                          |
| Procure Spacer With Child Mask   | P    |                                          |
| ProChamber                       | P    | QL(QL Overtime: Allowed 2 over 360 days) |
| Proneb Ultra Filter Set          | P    | QL(QL Overtime: Allowed 1 over 360 days) |
| Proneb Ultra II Filter Assembly  | P    | QL(QL Overtime: Allowed 1 over 360 days) |
| RiteFlo Aerochamber              | P    | QL(QL Overtime: Allowed 2 over 360 days) |
| Sami The Seal Filter             | P    | QL(QL Overtime: Allowed 1 over 360 days) |
| Sami The Seal Mask               | P    | QL(QL Overtime: Allowed 1 over 360 days) |
| Sidestream Adult Face Mask       | P    | QL(QL Overtime: Allowed 1 over 360 days) |

| Drug Name                      | Tier | Drug Restriction                         |
|--------------------------------|------|------------------------------------------|
| Sidestream Mask                | P    | QL(QL Overtime: Allowed 1 over 360 days) |
| Sidestream Pediatric Face Mask | P    | QL(QL Overtime: Allowed 1 over 360 days) |
| Silicone Mask                  | P    | QL(QL Overtime: Allowed 1 over 360 days) |
| Silicone Mask - Infant         | P    | QL(QL Overtime: Allowed 1 over 360 days) |
| Silicone Mask - Pediatric      | P    | QL(QL Overtime: Allowed 1 over 360 days) |
| SootheNeb NBL100 Adult Mask    | P    | QL(QL Overtime: Allowed 1 over 360 days) |
| SootheNeb NBL100 Child Mask    | P    | QL(QL Overtime: Allowed 1 over 360 days) |
| SootheNeb NBL100 Med Cup misc  | P    | QL(QL Overtime: Allowed 1 over 360 days) |
| SootheNeb NBL100 Mesh Cap      | P    | QL(QL Overtime: Allowed 1 over 360 days) |
| Threshold IMT Trainer device   | P    | QL(QL Overtime: Allowed 1 over 360 days) |
| Vortex Holding Chamber         | P    | QL(QL Overtime: Allowed 2 over 360 days) |
| Vortex VHC Frog Mask-Child     | P    | QL(QL Overtime: Allowed 2 over 360 days) |
| WINDMILL TRAINER device        | P    | QL(QL Overtime: Allowed 1 over 360 days) |
| Wing Tip Tubing misc           | P    | QL(QL Overtime: Allowed 1 over 360 days) |

**MEDICAL SUPPLIES AND DME - SUBCUTANEOUS INSULIN DELIVERY DEVICES**

| Drug Name                                                        | Tier | Drug Restriction |
|------------------------------------------------------------------|------|------------------|
| V-GO 20 device                                                   | NP   | PA               |
| V-GO 30 device                                                   | NP   | PA               |
| V-GO 40 device                                                   | NP   | PA               |
| <b>MEDICAL SUPPLIES AND DME - SUBCUTANEOUS INSULIN PUMP</b>      |      |                  |
| Omnipod Insulin Management                                       | P    | PA               |
| <b>MEDICAL SUPPLIES AND DME - URINE KETONE TESTS</b>             |      |                  |
| Ketone Urine Test strips                                         | P    |                  |
| TRUEplus Ketone strips                                           | P    |                  |
| <b>METABOLIC MODIFIERS</b>                                       |      |                  |
| <b>HYPERPARATHYROID TREATMENT AGENTS - VITAMIN D ANALOG-TYPE</b> |      |                  |
| doxercalciferol 0.5 mcg capsule                                  | P    |                  |
| doxercalciferol 1 mcg capsule                                    | P    |                  |
| doxercalciferol 2.5 mcg capsule                                  | P    |                  |
| paricalcitol 1 mcg capsule                                       | NP   | PA               |
| paricalcitol 2 mcg capsule                                       | NP   | PA               |
| paricalcitol 4 mcg capsule                                       | NP   | PA               |
| Rayaldee 30 mcg capsule,extended release                         | NP   | PA               |

| Drug Name                                                           | Tier | Drug Restriction             |
|---------------------------------------------------------------------|------|------------------------------|
| Zemplar 1 mcg capsule                                               | NP   | PA                           |
| Zemplar 2 mcg capsule                                               | NP   | PA                           |
| <b>METABOLIC MODIFIER - CARNITINE REPLENISHER AGENTS</b>            |      |                              |
| Carnitor (sugar-free) 100 mg/mL oral solution                       | NP   | PA; QL(Allowed 30 per 1 day) |
| Carnitor 100 mg/mL oral solution                                    | NP   | PA; QL(Allowed 30 per 1 day) |
| Carnitor 330 mg tablet                                              | NP   | PA; QL(Allowed 3 per 1 day)  |
| levocarnitine (with sugar) 100 mg/mL oral solution                  | NP   | PA; QL(Allowed 30 per 1 day) |
| levocarnitine 100 mg/mL oral solution                               | NP   | PA                           |
| <b>METABOLIC MODIFIER - HEREDITARY TYROSINEMIA TREATMENT AGENTS</b> |      |                              |
| nitisinone 10 mg capsule                                            | P    | SP                           |
| nitisinone 2 mg capsule                                             | P    | SP                           |
| nitisinone 5 mg capsule                                             | P    | SP                           |
| Nityr 10 mg tablet                                                  | NP   | PA; SP                       |
| Nityr 2 mg tablet                                                   | NP   | PA; SP                       |
| Nityr 5 mg tablet                                                   | NP   | PA; SP                       |

| Drug Name                                                                    | Tier | Drug Restriction |
|------------------------------------------------------------------------------|------|------------------|
| Orfadin 10 mg capsule                                                        | P    | SP               |
| Orfadin 2 mg capsule                                                         | P    | SP               |
| Orfadin 20 mg capsule                                                        | P    | SP               |
| Orfadin 4 mg/mL oral suspension                                              | NP   | PA; SP           |
| Orfadin 5 mg capsule                                                         | P    | SP               |
| <b>METABOLIC MODIFIER - HOMOCYSTINURIA TREATMENT AGENTS</b>                  |      |                  |
| Cystadane 1 gram/1.7 mL oral powder                                          | NP   | PA; SP           |
| <b>METABOLIC MODIFIER - UREA CYCLE DISORDER AGENTS-CONJUGATING AGENTS</b>    |      |                  |
| Buphenyl 0.94 gram/gram oral powder                                          | NP   | PA; SP           |
| Buphenyl 500 mg tablet                                                       | NP   | PA; SP           |
| Ravicti 1.1 gram/mL oral liquid                                              | NP   | PA; SP           |
| sodium phenylbutyrate 0.94 gram/gram oral powder                             | NP   | PA; SP           |
| sodium phenylbutyrate 500 mg tablet                                          | NP   | PA; SP           |
| <b>METABOLIC MODIFIER-CARBAMOYL PHOSPHATE SYNTHETASE 1 (CPS 1) ACTIVATOR</b> |      |                  |
| Carbaglu 200 mg dispersible tablet                                           | NP   | PA; SP           |

| Drug Name                                                                     | Tier | Drug Restriction            |
|-------------------------------------------------------------------------------|------|-----------------------------|
| <b>PHARMACOENHANCER - CYTOCHROME P450 INHIBITORS</b>                          |      |                             |
| Tybost 150 mg tablet                                                          | NP   | PA; QL(Allowed 1 per 1 day) |
| <b>PHARMACOLOGICAL CHAPERONE TX - ALPHA-GALACTOSIDASE A ENZYME STABILIZER</b> |      |                             |
| Galafold 123 mg capsule                                                       | NP   | PA; SP                      |
| <b>PHENYLKETONURIA(PKU) TX AGENTS - COFACTOR OF PHENYLALANINE HYDROXYLASE</b> |      |                             |
| Kuvan 100 mg oral powder packet                                               | NP   | PA; SP                      |
| Kuvan 100 mg soluble tablet                                                   | NP   | PA; SP                      |
| Kuvan 500 mg oral powder packet                                               | NP   | PA; SP                      |
| sapropterin 100 mg oral powder packet                                         | NP   | PA; SP                      |
| sapropterin 100 mg soluble tablet                                             | NP   | PA; SP                      |
| sapropterin 500 mg oral powder packet                                         | NP   | PA; SP                      |
| <b>MISCELLANEOUS</b>                                                          |      |                             |
| <b>OTHER</b>                                                                  |      |                             |
|                                                                               | NP   | PA                          |
|                                                                               | NP   | PA                          |
|                                                                               | P    | QL(Allowed 5 per 1 day)     |
|                                                                               | NP   | PA                          |
|                                                                               | NP   | PA                          |



| Drug Name                              | Tier | Drug Restriction                                  |
|----------------------------------------|------|---------------------------------------------------|
|                                        | NP   | PA                                                |
|                                        | NP   | PA                                                |
|                                        | NP   | PA                                                |
|                                        | NP   | PA                                                |
|                                        | NP   | PA                                                |
|                                        | NP   | PA                                                |
|                                        | P    | AL(Maximum Age 13 Years); QL(Allowed 1 per 1 day) |
|                                        | P    | AL(Maximum Age 13 Years); QL(Allowed 1 per 1 day) |
|                                        | NP   | PA                                                |
|                                        | NP   | PA                                                |
|                                        | NP   | PA                                                |
|                                        | NP   | PA                                                |
|                                        | NP   | PA                                                |
|                                        | NP   | PA                                                |
| MOUTH-THROAT-DENTAL - PREPARATIONS     |      |                                                   |
| DENTAL PRODUCT - FLUORIDE PREPARATIONS |      |                                                   |

| Drug Name                                                           | Tier | Drug Restriction           |
|---------------------------------------------------------------------|------|----------------------------|
| Denta 5000 Plus 1.1 % cream                                         | NP   | PA; QL(Allowed 102 per Rx) |
| DentaGel 1.1 %                                                      | NP   | PA; QL(Allowed 672 per Rx) |
| Fluor-a-day 2.5 mg fluoride (5.56 mg sodium fluoride)/mL oral drops | P    |                            |
| fluoride 0.25 mg (0.55 mg sodium fluoride) chewable tablet          | P    |                            |
| fluoride 0.5 mg (1.1 mg sodium fluoride) chewable tablet            | P    |                            |
| fluoride 0.5 mg (1.1 mg sodium fluoride)/mL oral drops              | P    |                            |
| fluoride 1 mg (2.2 mg sodium fluoride) chewable tablet              | P    |                            |
| Fluoritab 0.125 mg (0.275 mg sodium fluoride)/drop oral drops       | P    |                            |
| Fluoritab 0.5 mg fluoride (1.1 mg sodium fluoride) chewable tablet  | P    |                            |
| Fluoritab 1 mg fluoride (2.2 mg sodium fluoride) chewable tablet    | P    |                            |

| Drug Name                                                              | Tier | Drug Restriction           |
|------------------------------------------------------------------------|------|----------------------------|
| Ludent Fluoride 0.25 mg fluoride (0.55 mg sod.fluorid) chewable tablet | P    |                            |
| Ludent Fluoride 0.5 mg fluoride (1.1 mg sod.fluoride) chewable tablet  | P    |                            |
| Ludent Fluoride 1 mg fluoride (2.2 mg sodium fluoride) chewable tablet | P    |                            |
| SF 1.1 % dental gel                                                    | NP   | PA; QL(Allowed 672 per Rx) |
| SF 5000 Plus 1.1 % dental cream                                        | NP   | PA; QL(Allowed 102 per Rx) |
| sodium fluoride 1.1 % dental cream                                     | NP   | PA; QL(Allowed 102 per Rx) |
| sodium fluoride 1.1 % dental gel                                       | NP   | PA; QL(Allowed 672 per Rx) |
| sodium fluoride 1.1 % dental paste                                     | NP   | PA                         |
| sodium fluoride 1.1 %-potassium nitrate 5 % dental paste               | NP   | PA                         |
| Sodium Fluoride 5000 Plus 1.1 % dental cream                           | NP   | PA; QL(Allowed 102 per Rx) |
| <b>MOUTH AND THROAT - ANTIFUNGALS</b>                                  |      |                            |
| clotrimazole 10 mg troche                                              | P    |                            |

| Drug Name                                             | Tier | Drug Restriction       |
|-------------------------------------------------------|------|------------------------|
| nystatin 100,000 unit/mL oral suspension              | P    | QL(Allowed 120 per Rx) |
| <b>MOUTH AND THROAT - ANTISEPTICS</b>                 |      |                        |
| chlorhexidine gluconate 0.12 % mouthwash              | P    |                        |
| Paroex Oral Rinse 0.12 % mouthwash                    | P    |                        |
| <b>MOUTH AND THROAT - ARTIFICIAL SALIVA</b>           |      |                        |
| Aquoral mucosal spray                                 | NP   | PA                     |
| <b>MOUTH AND THROAT - GLUCOCORTICOIDS</b>             |      |                        |
| Oralene 0.1 % dental paste                            | P    | QL(Allowed 5 per Rx)   |
| triamcinolone acetonide 0.1 % dental paste            | P    | QL(Allowed 5 per Rx)   |
| <b>MOUTH AND THROAT - LOCAL ANESTHETIC AMIDES</b>     |      |                        |
| lidocaine HCl 2 % mucosal jelly                       | P    | QL(Allowed 30 per Rx)  |
| lidocaine HCl 4 % (40 mg/mL) mucosal solution         | P    |                        |
| Lidocaine Viscous 2 % mucosal solution                | P    | QL(Allowed 100 per Rx) |
| <b>MOUTH AND THROAT - MUCOSITIS-STOMATITIS AGENTS</b> |      |                        |
| gelX oral mucosal gel                                 | NP   | PA                     |
| <b>MOUTH AND THROAT - SALIVA STIMULANTS</b>           |      |                        |
| cevimeline 30 mg capsule                              | NP   | PA                     |

| Drug Name                                                                    | Tier | Drug Restriction            |
|------------------------------------------------------------------------------|------|-----------------------------|
| Evoxac 30 mg capsule                                                         | NP   | PA                          |
| pilocarpine 5 mg tablet                                                      | P    | QL(Allowed 6 per 1 day)     |
| pilocarpine 7.5 mg tablet                                                    | P    |                             |
| Salagen (pilocarpine) 5 mg tablet                                            | NP   | PA; QL(Allowed 6 per 1 day) |
| Salagen (pilocarpine) 7.5 mg tablet                                          | NP   | PA                          |
| <b>PERIODONTAL PRODUCT - TETRACYCLINE-TYPE, COLLAGENASE INHIBITORS</b>       |      |                             |
| doxycycline hyclate 20 mg tablet                                             | P    |                             |
| <b>THERAPY FOR DROOLING- PRIMARY OR SECONDARY SIALORRHEA-ANTICHOLINERGIC</b> |      |                             |
| Cuvposa 1 mg/5 mL (0.2 mg/mL) oral solution                                  | NP   | PA                          |
| <b>MULTIPLE SCLEROSIS AGENTS</b>                                             |      |                             |
| <b>LEUKOCYTE ADHESION INHIBITORS, ALPHA4-MEDIATED, IGG4K MC ANTIBODY</b>     |      |                             |
| Tysabri 300 mg/15 mL intravenous solution                                    | NP   | PA; SP                      |
| <b>MULTIPLE SCLEROSIS AGENT - CD20 SPECIFIC MONOCLONAL ANTIBODY</b>          |      |                             |
| Kesimpta Pen 20 mg/0.4 mL subcutaneous pen injector                          | NP   | PA; SP                      |
| Ocrevus 30 mg/mL intravenous solution                                        | NP   | PA; SP                      |

| Drug Name                                                           | Tier | Drug Restriction |
|---------------------------------------------------------------------|------|------------------|
| <b>MULTIPLE SCLEROSIS AGENT - CD52 SPECIFIC MONOCLONAL ANTIBODY</b> |      |                  |
| Lemtrada 12 mg/1.2 mL intravenous solution                          | NP   | PA; SP           |
| <b>MULTIPLE SCLEROSIS AGENT - INTERFERONS</b>                       |      |                  |
| Avonex (with albumin) 30 mcg intramuscular kit                      | NP   | PA               |
| Avonex 30 mcg/0.5 mL intramuscular pen kit                          | NP   | PA; SP           |
| Avonex 30 mcg/0.5 mL intramuscular syringe kit                      | NP   | PA; SP           |
| Betaseron 0.3 mg subcutaneous kit                                   | P    | SP               |
| Extavia 0.3 mg subcutaneous kit                                     | NP   | PA; SP           |
| Extavia 0.3 mg subcutaneous solution                                | NP   | PA; SP           |
| Plegridy 125 mcg/0.5 mL subcutaneous pen injector                   | NP   | PA; SP           |
| Plegridy 125 mcg/0.5 mL subcutaneous syringe                        | NP   | PA; SP           |
| Plegridy 63 mcg/0.5 mL-94 mcg/0.5 mL subcutaneous pen injector      | NP   | PA; SP           |

| Drug Name                                                              | Tier | Drug Restriction |
|------------------------------------------------------------------------|------|------------------|
| Plegridy 63 mcg/0.5 mL-94 mcg/0.5 mL subcutaneous syringe              | NP   | PA; SP           |
| Rebif (with albumin) 22 mcg/0.5 mL subcutaneous syringe                | P    | SP               |
| Rebif (with albumin) 44 mcg/0.5 mL subcutaneous syringe                | P    | SP               |
| Rebif Rebidose 22 mcg/0.5 mL subcutaneous pen injector                 | P    | SP               |
| Rebif Rebidose 44 mcg/0.5 mL subcutaneous pen injector                 | P    | SP               |
| Rebif Rebidose 8.8 mcg/0.2 mL-22 mcg/0.5 mL (6) subcutaneous pen inj.  | P    | SP               |
| Rebif Titration Pack 8.8 mcg/0.2 mL-22 mcg/0.5 mL subcutaneous syringe | P    | SP               |
| <b>MULTIPLE SCLEROSIS AGENT - OTHERS</b>                               |      |                  |
| Bafiertam 95 mg capsule,delayed release                                | NP   | PA; SP           |

| Drug Name                                                         | Tier | Drug Restriction |
|-------------------------------------------------------------------|------|------------------|
| Copaxone 20 mg/mL subcutaneous syringe                            | P    | SP               |
| Copaxone 40 mg/mL subcutaneous syringe                            | NP   | PA; SP           |
| dimethyl fumarate 120 mg (14)-240 mg (46) capsule,delayed release | NP   | PA; SP           |
| dimethyl fumarate 120 mg capsule,delayed release                  | NP   | PA; SP           |
| dimethyl fumarate 240 mg capsule,delayed release                  | NP   | PA; SP           |
| glatiramer 20 mg/mL subcutaneous syringe                          | NP   | PA; SP           |
| glatiramer 40 mg/mL subcutaneous syringe                          | NP   | PA; SP           |
| Glatopa 20 mg/mL subcutaneous syringe                             | NP   | PA; SP           |
| Glatopa 40 mg/mL subcutaneous syringe                             | NP   | PA; SP           |
| Tecfidera 120 mg (14)-240 mg (46) capsule,delayed release         | P    | PA; SP           |

| Drug Name                                              | Tier | Drug Restriction |
|--------------------------------------------------------|------|------------------|
| Tecfidera 120 mg capsule, delayed release              | P    | PA; SP           |
| Tecfidera 240 mg capsule, delayed release              | P    | PA; SP           |
| Vumerity 231 mg capsule, delayed release               | NP   | PA; SP           |
| MULTIPLE SCLEROSIS AGENT - POTASSIUM CHANNEL BLOCKER   |      |                  |
| Ampyra 10 mg tablet, extended release                  | NP   | PA; SP           |
| dalfampridine ER 10 mg tablet, extended release, 12 hr | NP   | PA; SP           |
| Firdapse 10 mg tablet                                  | NP   | PA; SP           |
| Ruzurgi 10 mg tablet                                   | NP   | PA; SP           |
| MULTIPLE SCLEROSIS AGENT - PURINE NUCLEOSIDE ANALOGS   |      |                  |
| Mavenclad (10 tablet pack) 10 mg tablet                | NP   | PA; SP           |
| Mavenclad (4 tablet pack) 10 mg tablet                 | NP   | PA; SP           |
| Mavenclad (5 tablet pack) 10 mg tablet                 | NP   | PA; SP           |
| Mavenclad (6 tablet pack) 10 mg tablet                 | NP   | PA; SP           |

| Drug Name                                                             | Tier | Drug Restriction |
|-----------------------------------------------------------------------|------|------------------|
| Mavenclad (7 tablet pack) 10 mg tablet                                | NP   | PA; SP           |
| Mavenclad (8 tablet pack) 10 mg tablet                                | NP   | PA; SP           |
| Mavenclad (9 tablet pack) 10 mg tablet                                | NP   | PA; SP           |
| MULTIPLE SCLEROSIS AGENT - PYRIMIDINE SYNTHESIS INHIBITORS            |      |                  |
| Aubagio 14 mg tablet                                                  | NP   | PA; SP           |
| Aubagio 7 mg tablet                                                   | NP   | PA; SP           |
| MULTIPLE SCLEROSIS AGENT - SPHINGOSINE 1-PHOSPHATE RECEPTOR MODULATOR |      |                  |
| Gilenya 0.25 mg capsule                                               | NP   | PA; SP           |
| Gilenya 0.5 mg capsule                                                | NP   | PA; SP           |
| Mayzent 0.25 mg tablet                                                | NP   | PA; SP           |
| Mayzent 2 mg tablet                                                   | NP   | PA; SP           |
| Mayzent Starter Pack 0.25 mg (12 tabs) tablets                        | NP   | PA; SP           |
| Zeposia 0.92 mg capsule                                               | NP   | PA; SP           |
| Zeposia Starter Kit 0.23 mg-0.46 mg-0.92 mg capsules in a dose pack   | NP   | PA; SP           |

| Drug Name                                                            | Tier | Drug Restriction      |
|----------------------------------------------------------------------|------|-----------------------|
| Zeposia Starter Pack 0.23 mg (4)-0.46 mg (3) capsules in a dose pack | NP   | PA; SP                |
| <b>OPHTHALMIC AGENTS</b>                                             |      |                       |
| <b>ARTIFICIAL TEARS AND LUBRICANT COMBINATIONS</b>                   |      |                       |
| Artificial Tears (petrolatum/mineral oil) 83 %-15 % eye ointment     | P    | QL(Allowed 42 per Rx) |
| For Sty Relief eye ointment                                          | P    | QL(Allowed 42 per Rx) |
| GenTeal Tears Severe (petrolatum-mineral oil) 94 %-3 % eye ointment  | P    | QL(Allowed 42 per Rx) |
| Lubricant Eye 56.8 %-41.5 % ointment                                 | P    | QL(Allowed 42 per Rx) |
| Lubricant Eye 57.3 %-42.5 % ointment                                 | P    | QL(Allowed 42 per Rx) |
| Lubricant Eye 57.7 %-31.9 % ointment                                 | P    | QL(Allowed 42 per Rx) |
| Lubricant Eye 83 %-15 % ointment                                     | P    | QL(Allowed 42 per Rx) |
| Lubrifax PM 83 %-15 % eye ointment                                   | P    | QL(Allowed 42 per Rx) |
| Nighttime Dry-Eye Relief 57.3 %-42.5 % ointment                      | P    | QL(Allowed 42 per Rx) |
| Overnight Lubricating Eye 94 %-3 % ointment                          | P    | QL(Allowed 42 per Rx) |

| Drug Name                                            | Tier | Drug Restriction      |
|------------------------------------------------------|------|-----------------------|
| Puralube 85 %-15 % eye ointment                      | P    | QL(Allowed 42 per Rx) |
| Refresh Lacri-Lube 56.8 %-42.5 % eye ointment        | P    | QL(Allowed 42 per Rx) |
| Refresh P.M. 57.3 %-42.5 % eye ointment              | P    | QL(Allowed 42 per Rx) |
| Restore PM 57.3 %-42.5 % eye ointment                | P    | QL(Allowed 42 per Rx) |
| Retaine PM 80 %-20 % eye ointment                    | P    | QL(Allowed 42 per Rx) |
| Soothe Night Time Lubricant 80 %-20 % eye ointment   | P    | QL(Allowed 42 per Rx) |
| Stye Lubricant 57.7 %-31.9 % eye ointment            | P    | QL(Allowed 42 per Rx) |
| Systane Nighttime 94 %-3 % eye ointment              | P    | QL(Allowed 42 per Rx) |
| Tears Again 80 %-20 % eye ointment                   | P    | QL(Allowed 42 per Rx) |
| Tears Naturale PM 94 %-3 % eye ointment              | P    | QL(Allowed 42 per Rx) |
| Ultra Fresh PM eye ointment                          | P    | QL(Allowed 4 per Rx)  |
| <b>ARTIFICIAL TEARS AND LUBRICANT SINGLE AGENTS</b>  |      |                       |
| Artificial Tears (polyvinyl alcohol) 1.4 % eye drops | P    | QL(Allowed 15 per Rx) |
| Lacrisert 5 mg eye inserts                           | P    |                       |

| Drug Name                                                                | Tier | Drug Restriction      |
|--------------------------------------------------------------------------|------|-----------------------|
| LiquiTears 1.4 % eye drops                                               | P    | QL(Allowed 15 per Rx) |
| polyvinyl alcohol 1.4 % eye drops                                        | P    | QL(Allowed 15 per Rx) |
| Tears Again (PVA) 1.4 % eye drops                                        | P    | QL(Allowed 15 per Rx) |
| <b>MIOTICS - CHOLINESTERASE INHIBITORS</b>                               |      |                       |
| Phospholine Iodide 0.125 % eye drops                                     | P    |                       |
| <b>MIOTICS - DIRECT ACTING</b>                                           |      |                       |
| Isopto Carpine 1 % eye drops                                             | NP   | PA                    |
| Isopto Carpine 2 % eye drops                                             | NP   | PA                    |
| Isopto Carpine 4 % eye drops                                             | NP   | PA                    |
| pilocarpine 1 % eye drops                                                | P    |                       |
| pilocarpine 2 % eye drops                                                | P    |                       |
| pilocarpine 4 % eye drops                                                | P    |                       |
| <b>MYDRIATIC AND CYCLOPLEGIC COMBINATIONS</b>                            |      |                       |
| Cyclomydril 0.2 %-1 % eye drops                                          | P    |                       |
| <b>OPHTHALMIC - ADRENERGIC-CARBONIC ANHYDRASE INHIBITOR COMBINATIONS</b> |      |                       |
| Simbrinza 1 %-0.2 % eye drops,suspension                                 | NP   | PA                    |
| <b>OPHTHALMIC - ANTIBACTERIAL-GLUCOCORTICOID COMBINATIONS</b>            |      |                       |

| Drug Name                                                              | Tier | Drug Restriction          |
|------------------------------------------------------------------------|------|---------------------------|
| Blephamide 10 %-0.2 % eye drops,suspension                             | NP   | PA; QL(Allowed 10 per Rx) |
| Blephamide S.O.P. 10 %-0.2 % eye ointment                              | NP   | PA; QL(Allowed 4 per Rx)  |
| Maxitrol 3.5 mg/g-10,000 unit/g-0.1 % eye ointment                     | NP   | PA; QL(Allowed 4 per Rx)  |
| Maxitrol 3.5 mg/mL-10,000 unit/mL-0.1% eye drops,suspension            | NP   | PA; QL(Allowed 5 per Rx)  |
| neomycin 3.5 mg/g-polymyxin B 10,000 unit/g-dexameth 0.1 % eye oint    | P    | QL(Allowed 4 per Rx)      |
| neomycin 3.5 mg-polymyxin 10,000 unit-hydrocort 10 mg/mL eye drop,susp | P    | QL(Allowed 8 per Rx)      |
| neomycin-bacitracin-poly-HC 3.5 mg-400-10,000 unit/g-1 % eye ointment  | P    |                           |
| neomycin-polymyxin-dexameth 3.5 mg/mL-10,000 unit/mL-0.1% eye drops    | P    | QL(Allowed 5 per Rx)      |
| Neo-Polycin HC 3.5 mg-400-10,000 unit/g-1 % eye ointment               | P    |                           |

| Drug Name                                                 | Tier | Drug Restriction                                                    |
|-----------------------------------------------------------|------|---------------------------------------------------------------------|
| Pred-G 0.3 %-1 % eye drops,suspension                     | NP   | PA; QL(Limit 1 package(s) per fill, limit 1 package(s) per 30 days) |
| Pred-G S.O.P. 0.3 %-0.6 % eye ointment                    | NP   | PA                                                                  |
| sulfacetamide-prednisolone 10 %-0.23 % (0.25 %) eye drops | NP   | PA; QL(Allowed 10 per Rx)                                           |
| TobraDex 0.3 %-0.1 % eye drops,suspension                 | NP   | PA; QL(Allowed 10 per Rx)                                           |
| TobraDex 0.3 %-0.1 % eye ointment                         | NP   | PA; QL(Allowed 4 per Rx)                                            |
| Tobradex ST 0.3 %-0.05 % eye drops,suspension             | NP   | PA                                                                  |
| tobramycin 0.3 %-dexamethasone 0.1 % eye drops,suspension | P    | QL(Allowed 10 per Rx)                                               |
| Zylet 0.3 %-0.5 % eye drops,suspension                    | NP   | PA                                                                  |
| <b>OPHTHALMIC - ANTICHOLINERGICS</b>                      |      |                                                                     |
| atropine 1 % eye drops                                    | P    | QL(Allowed 15 per Rx)                                               |
| atropine 1 % eye ointment                                 | P    | QL(Allowed 4 per Rx)                                                |
| Cyclogyl 0.5 % eye drops                                  | NP   | PA                                                                  |
| Cyclogyl 1 % eye drops                                    | NP   | PA; QL(Allowed 15 per Rx)                                           |

| Drug Name                          | Tier | Drug Restriction          |
|------------------------------------|------|---------------------------|
| Cyclogyl 2 % eye drops             | NP   | PA; QL(Allowed 15 per Rx) |
| cyclopentolate 0.5 % eye drops     | P    |                           |
| cyclopentolate 1 % eye drops       | P    | QL(Allowed 15 per Rx)     |
| cyclopentolate 2 % eye drops       | P    | QL(Allowed 15 per Rx)     |
| Isopto Atropine 1 % eye drops      | NP   | PA; QL(Allowed 15 per Rx) |
| Mydracyl 1 % eye drops             | NP   | PA; QL(Allowed 15 per Rx) |
| tropicamide 0.5 % eye drops        | P    | QL(Allowed 15 per Rx)     |
| tropicamide 1 % eye drops          | P    | QL(Allowed 15 per Rx)     |
| <b>OPHTHALMIC - ANTIHISTAMINES</b> |      |                           |
| azelastine 0.05 % eye drops        | P    | QL(Allowed 6 per Rx)      |
| Bepreve 1.5 % eye drops            | NP   | PA                        |
| epinastine 0.05 % eye drops        | NP   | PA                        |
| Lastacaft 0.25 % eye drops         | NP   | PA                        |
| olopatadine 0.1 % eye drops        | NP   | PA                        |
| olopatadine 0.2 % eye drops        | NP   | PA                        |
| Pataday 0.2 % eye drops            | NP   | PA                        |



| Drug Name                                              | Tier | Drug Restriction          |
|--------------------------------------------------------|------|---------------------------|
| Patanol 0.1 % eye drops                                | NP   | PA                        |
| Pazeo 0.7 % eye drops                                  | P    |                           |
| Zerviate 0.24 % eye drops in a dropperette             | NP   | PA                        |
| <b>OPHTHALMIC - ANTI-INFLAMMATORY, GLUCOCORTICOIDS</b> |      |                           |
| Alrex 0.2 % eye drops,suspension                       | P    |                           |
| dexamethasone sodium phosphate 0.1 % eye drops         | P    | QL(Allowed 5 per Rx)      |
| Dextenza 0.4 mg intracanalicular insert                | NP   | PA; SP                    |
| Durezol 0.05 % eye drops                               | NP   | PA                        |
| Eysuvis 0.25 % eye drops,suspension                    | NP   | PA                        |
| Flarex 0.1 % eye drops,suspension                      | P    |                           |
| fluorometholone 0.1 % eye drops,suspension             | P    | QL(Allowed 15 per Rx)     |
| FML Forte 0.25 % eye drops,suspension                  | P    |                           |
| FML Liquifilm 0.1 % eye drops,suspension               | NP   | PA; QL(Allowed 15 per Rx) |
| FML S.O.P. 0.1 % eye ointment                          | P    | QL(Allowed 4 per Rx)      |

| Drug Name                                               | Tier | Drug Restriction          |
|---------------------------------------------------------|------|---------------------------|
| Inveltys 1 % eye drops,suspension                       | NP   | PA                        |
| Lotemax 0.5 % eye drops,suspension                      | NP   | PA                        |
| Lotemax 0.5 % eye gel drops                             | NP   | PA                        |
| Lotemax 0.5 % eye ointment                              | NP   | PA                        |
| Lotemax SM 0.38 % eye gel drops                         | NP   | PA                        |
| loteprednol etabonate 0.5 % eye drops,suspension        | P    |                           |
| Maxidex 0.1 % eye drops,suspension                      | P    |                           |
| Omnipred 1 % eye drops,suspension                       | NP   | PA; QL(Allowed 15 per Rx) |
| Pred Forte 1 % eye drops,suspension                     | NP   | PA; QL(Allowed 15 per Rx) |
| Pred Mild 0.12 % eye drops,suspension                   | P    | QL(Allowed 10 per Rx)     |
| prednisolone acetate 1 % eye drops,suspension           | P    | QL(Allowed 15 per Rx)     |
| prednisolone sodium phosphate 1 % eye drops             | P    | QL(Allowed 15 per Rx)     |
| <b>OPHTHALMIC - ANTI-INFLAMMATORY, IMMUNOMODULATORS</b> |      |                           |
| Cequa 0.09 % eye drops in a dropperette                 | NP   | PA                        |

| Drug Name                                                | Tier | Drug Restriction                    |
|----------------------------------------------------------|------|-------------------------------------|
| Restasis 0.05 % eye drops in a dropperette               | NP   | PA                                  |
| Restasis MultiDose 0.05 % eye drops                      | NP   | PA                                  |
| <b>OPHTHALMIC - ANTI-INFLAMMATORY, LFA-1 ANTAGONISTS</b> |      |                                     |
| Xiidra 5 % eye drops in a dropperette                    | NP   | PA                                  |
| <b>OPHTHALMIC - ANTI-INFLAMMATORY, NSAIDS</b>            |      |                                     |
| Acular 0.5 % eye drops                                   | NP   | PA; QL(Allowed 10 per Rx)           |
| Acular LS 0.4 % eye drops                                | NP   | PA; QL(Limit 3 fill(s) per 90 days) |
| Acuvail (PF) 0.45 % eye drops in a dropperette           | NP   | PA                                  |
| bromfenac 0.09 % eye drops                               | NP   | PA                                  |
| BromSite 0.075 % eye drops                               | NP   | PA                                  |
| diclofenac 0.1 % eye drops                               | P    | QL(Allowed 5 per Rx)                |
| flurbiprofen 0.03 % eye drops                            | P    | QL(Allowed 3 per Rx)                |
| Ilevro 0.3 % eye drops,suspension                        | NP   | PA                                  |
| ketorolac 0.4 % eye drops                                | P    | QL(Limit 3 fill(s) per 90 days)     |
| ketorolac 0.5 % eye drops                                | P    | QL(Allowed 10 per Rx)               |

| Drug Name                                                                   | Tier | Drug Restriction          |
|-----------------------------------------------------------------------------|------|---------------------------|
| Nevanac 0.1 % eye drops,suspension                                          | NP   | PA                        |
| Prolensa 0.07 % eye drops                                                   | NP   | PA                        |
| <b>OPHTHALMIC - BETA BLOCKERS-ADRENERGIC COMBINATIONS</b>                   |      |                           |
| Combigan 0.2 %-0.5 % eye drops                                              | NP   | PA                        |
| <b>OPHTHALMIC - BETA BLOCKERS-CARBONIC ANHYDRASE INHIBITOR COMBINATIONS</b> |      |                           |
| Cosopt (PF) 2 %-0.5 % eye drops in a dropperette                            | NP   | PA                        |
| Cosopt 22.3 mg-6.8 mg/mL eye drops                                          | NP   | PA; QL(Allowed 10 per Rx) |
| dorzolamide 22.3 mg-timolol 6.8 mg/mL eye drops                             | P    | QL(Allowed 10 per Rx)     |
| dorzolamide-timolol (PF) 2 %-0.5 % eye drops in a dropperette               | NP   | PA                        |
| <b>OPHTHALMIC - CARBONIC ANHYDRASE INHIBITORS</b>                           |      |                           |
| Azopt 1 % eye drops,suspension                                              | NP   | PA; QL(Allowed 15 per Rx) |
| dorzolamide 2 % eye drops                                                   | P    | QL(Allowed 10 per Rx)     |
| Trusopt 2 % eye drops                                                       | NP   | PA; QL(Allowed 10 per Rx) |
| <b>OPHTHALMIC - CYSTINE DEPLETING AGENTS</b>                                |      |                           |
| Cystadrops 0.37 % eye drops                                                 | NP   | PA; SP                    |
| Cystaran 0.44 % eye drops                                                   | NP   | PA; SP                    |
| <b>OPHTHALMIC - DECONGESTANTS</b>                                           |      |                           |

| Drug Name                                                               | Tier | Drug Restriction                |
|-------------------------------------------------------------------------|------|---------------------------------|
| Eye Drops (tetrahydrozoline) 0.05 %                                     | P    | QL(Allowed 1 per 1 day)         |
| Opti-Clear 0.05 % eye drops                                             | P    | QL(Allowed 1 per 1 day)         |
| phenylephrine 10 % eye drops                                            | NP   | PA                              |
| phenylephrine 2.5 % eye drops                                           | NP   | PA; QL(Allowed 30 per Rx)       |
| Redness Reliever Eye Drops 0.05 %                                       | P    | QL(Allowed 1 per 1 day)         |
| Sterile Eye Drops 0.05 %                                                | P    | QL(Allowed 1 per 1 day)         |
| Visine 0.05 % eye drops                                                 | P    | QL(Allowed 1 per 1 day)         |
| <b>OPHTHALMIC - DIAGNOSTIC AGENTS</b>                                   |      |                                 |
| GloStrips 1 mg for the eye                                              | NP   | PA                              |
| <b>OPHTHALMIC - HUMAN NERVE GROWTH FACTOR (HNGF)</b>                    |      |                                 |
| Oxervate 0.002 % eye drops                                              | NP   | PA; SP                          |
| <b>OPHTHALMIC - INTRAOCULAR PRESSURE REDUCING AGENTS, BETA-BLOCKERS</b> |      |                                 |
| betaxolol 0.5 % eye drops                                               | P    | QL(Allowed 15 per Rx)           |
| Betoptic S 0.25 % eye drops,suspension                                  | NP   | PA; QL(Allowed 15 per Rx)       |
| carteolol 1 % eye drops                                                 | P    | QL(Limit 3 fill(s) per 90 days) |
| Istalol 0.5 % eye drops                                                 | NP   | PA; QL(Allowed 15 per Rx)       |

| Drug Name                                               | Tier | Drug Restriction          |
|---------------------------------------------------------|------|---------------------------|
| levobunolol 0.5 % eye drops                             | P    | QL(Allowed 15 per Rx)     |
| timolol maleate (PF) 0.5 % eye drops in a dropperette   | NP   | PA; QL(Allowed 60 per Rx) |
| timolol maleate 0.25 % eye drops                        | P    | QL(Allowed 15 per Rx)     |
| timolol maleate 0.25 % eye gel forming solution         | P    |                           |
| timolol maleate 0.5 % eye drops                         | P    | QL(Allowed 15 per Rx)     |
| timolol maleate 0.5 % eye gel forming solution          | P    | QL(Allowed 5 per Rx)      |
| timolol maleate 0.5 % once daily eye drops              | P    | QL(Allowed 15 per Rx)     |
| Timoptic 0.25 % eye drops                               | NP   | PA; QL(Allowed 15 per Rx) |
| Timoptic 0.5 % eye drops                                | NP   | PA; QL(Allowed 15 per Rx) |
| Timoptic Ocudose (PF) 0.25 % eye drops in a dropperette | NP   | PA; QL(Allowed 60 per Rx) |
| Timoptic Ocudose (PF) 0.5 % eye drops in a dropperette  | NP   | PA; QL(Allowed 60 per Rx) |
| Timoptic-XE 0.25 % eye gel                              | NP   | PA                        |
| Timoptic-XE 0.5 % eye gel                               | NP   | PA; QL(Allowed 5 per Rx)  |

| Drug Name                                                                     | Tier | Drug Restriction          |
|-------------------------------------------------------------------------------|------|---------------------------|
| <b>OPHTHALMIC - LOCAL ANESTHETIC ESTERS</b>                                   |      |                           |
| Alcaine 0.5 % eye drops                                                       | NP   | PA                        |
| proparacaine 0.5 % eye drops                                                  | NP   | PA                        |
| tetracaine 0.5 % eye drops                                                    | NP   | PA                        |
| tetracaine HCl (PF) 0.5 % eye drops                                           | NP   | PA                        |
| <b>OPHTHALMIC - LOCAL ANESTHETIC, AMIDES</b>                                  |      |                           |
| Akten (PF) 3.5 % eye gel                                                      | NP   | PA                        |
| <b>OPHTHALMIC - MAST CELL STABILIZERS</b>                                     |      |                           |
| Alocril 2 % eye drops                                                         | NP   | PA; QL(Allowed 5 per Rx)  |
| Alomide 0.1 % eye drops                                                       | NP   | PA; QL(Allowed 10 per Rx) |
| cromolyn 4 % eye drops                                                        | P    | QL(Allowed 10 per Rx)     |
| <b>OPHTHALMIC - RHO KINASE INHIBITOR AND PROSTAGLANDIN ANALOG COMBINATION</b> |      |                           |
| Rocklatan 0.02 %-0.005 % eye drops                                            | NP   | PA                        |
| <b>OPHTHALMIC ANTIBACTERIAL MIXTURES</b>                                      |      |                           |
| AK-Poly-Bac 500 unit-10,000 unit/gram eye ointment                            | P    | QL(Allowed 4 per Rx)      |
| bacitracin-polymyxin B 500 unit-10,000 unit/gram eye ointment                 | P    | QL(Allowed 4 per Rx)      |

| Drug Name                                                               | Tier | Drug Restriction          |
|-------------------------------------------------------------------------|------|---------------------------|
| neomycin 1.75 mg-polymyxin 10,000 unit-gramicidin 0.025mg/mL eye drops  | P    | QL(Allowed 10 per Rx)     |
| neomycin-bacitracin-polymyxin 3.5 mg-400 unit-10,000 unit/gram eye oint | P    | QL(Allowed 4 per Rx)      |
| Neo-Polycin 3.5 mg-400 unit-10,000 unit/g eye ointment                  | P    | QL(Allowed 4 per Rx)      |
| Polycin 500 unit-10,000 unit/gram eye ointment                          | P    | QL(Allowed 4 per Rx)      |
| polymyxin B sulfate 10,000 unit-trimethoprim 1 mg/mL eye drops          | P    | QL(Allowed 10 per Rx)     |
| Polytrim 10,000 unit-1 mg/mL eye drops                                  | NP   | PA; QL(Allowed 10 per Rx) |
| <b>OPHTHALMIC ANTIBIOTIC - AMINOGLYCOSIDES</b>                          |      |                           |
| Gentak 0.3 % (3 mg/gram) eye ointment                                   | P    | QL(Allowed 4 per Rx)      |
| gentamicin 0.3 % eye drops                                              | P    | QL(Allowed 15 per Rx)     |
| tobramycin 0.3 % eye drops                                              | P    | QL(Allowed 5 per Rx)      |
| Tobrex 0.3 % eye drops                                                  | NP   | PA; QL(Allowed 5 per Rx)  |
| Tobrex 0.3 % eye ointment                                               | P    | QL(Allowed 4 per Rx)      |

| Drug Name                                                  | Tier | Drug Restriction          |
|------------------------------------------------------------|------|---------------------------|
| <b>OPHTHALMIC ANTIBIOTIC - DEHYDROPEPTIDASE INHIBITORS</b> |      |                           |
| bacitracin 500 unit/gram eye ointment                      | P    | QL(Allowed 4 per Rx)      |
| <b>OPHTHALMIC ANTIBIOTIC - FLUOROQUINOLONES</b>            |      |                           |
| Besivance 0.6 % eye drops,suspension                       | NP   | PA                        |
| Ciloxan 0.3 % eye drops                                    | NP   | PA; QL(Allowed 10 per Rx) |
| Ciloxan 0.3 % eye ointment                                 | P    | QL(Allowed 4 per Rx)      |
| ciprofloxacin 0.3 % eye drops                              | P    | QL(Allowed 10 per Rx)     |
| gatifloxacin 0.5 % eye drops                               | NP   | PA                        |
| levofloxacin 0.5 % eye drops                               | P    |                           |
| Moxeza 0.5 % eye drops                                     | NP   | PA                        |
| moxifloxacin 0.5 % eye drops                               | NP   | PA; QL(Allowed 3 per Rx)  |
| moxifloxacin 0.5 % viscous eye drops                       | NP   | PA                        |
| Ocuflox 0.3 % eye drops                                    | NP   | PA; QL(Allowed 10 per Rx) |
| ofloxacin 0.3 % eye drops                                  | P    | QL(Allowed 10 per Rx)     |
| Vigamox 0.5 % eye drops                                    | NP   | PA; QL(Allowed 3 per Rx)  |
| Zymaxid 0.5 % eye drops                                    | NP   | PA                        |

| Drug Name                                                                     | Tier | Drug Restriction          |
|-------------------------------------------------------------------------------|------|---------------------------|
| <b>OPHTHALMIC ANTIBIOTIC - MACROLIDES</b>                                     |      |                           |
| Azasite 1 % eye drops                                                         | NP   | PA                        |
| erythromycin 5 mg/gram (0.5 %) eye ointment                                   | P    | QL(Allowed 4 per Rx)      |
| <b>OPHTHALMIC ANTIBIOTIC - SULFONAMIDES</b>                                   |      |                           |
| Bleph-10 10 % eye drops                                                       | NP   | PA; QL(Allowed 15 per Rx) |
| sulfacetamide sodium 10 % eye drops                                           | P    | QL(Allowed 15 per Rx)     |
| sulfacetamide sodium 10 % eye ointment                                        | P    | QL(Allowed 4 per Rx)      |
| <b>OPHTHALMIC ANTIFUNGALS</b>                                                 |      |                           |
| Natacyn 5 % eye drops,suspension                                              | P    |                           |
| <b>OPHTHALMIC ANTISEPTICS</b>                                                 |      |                           |
| Betadine Ophthalmic Prep 5 % solution                                         | NP   | PA                        |
| <b>OPHTHALMIC ANTIVIRALS</b>                                                  |      |                           |
| trifluridine 1 % eye drops                                                    | P    | QL(Allowed 8 per Rx)      |
| Zirgan 0.15 % eye gel                                                         | P    |                           |
| <b>OPHTHALMIC-INTRAOCULAR PRESS. REDUCING, SEL. ALPHA ADRENERGIC AGONISTS</b> |      |                           |
| Alphagan P 0.1 % eye drops                                                    | P    |                           |
| Alphagan P 0.15 % eye drops                                                   | P    |                           |

| Drug Name                                                              | Tier | Drug Restriction         |
|------------------------------------------------------------------------|------|--------------------------|
| apraclonidine 0.5 % eye drops                                          | NP   | PA                       |
| brimonidine 0.15 % eye drops                                           | P    |                          |
| brimonidine 0.2 % eye drops                                            | P    | QL(Allowed 15 per Rx)    |
| Iopidine 1 % eye drops in a dropperette                                | NP   | PA                       |
| OPHTHALMIC-INTRAOCULAR PRESSURE REDUCING AGENTS, PROSTAGLANDIN ANALOGS |      |                          |
| bimatoprost 0.03 % eye drops                                           | NP   | PA                       |
| latanoprost 0.005 % eye drops                                          | P    | QL(Allowed 3 per Rx)     |
| Lumigan 0.01 % eye drops                                               | NP   | PA                       |
| Travatan Z 0.004 % eye drops                                           | NP   | PA                       |
| travoprost 0.004 % eye drops                                           | NP   | PA                       |
| Vyzulta 0.024 % eye drops                                              | NP   | PA                       |
| Xalatan 0.005 % eye drops                                              | NP   | PA; QL(Allowed 3 per Rx) |
| Xelpros 0.005 % eye drop emulsion                                      | NP   | PA                       |
| Zioptan (PF) 0.0015 % eye drops in a dropperette                       | NP   | PA                       |
| OPHTHALMIC-INTRAOCULAR PRESSURE REDUCING AGENTS, RHO KINASE INHIBITORS |      |                          |

| Drug Name                                                              | Tier | Drug Restriction                                        |
|------------------------------------------------------------------------|------|---------------------------------------------------------|
| Rhopressa 0.02 % eye drops                                             | NP   | PA                                                      |
| OTIC (EAR)                                                             |      |                                                         |
| OTIC (EAR) - ANTI-INFECTIVE-GLUCOCORTICOID COMBINATIONS                |      |                                                         |
| Cipro HC 0.2 %-1 % ear drops,suspension                                | NP   | PA                                                      |
| Ciprodex 0.3 %-0.1 % ear drops,suspension                              | P    | QL(Allowed 7.5 per Rx); QL(Limit 1 fill(s) per 30 days) |
| ciprofloxacin 0.3 %-dexamethasone 0.1 % ear drops,suspension           | P    | QL(Allowed 7.5 per Rx)                                  |
| ciprofloxacin 0.3 %-fluocinolone 0.025 % (0.25 mL) ear solution        | NP   | PA                                                      |
| Cortisporin-TC 3.3 mg-3 mg-10 mg-0.5 mg/mL ear drops,suspension        | NP   | PA                                                      |
| neomycin-polymyxin-hydrocort 3.5 mg/mL-10,000 unit/mL-1 % ear solution | P    | QL(Allowed 10 per Rx)                                   |
| neomycin-polymyxin-hydrocort 3.5 mg-10,000 unit/mL-1 % ear drops,susp  | P    | QL(Allowed 10 per Rx)                                   |
| Otovel 0.3 %-0.025 % (0.25 mL) ear solution                            | NP   | PA                                                      |
| OTIC (EAR) - ANTI-INFECTIVES OTHER                                     |      |                                                         |

| Drug Name                                                              | Tier | Drug Restriction          |
|------------------------------------------------------------------------|------|---------------------------|
| acetic acid 2 % ear solution                                           | P    | QL(Allowed 15 per Rx)     |
| <b>OTIC (EAR) - FLUOROQUINOLONES</b>                                   |      |                           |
| ciprofloxacin 0.2 % ear drops in a dropperette                         | NP   | PA                        |
| Floxin 0.3 % ear drops                                                 | NP   | PA; QL(Allowed 10 per Rx) |
| ofloxacin 0.3 % ear drops                                              | P    | QL(Allowed 10 per Rx)     |
| <b>OTIC (EAR) - GLUCOCORTICOIDS</b>                                    |      |                           |
| DermOtic Oil 0.01 % ear drops                                          | NP   | PA; QL(Allowed 20 per Rx) |
| Flac Otic (ear) Oil 0.01 % drops                                       | NP   | PA; QL(Allowed 20 per Rx) |
| fluocinolone acetonide oil 0.01 % ear drops                            | NP   | PA; QL(Allowed 20 per Rx) |
| hydrocortisone-acetic acid 1 %-2 % ear drops                           | NP   | PA; QL(Allowed 10 per Rx) |
| <b>RESPIRATORY THERAPY AGENTS</b>                                      |      |                           |
| <b>1ST GENERATION ANTIHISTAMINE-DECONGESTANT COMBINATIONS</b>          |      |                           |
| Brotapp 1 mg-15 mg/5 mL oral liquid                                    | P    | QL(Allowed 120 per Rx)    |
| Children's Cold-Allergy (phenylephrine) 1 mg-2.5 mg/5 mL oral solution | P    | QL(Allowed 120 per Rx)    |

| Drug Name                                                          | Tier | Drug Restriction       |
|--------------------------------------------------------------------|------|------------------------|
| Children's Dibromm Cold and Allergy 1 mg-2.5 mg/5 mL oral solution | P    | QL(Allowed 120 per Rx) |
| Children's Wal-Tap Cold-Allergy 1 mg-2.5 mg/5 mL oral solution     | P    | QL(Allowed 120 per Rx) |
| Cold and Allergy (bromphen-PE) 1 mg-2.5 mg/5 mL oral solution      | P    | QL(Allowed 120 per Rx) |
| Dimaphen (PE) 1 mg-2.5 mg/5 mL oral solution                       | P    | QL(Allowed 120 per Rx) |
| Dimetapp Cold-Allergy (PE) 1 mg-2.5 mg/5 mL oral solution          | P    | QL(Allowed 120 per Rx) |
| LoHist - D 2 mg-30 mg/5 mL oral liquid                             | P    | QL(Allowed 240 per Rx) |
| Promethazine VC 6.25 mg-5 mg/5 mL oral syrup                       | P    | Use Generic Products   |
| promethazine-phenylephrine 6.25 mg-5 mg/5 mL oral syrup            | P    |                        |
| Q-Tapp 1 mg-15 mg/5 mL oral liquid                                 | P    | QL(Allowed 120 per Rx) |
| Rynex PE 1 mg-2.5 mg/5 mL oral solution                            | P    | QL(Allowed 120 per Rx) |

| Drug Name                                                              | Tier | Drug Restriction        |
|------------------------------------------------------------------------|------|-------------------------|
| Rynex PSE 1 mg-15 mg/5 mL oral liquid                                  | P    | QL(Allowed 120 per Rx)  |
| Valu-Tapp 1 mg-15 mg/5 mL oral liquid                                  | P    | QL(Allowed 120 per Rx)  |
| <b>2ND GENERATION ANTIHISTAMINE-DECONGESTANT COMBINATIONS</b>          |      |                         |
| Alavert D-12 Allergy-Sinus 5 mg-120 mg tablet,extended release         | P    | QL(Allowed 2 per 1 day) |
| All Day Allergy-D 5 mg-120 mg tablet,extended release                  | P    | QL(Allowed 2 per 1 day) |
| AllerClear D-12hr 5 mg-120 mg tablet,extended release                  | P    | QL(Allowed 2 per 1 day) |
| AllerClear D-24hr 10 mg-240 mg tablet,extended release                 | P    | QL(Allowed 1 per 1 day) |
| Allergy and Congestion Relief 10 mg-240 mg tablet,extend release 24 hr | P    | QL(Allowed 1 per 1 day) |
| Allergy and Congestion Relief 5 mg-120 mg tablet,extend release 12 hr  | P    | QL(Allowed 2 per 1 day) |
| Allergy Complete-D 5 mg-120 mg tablet,extended release                 | P    | QL(Allowed 2 per 1 day) |

| Drug Name                                                              | Tier | Drug Restriction        |
|------------------------------------------------------------------------|------|-------------------------|
| Allergy D-12 5 mg-120 mg tablet,extended release                       | P    | QL(Allowed 2 per 1 day) |
| Allergy plus Congestn Relief-D(cetiriz) 5 mg-120 mg tablet,ext.release | P    | QL(Allowed 2 per 1 day) |
| Allergy Relief and Nasal Decongestant 10 mg-240 mg tablet,extended rel | P    | QL(Allowed 1 per 1 day) |
| Allergy Relief D12 5 mg-120 mg tablet,extended release                 | P    | QL(Allowed 2 per 1 day) |
| Allergy Relief D-24hr 10 mg-240 mg tablet,extended release             | P    | QL(Allowed 1 per 1 day) |
| Allergy Relief-D (cetirizine) 5 mg-120 mg tablet,extended release      | P    | QL(Allowed 2 per 1 day) |
| Allergy Relief-D (loratadine) 5 mg-120 mg tablet,extended release      | P    | QL(Allowed 2 per 1 day) |
| Allergy-Congestion Relief-D 10 mg-240 mg tablet,extended release 24 hr | P    | QL(Allowed 1 per 1 day) |
| Aller-Tec D 5 mg-120 mg tablet,extended release                        | P    | QL(Allowed 2 per 1 day) |



| Drug Name                                                              | Tier | Drug Restriction        |
|------------------------------------------------------------------------|------|-------------------------|
| Cetiri-D 5 mg-120 mg tablet,extended release                           | P    | QL(Allowed 2 per 1 day) |
| cetirizine 5 mg-pseudoephedrine ER 120 mg tablet,extended release,12hr | P    | QL(Allowed 2 per 1 day) |
| Claritin-D 12 Hour 5 mg-120 mg tablet,extended release                 | P    | QL(Allowed 2 per 1 day) |
| Claritin-D 24 Hour 10 mg-240 mg tablet,extended release                | P    | QL(Allowed 1 per 1 day) |
| Lorata-D 10 mg-240 mg tablet,extended release                          | P    | QL(Allowed 1 per 1 day) |
| lorata-dine D 10 mg-240 mg tablet,extended release                     | P    | QL(Allowed 1 per 1 day) |
| Loratadine-D 10 mg-240 mg tablet,extended release 24 hr                | P    | QL(Allowed 1 per 1 day) |
| Loratadine-D 5 mg-120 mg tablet,extended release 12 hr                 | P    | QL(Allowed 2 per 1 day) |
| Wal-itin D 10 mg-240 mg tablet,extended release                        | P    | QL(Allowed 1 per 1 day) |

| Drug Name                                              | Tier | Drug Restriction                              |
|--------------------------------------------------------|------|-----------------------------------------------|
| Wal-Itin D 12 Hour 5 mg-120 mg tablet,extended release | P    | QL(Allowed 2 per 1 day)                       |
| Wal-Zyr D 5 mg-120 mg tablet,extended release          | P    | QL(Allowed 2 per 1 day)                       |
| Zyrtec-D 5 mg-120 mg tablet,extended release           | P    | QL(Allowed 2 per 1 day)                       |
| <b>ANTIHISTAMINES - 1ST GENERATION</b>                 |      |                                               |
| Aler-Cap 25 mg capsule                                 | P    | QL(Allowed 4 per 1 day)                       |
| Aller-Chlor 2 mg/5 mL oral syrup                       | P    | QL(Allowed 60 per 1 day)                      |
| Aller-Chlor 4 mg tablet                                | P    | QL(Allowed 120 per Rx); Use Generic Products  |
| Aller-G-Time 25 mg tablet                              | P    | QL(Allowed 4 per 1 day)                       |
| Allergy (chlorpheniramine) 4 mg tablet                 | P    | QL(Allowed 120 per Rx); Use Generic Products  |
| Allergy (diphenhydramine) 12.5 mg/5 mL oral liquid     | P    | QL(Allowed 240 per Rx); Use Generic Products  |
| Allergy (diphenhydramine) 25 mg capsule                | P    | QL(Allowed 4 per 1 day); Use Generic Products |
| Allergy (diphenhydramine) 25 mg tablet                 | P    | QL(Allowed 4 per 1 day)                       |
| Allergy 4-Hour 4 mg tablet                             | P    | QL(Allowed 120 per Rx); Use Generic Products  |

| Drug Name                                                       | Tier | Drug Restriction                              |
|-----------------------------------------------------------------|------|-----------------------------------------------|
| Allergy Medication<br>25 mg capsule                             | P    | QL(Allowed 4 per 1 day); Use Generic Products |
| Allergy Medicine<br>12.5 mg/5 mL oral liquid                    | P    | QL(Allowed 240 per Rx); Use Generic Products  |
| Allergy Medicine<br>25 mg capsule                               | P    | QL(Allowed 4 per 1 day); Use Generic Products |
| Allergy Medicine<br>25 mg tablet                                | P    | QL(Allowed 4 per 1 day)                       |
| Allergy Relief<br>(chlorpheniramine)<br>4 mg tablet             | P    | QL(Allowed 120 per Rx); Use Generic Products  |
| Allergy Relief<br>(clemastine) 1.34 mg tablet                   | P    | QL(Allowed 2 per 1 day)                       |
| Allergy Relief<br>(diphenhydramine)<br>12.5 mg/5 mL oral liquid | P    | QL(Allowed 240 per Rx); Use Generic Products  |
| Allergy Relief<br>(diphenhydramine)<br>25 mg capsule            | P    | QL(Allowed 4 per 1 day); Use Generic Products |
| Allergy Relief<br>(diphenhydramine)<br>25 mg tablet             | P    | QL(Allowed 4 per 1 day)                       |
| Allergy-Time 4 mg tablet                                        | P    | QL(Allowed 120 per Rx)                        |
| Allerhist<br>(clemastine) 1.34 mg tablet                        | P    | QL(Allowed 2 per 1 day)                       |
| Allerhist-1 1.34 mg tablet                                      | P    | QL(Allowed 2 per 1 day)                       |
| Banophen 12.5 mg/5 mL oral liquid                               | P    | QL(Allowed 240 per Rx); Use Generic Products  |

| Drug Name                                                           | Tier | Drug Restriction                              |
|---------------------------------------------------------------------|------|-----------------------------------------------|
| Banophen 25 mg capsule                                              | P    | QL(Allowed 4 per 1 day); Use Generic Products |
| Banophen 25 mg tablet                                               | P    | QL(Allowed 4 per 1 day)                       |
| Banophen 50 mg capsule                                              | P    | QL(Allowed 4 per 1 day)                       |
| Banophen Allergy<br>12.5 mg/5 mL oral liquid                        | P    | QL(Allowed 240 per Rx); Use Generic Products  |
| Benadryl 25 mg capsule                                              | P    | QL(Allowed 4 per 1 day); Use Generic Products |
| Benadryl Allergy<br>12.5 mg/5 mL oral liquid                        | P    | QL(Allowed 240 per Rx); Use Generic Products  |
| Benadryl Allergy<br>25 mg tablet                                    | P    | QL(Allowed 4 per 1 day)                       |
| Children's Allergy<br>(diphenhydramine)<br>12.5 mg/5 mL oral elixir | P    | QL(Allowed 240 per Rx); Use Generic Products  |
| Children's Allergy<br>(diphenhydramine)<br>12.5 mg/5 mL oral liquid | P    | QL(Allowed 240 per Rx); Use Generic Products  |
| Children's Aurodryl Allergy<br>12.5 mg/5 mL oral liquid             | P    | QL(Allowed 240 per Rx)                        |
| Children's Wal-Dryl Allergy<br>12.5 mg/5 mL oral liquid             | P    | QL(Allowed 240 per Rx)                        |
| Children's Wal-Dryl Allergy<br>12.5 mg/5 mL prefilled spoon         | P    | QL(Allowed 240 per Rx)                        |

| Drug Name                                 | Tier | Drug Restriction                              |
|-------------------------------------------|------|-----------------------------------------------|
| ChlorHist 4 mg tablet                     | P    | QL(Allowed 120 per Rx); Use Generic Products  |
| chlorpheniramine 4 mg tablet              | P    | QL(Allowed 120 per Rx)                        |
| ChlorTabs 4 mg tablet                     | P    | QL(Allowed 120 per Rx)                        |
| Chlor-Trimeton 4 mg tablet                | P    | QL(Allowed 120 per Rx); Use Generic Products  |
| Complete Allergy 12.5 mg/5 mL oral liquid | P    | QL(Allowed 240 per Rx); Use Generic Products  |
| Complete Allergy 25 mg capsule            | P    | QL(Allowed 4 per 1 day); Use Generic Products |
| Complete Allergy 25 mg tablet             | P    | QL(Allowed 4 per 1 day)                       |
| Complete Allergy Medicine 25 mg capsule   | P    | QL(Allowed 4 per 1 day); Use Generic Products |
| Complete Allergy Medicine 25 mg tablet    | P    | QL(Allowed 4 per 1 day)                       |
| cyproheptadine 2 mg/5 mL oral syrup       | P    |                                               |
| cyproheptadine 4 mg tablet                | P    | MT                                            |
| Dayhist 1.34 mg tablet                    | P    | QL(Allowed 2 per 1 day)                       |
| Dayhist Allergy 1.34 mg tablet            | P    | QL(Allowed 2 per 1 day)                       |
| Diphenhydramine 12.5 mg/5 mL oral liquid  | P    | QL(Allowed 240 per Rx); Use Generic Products  |

| Drug Name                                        | Tier | Drug Restriction                              |
|--------------------------------------------------|------|-----------------------------------------------|
| Diphenhydramine 25 mg capsule                    | P    | QL(Allowed 4 per 1 day); Use Generic Products |
| Diphenhydramine 25 mg tablet                     | P    | QL(Allowed 4 per 1 day)                       |
| Diphenhydramine Allergy 12.5 mg/5 mL oral liquid | P    | QL(Allowed 240 per Rx)                        |
| Diphen 12.5 mg/5 mL oral elixir                  | P    | QL(Allowed 240 per Rx)                        |
| Diphen 25 mg tablet                              | P    | QL(Allowed 4 per 1 day)                       |
| Diphenhydramine 12.5 mg/5 mL oral liquid         | P    | QL(Allowed 240 per Rx); Use Generic Products  |
| Diphenhydramine 25 mg capsule                    | P    | QL(Allowed 4 per 1 day); Use Generic Products |
| Diphenhydramine 25 mg tablet                     | P    | QL(Allowed 4 per 1 day)                       |
| diphenhydramine 12.5 mg/5 mL oral elixir         | P    | QL(Allowed 240 per Rx)                        |
| diphenhydramine 12.5 mg/5 mL oral liquid         | P    | QL(Allowed 240 per Rx)                        |
| diphenhydramine 25 mg capsule                    | P    | QL(Allowed 4 per 1 day)                       |
| diphenhydramine 25 mg tablet                     | P    | QL(Allowed 4 per 1 day)                       |
| diphenhydramine 50 mg capsule                    | P    | QL(Allowed 4 per 1 day)                       |
| ED Chlorped Jr 2 mg/5 mL oral syrup              | P    | QL(Allowed 60 per 1 day)                      |

| Drug Name                                  | Tier | Drug Restriction                                |
|--------------------------------------------|------|-------------------------------------------------|
| Ed-Chlortan 4 mg tablet                    | P    | QL(Allowed 120 per Rx); Use Generic Products    |
| Geri-Dryl 12.5 mg/5 mL oral liquid         | P    | QL(Allowed 240 per Rx)                          |
| Geri-Dryl 25 mg tablet                     | P    | QL(Allowed 4 per 1 day)                         |
| M-Dryl 12.5 mg/5 mL oral liquid            | P    | QL(Allowed 240 per Rx)                          |
| Naramin 12.5 mg/5 mL oral liquid in packet | P    | QL(Allowed 240 per Rx)                          |
| Nighttime Allergy Relief 25 mg tablet      | P    | QL(Allowed 4 per 1 day)                         |
| Pharbechlor 4 mg tablet                    | P    | QL(Allowed 120 per Rx); Use Generic Products    |
| Pharbedryl 25 mg capsule                   | P    | QL(Allowed 4 per 1 day)                         |
| Pharbedryl 50 mg capsule                   | P    | QL(Allowed 4 per 1 day)                         |
| promethazine 12.5 mg tablet                | P    | AL(Minimum Age 2 Years)                         |
| promethazine 25 mg tablet                  | P    | AL(Minimum Age 2 Years)                         |
| promethazine 50 mg tablet                  | P    | AL(Minimum Age 2 Years)                         |
| promethazine 6.25 mg/5 mL oral syrup       | P    | AL(Minimum Age 2 Years); QL(Allowed 240 per Rx) |
| Q-Dryl 12.5 mg/5 mL oral liquid            | P    | QL(Allowed 240 per Rx)                          |
| Q-Dryl 25 mg capsule                       | P    | QL(Allowed 4 per 1 day); Use Generic Products   |

| Drug Name                                          | Tier | Drug Restriction                              |
|----------------------------------------------------|------|-----------------------------------------------|
| Quenalin 12.5 mg/5 mL oral syrup                   | P    | QL(Allowed 240 per Rx)                        |
| Siladryl SA 12.5 mg/5 mL oral liquid               | P    | QL(Allowed 240 per Rx); Use Generic Products  |
| Silphen Cough 12.5 mg/5 mL oral syrup              | P    | QL(Allowed 240 per Rx)                        |
| Total Allergy Medicine 25 mg tablet                | P    | QL(Allowed 4 per 1 day)                       |
| Valu-Dryl Allergy 25 mg capsule                    | P    | QL(Allowed 4 per 1 day); Use Generic Products |
| Wal-Dryl Allergy 12.5 mg/5 mL oral liquid          | P    | QL(Allowed 240 per Rx)                        |
| Wal-Dryl Allergy 25 mg capsule                     | P    | QL(Allowed 4 per 1 day)                       |
| Wal-Dryl Allergy 25 mg tablet                      | P    | QL(Allowed 4 per 1 day)                       |
| Wal-Finate 4 mg tablet                             | P    | QL(Allowed 120 per Rx)                        |
| ANTIHISTAMINES - 2ND GENERATION                    |      |                                               |
| 24Hour Allergy 10 mg tablet                        | P    | QL(Allowed 1 per 1 day)                       |
| 24HR Allergy Relief 5 mg tablet                    | P    | QL(Allowed 1 per 1 day)                       |
| Alavert 10 mg disintegrating tablet                | P    | Use Generic Products                          |
| All Day Allergy (cetirizine) 1 mg/mL oral solution | P    | QL(Allowed 480 per Rx); Use Generic Products  |

| Drug Name                                          | Tier | Drug Restriction                              |
|----------------------------------------------------|------|-----------------------------------------------|
| All Day Allergy (cetirizine) 10 mg chewable tablet | P    |                                               |
| All Day Allergy (cetirizine) 10 mg tablet          | P    | QL(Allowed 1 per 1 day); Use Generic Products |
| All Day Allergy Relief (cetirizine) 10 mg tablet   | P    | QL(Allowed 1 per 1 day); Use Generic Products |
| Allegra Allergy 180 mg tablet                      | P    | QL(Allowed 1 per 1 day); Use Generic Products |
| Allegra Allergy 60 mg tablet                       | P    | QL(Allowed 2 per 1 day); Use Generic Products |
| Allerclear 10 mg tablet                            | P    | Use Generic Products                          |
| Aller-ease 180 mg tablet                           | P    | QL(Allowed 1 per 1 day); Use Generic Products |
| Aller-ease 60 mg tablet                            | P    | QL(Allowed 2 per 1 day)                       |
| Aller-Fex 180 mg tablet                            | P    | QL(Allowed 1 per 1 day)                       |
| Allergy Relief (cetirizine) 1 mg/mL oral solution  | P    | QL(Allowed 480 per Rx)                        |
| Allergy Relief (cetirizine) 10 mg tablet           | P    | QL(Allowed 1 per 1 day); Use Generic Products |
| Allergy Relief (fexofenadine) 180 mg tablet        | P    | QL(Allowed 1 per 1 day); Use Generic Products |
| Allergy Relief (fexofenadine) 60 mg tablet         | P    | QL(Allowed 2 per 1 day)                       |

| Drug Name                                                     | Tier | Drug Restriction                              |
|---------------------------------------------------------------|------|-----------------------------------------------|
| Allergy Relief (levocetirizine) 5 mg tablet                   | P    | QL(Allowed 1 per 1 day)                       |
| Allergy Relief (loratadine) 10 mg disintegrating tablet       | P    | Use Generic Products                          |
| Allergy Relief (loratadine) 10 mg tablet                      | P    | Use Generic Products                          |
| Allergy Relief (loratadine) 5 mg/5 mL oral solution           | P    | QL(Allowed 240 per Rx); Use Generic Products  |
| Aller-Tec 10 mg tablet                                        | P    | QL(Allowed 1 per 1 day); Use Generic Products |
| cetirizine 1 mg/mL oral solution                              | P    | QL(Allowed 480 per Rx)                        |
| cetirizine 10 mg chewable tablet                              | P    | QL(Allowed 1 per 1 day)                       |
| cetirizine 10 mg tablet                                       | P    | QL(Allowed 1 per 1 day)                       |
| cetirizine 5 mg chewable tablet                               | P    | QL(Allowed 1 per 1 day)                       |
| cetirizine 5 mg tablet                                        | P    | QL(Allowed 1 per 1 day)                       |
| Children's All Day Allergy (cetirizine) 1 mg/mL oral solution | P    | QL(Allowed 480 per Rx); Use Generic Products  |
| Children's Allergy (cetirizine) 1 mg/mL oral solution         | P    | QL(Allowed 480 per Rx)                        |
| Children's Allergy Complete 1 mg/mL oral solution             | P    | QL(Allowed 480 per Rx)                        |

| Drug Name                                                      | Tier | Drug Restriction                                |
|----------------------------------------------------------------|------|-------------------------------------------------|
| Children's Allergy Relief (cetirizine) 1 mg/mL oral solution   | P    | QL(Allowed 480 per Rx);<br>Use Generic Products |
| Children's Allergy Relief (cetirizine) 10 mg chewable tablet   | P    | QL(Allowed 1 per 1 day)                         |
| Children's Allergy Relief (loratadine) 5 mg/5 mL oral solution | P    | QL(Allowed 240 per Rx);<br>Use Generic Products |
| Children's Aller-Tec 1 mg/mL oral solution                     | P    | QL(Allowed 480 per Rx)                          |
| Children's Cetirizine 1 mg/mL oral solution                    | P    | QL(Allowed 480 per Rx)                          |
| Children's Cetirizine 10 mg chewable tablet                    | P    | QL(Allowed 1 per 1 day)                         |
| Children's Cetirizine 5 mg chewable tablet                     | P    | QL(Allowed 1 per 1 day)                         |
| Children's Claritin 5 mg/5 mL oral solution                    | P    | QL(Allowed 240 per Rx);<br>Use Generic Products |
| Children's Wal-Zyr 1 mg/mL oral solution                       | P    | QL(Allowed 480 per Rx)                          |
| Children's Wal-Zyr 10 mg chewable tablet                       | P    | QL(Allowed 1 per 1 day)                         |
| Claritin 10 mg tablet                                          | P    | Use Generic Products                            |

| Drug Name                                     | Tier | Drug Restriction                                |
|-----------------------------------------------|------|-------------------------------------------------|
| Claritin Reditabs 10 mg disintegrating tablet | P    | Use Generic Products                            |
| fexofenadine 180 mg tablet                    | P    | QL(Allowed 1 per 1 day)                         |
| fexofenadine 60 mg tablet                     | P    | QL(Allowed 2 per 1 day)                         |
| levocetirizine 5 mg tablet                    | P    | QL(Allowed 1 per 1 day)                         |
| Loradamed 10 mg tablet                        | P    |                                                 |
| loratadine 10 mg disintegrating tablet        | P    |                                                 |
| loratadine 10 mg tablet                       | P    |                                                 |
| loratadine 5 mg/5 mL oral solution            | P    | QL(Allowed 240 per Rx)                          |
| Mucinex Allergy 180 mg tablet                 | P    | QL(Allowed 1 per 1 day)                         |
| Non-Drowsy Allergy 10 mg tablet               | P    | Use Generic Products                            |
| Wal-Fex Allergy 180 mg tablet                 | P    | QL(Allowed 1 per 1 day); Use Generic Products   |
| Wal-Fex Allergy 60 mg tablet                  | P    | QL(Allowed 2 per 1 day)                         |
| Wal-itin 10 mg disintegrating tablet          | P    | Use Generic Products                            |
| Wal-itin 10 mg tablet                         | P    |                                                 |
| Wal-itin 5 mg/5 mL oral solution              | P    | QL(Allowed 240 per Rx);<br>Use Generic Products |

| Drug Name                                                            | Tier | Drug Restriction                                                                                    |
|----------------------------------------------------------------------|------|-----------------------------------------------------------------------------------------------------|
| Wal-Zyr (cetirizine) 1 mg/mL oral solution                           | P    | QL(Allowed 480 per Rx)                                                                              |
| Wal-Zyr (cetirizine) 10 mg tablet                                    | P    | QL(Allowed 1 per 1 day)                                                                             |
| Xyzal 5 mg tablet                                                    | P    | QL(Allowed 1 per 1 day); Use Generic Products                                                       |
| Zyrtec 10 mg tablet                                                  | P    | QL(Allowed 1 per 1 day); Use Generic Products                                                       |
| <b>ANTITUSSIVES - NON-OPIOID</b>                                     |      |                                                                                                     |
| benzonatate 100 mg capsule                                           | P    | AL(Minimum Age 10 Years)                                                                            |
| benzonatate 200 mg capsule                                           | P    | AL(Minimum Age 10 Years); QL(QL Overtime: Allowed 30 over 30 days); QL(Limit 1 fill(s) per 30 days) |
| Children's Cough DM ER 30 mg/5 mL oral suspension,extended release   | P    | QL(QL Overtime: Allowed 240 over 7 days)                                                            |
| Children's Delsym Cough 30 mg/5 mL oral suspension,extended release  | P    | QL(QL Overtime: Allowed 240 over 7 days)                                                            |
| Children's Robitussin ER 30 mg/5 mL oral suspension,extended release | P    | QL(QL Overtime: Allowed 240 over 7 days)                                                            |
| Cough DM ER 30 mg/5 mL oral suspension,extended release              | P    | QL(QL Overtime: Allowed 240 over 7 days)                                                            |

| Drug Name                                                              | Tier | Drug Restriction                               |
|------------------------------------------------------------------------|------|------------------------------------------------|
| Delsym 12 hour 30 mg/5 mL oral suspension,extended release             | P    | QL(QL Overtime: Allowed 240 over 7 days)       |
| dextromethorphan polistirex ER 30 mg/5 mL oral susp ext.release 12hr   | P    | QL(QL Overtime: Allowed 240 over 7 days)       |
| Robitussin ER 30 mg/5 mL oral suspension,extended release              | P    | QL(QL Overtime: Allowed 240 over 7 days)       |
| Tessalon Perles 100 mg capsule                                         | P    | AL(Minimum Age 10 Years); Use Generic Products |
| <b>ASTHMA THERAPY - 5-LIPOXYGENASE INHIBITORS</b>                      |      |                                                |
| zileuton ER 600 mg tablet,extended release 12hr mphase                 | NP   | PA                                             |
| Zyflo 600 mg tablet                                                    | NP   | PA                                             |
| <b>ASTHMA THERAPY - INHALED CORTICOSTEROIDS (GLUCOCORTICOIDS)</b>      |      |                                                |
| Alvesco 160 mcg/actuation aerosol inhaler                              | NP   | PA                                             |
| Alvesco 80 mcg/actuation aerosol inhaler                               | NP   | PA                                             |
| ArmonAir Digihaler 113 mcg/actuation aerosol powder breath act, sensor | NP   | PA                                             |

| Drug Name                                                              | Tier | Drug Restriction |
|------------------------------------------------------------------------|------|------------------|
| ArmonAir Digihaler 232 mcg/actuation aerosol powder breath act, sensor | NP   | PA               |
| ArmonAir Digihaler 55 mcg/actuation aerosol powder breath act, sensor  | NP   | PA               |
| Arnuity Ellipta 100 mcg/actuation powder for inhalation                | NP   | PA               |
| Arnuity Ellipta 200 mcg/actuation powder for inhalation                | NP   | PA               |
| Arnuity Ellipta 50 mcg/actuation powder for inhalation                 | NP   | PA               |
| Asmanex HFA 100 mcg/actuation aerosol inhaler                          | NP   | PA               |
| Asmanex HFA 200 mcg/actuation aerosol inhaler                          | NP   | PA               |
| Asmanex HFA 50 mcg/actuation aerosol inhaler                           | NP   | PA               |
| Asmanex Twisthaler 110 mcg/actuation(30 doses) breath activated inhler | P    |                  |

| Drug Name                                                               | Tier | Drug Restriction                                                   |
|-------------------------------------------------------------------------|------|--------------------------------------------------------------------|
| Asmanex Twisthaler 220 mcg/actuation(120 doses) breath activated inhler | P    |                                                                    |
| Asmanex Twisthaler 220 mcg/actuation(14 doses) breath activated inhler  | P    |                                                                    |
| Asmanex Twisthaler 220 mcg/actuation(30 doses) breath activated inhler  | P    |                                                                    |
| Asmanex Twisthaler 220 mcg/actuation(60 doses) breath activated inhler  | P    |                                                                    |
| budesonide 0.25 mg/2 mL suspension for nebulization                     | P    | AL(Maximum Age 8 Years); QL(QL Overtime: Allowed 120 over 30 days) |
| budesonide 0.5 mg/2 mL suspension for nebulization                      | P    | AL(Maximum Age 8 Years); QL(QL Overtime: Allowed 120 over 30 days) |
| budesonide 1 mg/2 mL suspension for nebulization                        | P    | AL(Maximum Age 8 Years); QL(QL Overtime: Allowed 120 over 30 days) |
| Flovent Diskus 100 mcg/actuation powder for inhalation                  | P    | QL(Allowed 2 per 1 day)                                            |
| Flovent Diskus 250 mcg/actuation powder for inhalation                  | P    | QL(Allowed 2 per 1 day)                                            |



| Drug Name                                                    | Tier | Drug Restriction                                                       |
|--------------------------------------------------------------|------|------------------------------------------------------------------------|
| Flovent Diskus 50 mcg/actuation powder for inhalation        | P    | QL(Allowed 60 per Rx)                                                  |
| Flovent HFA 110 mcg/actuation aerosol inhaler                | P    | QL(Allowed 12 per Rx)                                                  |
| Flovent HFA 220 mcg/actuation aerosol inhaler                | P    | QL(Allowed 12 per Rx)                                                  |
| Flovent HFA 44 mcg/actuation aerosol inhaler                 | P    | QL(Allowed 11 per Rx)                                                  |
| Pulmicort 0.25 mg/2 mL suspension for nebulization           | NP   | AL(Maximum Age 8 Years); PA; QL(QL Overtime: Allowed 120 over 30 days) |
| Pulmicort 0.5 mg/2 mL suspension for nebulization            | NP   | AL(Maximum Age 8 Years); PA; QL(QL Overtime: Allowed 120 over 30 days) |
| Pulmicort 1 mg/2 mL suspension for nebulization              | NP   | AL(Maximum Age 8 Years); PA; QL(QL Overtime: Allowed 120 over 30 days) |
| Pulmicort Flexhaler 180 mcg/actuation breath activated       | NP   | PA; QL(QL Overtime: Allowed 1 over 25 days)                            |
| Pulmicort Flexhaler 90 mcg/actuation breath activated        | NP   | PA; QL(QL Overtime: Allowed 1 over 25 days)                            |
| Qvar RediHaler 40 mcg/actuation HFA breath activated aerosol | NP   | PA                                                                     |
| Qvar RediHaler 80 mcg/actuation HFA breath activated aerosol | NP   | PA                                                                     |

| Drug Name                                                             | Tier | Drug Restriction                |
|-----------------------------------------------------------------------|------|---------------------------------|
| ASTHMA THERAPY - INTERLEUKIN-5 (IL-5) RECEPTOR ALPHA ANTAGONISTS, MAB |      |                                 |
| Fasenra 30 mg/mL subcutaneous syringe                                 | NP   | PA; SP                          |
| Fasenra Pen 30 mg/mL subcutaneous auto-injector                       | NP   | PA; SP                          |
| ASTHMA THERAPY - LEUKOTRIENE RECEPTOR ANTAGONISTS                     |      |                                 |
| Accolate 10 mg tablet                                                 | NP   | PA                              |
| Accolate 20 mg tablet                                                 | NP   | PA                              |
| montelukast 10 mg tablet                                              | P    | QL(Allowed 1 per 1 day); MT     |
| montelukast 4 mg chewable tablet                                      | P    | QL(Allowed 1 per 1 day); MT     |
| montelukast 4 mg oral granules in packet                              | P    | QL(Allowed 1 per 1 day)         |
| montelukast 5 mg chewable tablet                                      | P    | QL(Allowed 1 per 1 day); MT     |
| Singulair 10 mg tablet                                                | NP   | PA; QL(Allowed 1 per 1 day); MT |
| Singulair 4 mg chewable tablet                                        | NP   | PA; QL(Allowed 1 per 1 day); MT |
| Singulair 4 mg oral granules in packet                                | NP   | PA; QL(Allowed 1 per 1 day)     |
| Singulair 5 mg chewable tablet                                        | NP   | PA; QL(Allowed 1 per 1 day); MT |
| zafirlukast 10 mg tablet                                              | P    |                                 |

| Drug Name                                                               | Tier | Drug Restriction                          |
|-------------------------------------------------------------------------|------|-------------------------------------------|
| zafirlukast 20 mg tablet                                                | P    |                                           |
| <b>ASTHMA THERAPY - MAST CELL STABILIZERS</b>                           |      |                                           |
| cromolyn 20 mg/2 mL solution for nebulization                           | P    | QL(QL Overtime: Allowed 240 over 30 days) |
| <b>ASTHMA THERAPY - MONOCLONAL ANTIBODIES TO IMMUNOGLOBULIN E (IGE)</b> |      |                                           |
| Xolair 150 mg subcutaneous solution                                     | NP   | PA; SP                                    |
| Xolair 150 mg/mL subcutaneous syringe                                   | NP   | PA; SP                                    |
| Xolair 75 mg/0.5 mL subcutaneous syringe                                | NP   | PA; SP                                    |
| <b>ASTHMA THERAPY - XANTHINES</b>                                       |      |                                           |
| Theo-24 100 mg capsule,extended release                                 | P    |                                           |
| Theo-24 200 mg capsule,extended release                                 | P    |                                           |
| Theo-24 300 mg capsule,extended release                                 | P    |                                           |
| Theo-24 400 mg capsule,extended release                                 | P    |                                           |
| theophylline 80 mg/15 mL oral elixir                                    | P    | QL(Allowed 475 per Rx); MT                |
| theophylline 80 mg/15 mL oral solution                                  | P    | QL(Allowed 475 per Rx); MT                |

| Drug Name                                                                     | Tier | Drug Restriction |
|-------------------------------------------------------------------------------|------|------------------|
| theophylline ER 300 mg tablet,extended release,12 hr                          | P    | MT               |
| theophylline ER 400 mg tablet,extended release 24 hr                          | P    | MT               |
| theophylline ER 450 mg tablet,extended release,12 hr                          | P    |                  |
| theophylline ER 600 mg tablet,extended release 24 hr                          | P    | MT               |
| <b>ASTHMA THERAPY- MONOCLONAL ANTIBODY - INTERLEUKIN-5 (IL-5) ANTAGONISTS</b> |      |                  |
| Cinqair 10 mg/mL intravenous solution                                         | NP   | PA; SP           |
| Nucala 100 mg subcutaneous solution                                           | P    | PA; SP           |
| Nucala 100 mg/mL subcutaneous auto-injector                                   | NP   | PA; SP           |
| Nucala 100 mg/mL subcutaneous syringe                                         | NP   | PA; SP           |
| <b>ASTHMA/COPD - PHOSPHODIESTERASE-4 (PDE4) INHIBITORS</b>                    |      |                  |
| Daliresp 250 mcg tablet                                                       | NP   | PA               |
| Daliresp 500 mcg tablet                                                       | NP   | PA               |
| <b>ASTHMA/COPD - ANTICHOLINERGIC AGENTS, INHALED LONG ACTING</b>              |      |                  |

| Drug Name                                                   | Tier | Drug Restriction                            |
|-------------------------------------------------------------|------|---------------------------------------------|
| Incruse Ellipta 62.5 mcg/actuation powder for inhalation    | NP   | PA; QL(Allowed 30 per Rx)                   |
| Lonhala Magnair Refill 25 mcg/mL solution for nebulization  | NP   | PA                                          |
| Lonhala Magnair Starter 25 mcg/mL solution for nebulization | NP   | PA                                          |
| Seebri Neohaler 15.6 mcg capsule with inhalation device     | NP   | PA                                          |
| Spiriva Respimat 1.25 mcg/actuation solution for inhalation | P    |                                             |
| Spiriva Respimat 2.5 mcg/actuation solution for inhalation  | NP   | PA                                          |
| Spiriva with HandiHaler 18 mcg and inhalation capsules      | P    |                                             |
| Tudorza Pressair 400 mcg/actuation breath activated         | NP   | PA; QL(QL Overtime: Allowed 1 over 30 days) |
| Yupelri 175 mcg/3 mL solution for nebulization              | NP   | PA                                          |
| ASTHMA/COPD - ANTICHOLINERGIC AGENTS, INHALED SHORT ACTING  |      |                                             |
| Atrovent HFA 17 mcg/actuation aerosol inhaler               | P    | QL(QL Overtime: Allowed 26 over 30 days)    |

| Drug Name                                                             | Tier | Drug Restriction                          |
|-----------------------------------------------------------------------|------|-------------------------------------------|
| ipratropium bromide 0.02 % solution for inhalation                    | P    | QL(QL Overtime: Allowed 375 over 27 days) |
| ASTHMA/COPD - BETA 2-ADRENERGIC AGENTS, INHALED, ULTRA-LONG ACTING    |      |                                           |
| Arcapta Neohaler 75 mcg capsule with inhalation device                | NP   | PA                                        |
| Striverdi Respimat 2.5 mcg/actuation solution for inhalation          | NP   | PA                                        |
| ASTHMA/COPD THERAPY - BETA 2-ADRENERGIC AGENTS, INHALED, LONG ACTING  |      |                                           |
| Brovana 15 mcg/2 mL solution for nebulization                         | NP   | PA                                        |
| Perforomist 20 mcg/2 mL solution for nebulization                     | NP   | PA                                        |
| Serevent Diskus 50 mcg/dose powder for inhalation                     | P    | QL(Allowed 2 per 1 day)                   |
| ASTHMA/COPD THERAPY - BETA 2-ADRENERGIC AGENTS, INHALED, SHORT ACTING |      |                                           |
| albuterol sulfate 0.63 mg/3 mL solution for nebulization              | P    | QL(QL Overtime: Allowed 375 over 27 days) |
| albuterol sulfate 1.25 mg/3 mL solution for nebulization              | P    | QL(QL Overtime: Allowed 375 over 27 days) |
| albuterol sulfate 2.5 mg/3 mL (0.083 %) solution for nebulization     | P    | QL(QL Overtime: Allowed 375 over 27 days) |

| Drug Name                                                              | Tier | Drug Restriction                   |
|------------------------------------------------------------------------|------|------------------------------------|
| albuterol sulfate concentrate 2.5 mg/0.5 mL solution for nebulization  | P    | QL(Allowed 2 per 1 day)            |
| albuterol sulfate concentrate 5 mg/mL(0.5 %) solution for nebulization | P    | QL(Allowed 2 per 1 day)            |
| albuterol sulfate HFA 90 mcg/actuation aerosol inhaler                 | P    | QL(Limit 2 package(s) per 30 days) |
| levalbuterol 0.31 mg/3 mL solution for nebulization                    | P    |                                    |
| levalbuterol 0.63 mg/3 mL solution for nebulization                    | P    |                                    |
| levalbuterol 1.25 mg/3 mL solution for nebulization                    | P    |                                    |
| levalbuterol concentrate 1.25 mg/0.5 mL solution for nebulization      | P    |                                    |
| levalbuterol HFA 45 mcg/actuation aerosol inhaler                      | P    | QL(Limit 2 package(s) per 30 days) |
| Proair Digihaler 90 mcg/actuation aerosol powder breath act, sensor    | NP   | PA                                 |
| ProAir HFA 90 mcg/actuation aerosol inhaler                            | P    | QL(Limit 2 package(s) per 30 days) |

| Drug Name                                                    | Tier | Drug Restriction                   |
|--------------------------------------------------------------|------|------------------------------------|
| ProAir RespiClick 90 mcg/actuation breath activated          | NP   | PA                                 |
| Proventil HFA 90 mcg/actuation aerosol inhaler               | P    | QL(Limit 2 package(s) per 30 days) |
| Ventolin HFA 90 mcg/actuation aerosol inhaler                | P    | QL(Limit 2 package(s) per 30 days) |
| Xopenex 0.31 mg/3 mL solution for nebulization               | NP   | PA                                 |
| Xopenex 0.63 mg/3 mL solution for nebulization               | NP   | PA                                 |
| Xopenex 1.25 mg/3 mL solution for nebulization               | NP   | PA                                 |
| Xopenex Concentrate 1.25 mg/0.5 mL solution for nebulization | NP   | PA                                 |
| Xopenex HFA 45 mcg/actuation aerosol inhaler                 | P    | QL(Limit 2 package(s) per 30 days) |
| <b>ASTHMA/COPD THERAPY - BETA ADRENERGIC AGENTS</b>          |      |                                    |
| albuterol sulfate 2 mg tablet                                | NP   | PA                                 |
| albuterol sulfate 2 mg/5 mL oral syrup                       | P    | MT                                 |
| albuterol sulfate 4 mg tablet                                | NP   | PA                                 |

| Drug Name                                                                        | Tier | Drug Restriction                               |
|----------------------------------------------------------------------------------|------|------------------------------------------------|
| albuterol sulfate<br>ER 4 mg<br>tablet,extended<br>release,12 hr                 | NP   | PA                                             |
| albuterol sulfate<br>ER 8 mg<br>tablet,extended<br>release,12 hr                 | NP   | PA                                             |
| metaproterenol 10<br>mg/5 mL oral syrup                                          | NP   | PA; QL(Allowed 30 per 1<br>day)                |
| terbutaline 2.5 mg<br>tablet                                                     | P    | MT                                             |
| terbutaline 5 mg<br>tablet                                                       | P    | MT                                             |
| ASTHMA/COPD THERAPY - BETA ADRENERGIC-<br>ANTICHOLINERGIC COMBINATIONS           |      |                                                |
| Anoro Ellipta 62.5<br>mcg-25<br>mcg/actuation<br>powder for<br>inhalation        | NP   | PA                                             |
| Bevespi<br>Aerosphere 9 mcg-<br>4.8 mcg HFA<br>aerosol inhaler                   | P    |                                                |
| Combivent<br>Respimat 20 mcg-<br>100 mcg/actuation<br>solution for<br>inhalation | NP   | PA; QL(QL Overtime:<br>Allowed 4 over 30 days) |
| Duaklir Pressair<br>400 mcg-12<br>mcg/actuation<br>breath activated              | NP   | PA                                             |
| ipratropium 0.5<br>mg-albuterol 3 mg<br>(2.5 mg base)/3 mL<br>nebulization soln  | P    | QL(Allowed 12 per 1<br>day)                    |

| Drug Name                                                                      | Tier | Drug Restriction               |
|--------------------------------------------------------------------------------|------|--------------------------------|
| Stiolto Respimat<br>2.5 mcg-2.5<br>mcg/actuation<br>solution for<br>inhalation | NP   | PA                             |
| Utibron Neohaler<br>27.5 mcg-15.6 mcg<br>capsule with<br>inhalation device     | NP   | PA                             |
| ASTHMA/COPD THERAPY - BETA ADRENERGIC-<br>GLUCOCORTICOID COMBINATIONS          |      |                                |
| Advair Diskus 100<br>mcg-50 mcg/dose<br>powder for<br>inhalation               | NP   | PA; QL(Allowed 2 per 1<br>day) |
| Advair Diskus 250<br>mcg-50 mcg/dose<br>powder for<br>inhalation               | NP   | PA; QL(Allowed 2 per 1<br>day) |
| Advair Diskus 500<br>mcg-50 mcg/dose<br>powder for<br>inhalation               | NP   | PA; QL(Allowed 2 per 1<br>day) |
| Advair HFA 115<br>mcg-21<br>mcg/actuation<br>aerosol inhaler                   | NP   | PA                             |
| Advair HFA 230<br>mcg-21<br>mcg/actuation<br>aerosol inhaler                   | NP   | PA                             |
| Advair HFA 45<br>mcg-21<br>mcg/actuation<br>aerosol inhaler                    | NP   | PA                             |
| AirDuo Digihaler<br>113 mcg-14<br>mcg/actuation<br>breath act,powder<br>sensor | NP   | PA                             |

| Drug Name                                                                        | Tier | Drug Restriction             |
|----------------------------------------------------------------------------------|------|------------------------------|
| AirDuo Digihaler<br>232 mcg-14<br>mcg/actuation<br>breath act,powder<br>sensor   | NP   | PA                           |
| AirDuo Digihaler<br>55 mcg-14<br>mcg/actuation<br>breath act,powder<br>sensor    | NP   | PA                           |
| AirDuo RespiClick<br>113 mcg-14<br>mcg/actuation<br>breath activated             | NP   | PA                           |
| AirDuo RespiClick<br>232 mcg-14<br>mcg/actuation<br>breath activated             | NP   | PA                           |
| AirDuo RespiClick<br>55 mcg-14<br>mcg/actuation<br>breath activated              | NP   | PA                           |
| Breo Ellipta 100<br>mcg-25 mcg/dose<br>powder for<br>inhalation                  | NP   | PA                           |
| Breo Ellipta 200<br>mcg-25 mcg/dose<br>powder for<br>inhalation                  | NP   | PA                           |
| budesonide-<br>formoterol HFA<br>160 mcg-4.5<br>mcg/actuation<br>aerosol inhaler | NP   | PA; QL(Allowed 11 per<br>Rx) |
| budesonide-<br>formoterol HFA 80<br>mcg-4.5<br>mcg/actuation<br>aerosol inhaler  | NP   | PA; QL(Allowed 11 per<br>Rx) |

| Drug Name                                                                           | Tier | Drug Restriction               |
|-------------------------------------------------------------------------------------|------|--------------------------------|
| Dulera 100 mcg-5<br>mcg/actuation HFA<br>aerosol inhaler                            | P    | QL(Allowed 13 per Rx)          |
| Dulera 200 mcg-5<br>mcg/actuation HFA<br>aerosol inhaler                            | P    | QL(Allowed 13 per Rx)          |
| Dulera 50 mcg-5<br>mcg/actuation HFA<br>aerosol inhaler                             | P    |                                |
| fluticasone 100<br>mcg-salmeterol 50<br>mcg/dose blistr<br>powdr for<br>inhalation  | NP   | PA; QL(Allowed 2 per 1<br>day) |
| fluticasone 113<br>mcg-salmeterol 14<br>mcg/actuation<br>breath activated<br>powdr  | NP   | PA                             |
| fluticasone 232<br>mcg-salmeterol 14<br>mcg/actuation<br>breath activated<br>powdr  | NP   | PA                             |
| fluticasone 250<br>mcg-salmeterol 50<br>mcg/dose blistr<br>powdr for<br>inhalation  | NP   | PA; QL(Allowed 2 per 1<br>day) |
| fluticasone 500<br>mcg-salmeterol 50<br>mcg/dose blistr<br>powdr for<br>inhalation  | NP   | PA; QL(Allowed 2 per 1<br>day) |
| fluticasone 55 mcg-<br>salmeterol 14<br>mcg/actuation<br>breath activated<br>powder | NP   | PA                             |

| Drug Name                                                                    | Tier | Drug Restriction        |
|------------------------------------------------------------------------------|------|-------------------------|
| Symbicort 160 mcg-4.5 mcg/actuation HFA aerosol inhaler                      | P    | QL(Allowed 11 per Rx)   |
| Symbicort 80 mcg-4.5 mcg/actuation HFA aerosol inhaler                       | P    | QL(Allowed 11 per Rx)   |
| Wixela Inhub 100 mcg-50 mcg/dose powder for inhalation                       | P    | QL(Allowed 2 per 1 day) |
| Wixela Inhub 250 mcg-50 mcg/dose powder for inhalation                       | P    | QL(Allowed 2 per 1 day) |
| Wixela Inhub 500 mcg-50 mcg/dose powder for inhalation                       | P    | QL(Allowed 2 per 1 day) |
| <b>ASTHMA/COPD TX - BETA-ADRENERGIC-ANTICHOLINERGIC-GLUCOCORTICOID COMB,</b> |      |                         |
| Breztri Aerosphere 160 mcg-9mcg-4.8mcg/actuation HFA aerosol inhaler         | NP   | PA                      |
| Trelegy Ellipta 100 mcg-62.5 mcg-25 mcg powder for inhalation                | NP   | PA                      |
| Trelegy Ellipta 200 mcg-62.5 mcg-25 mcg powder for inhalation                | NP   | PA                      |
| <b>CYSTIC FIBROSIS - INHALED AMINOGLYCOSIDES</b>                             |      |                         |
| Bethkis 300 mg/4 mL solution for nebulization                                | NP   | PA; SP                  |

| Drug Name                                                                     | Tier | Drug Restriction |
|-------------------------------------------------------------------------------|------|------------------|
| Kitabis Pak 300 mg/5 mL solution for nebulization                             | P    | SP               |
| Tobi 300 mg/5 mL solution for nebulization                                    | NP   | PA; SP           |
| Tobi Podhaler 28 mg capsule with inhalation device                            | NP   | PA; SP           |
| Tobi Podhaler 28 mg capsules for inhalation                                   | NP   | PA; SP           |
| tobramycin 300 mg/4 mL solution for nebulization                              | NP   | PA; SP           |
| tobramycin 300 mg/5 mL in 0.225 % sodium chloride for nebulization            | NP   | PA; SP           |
| tobramycin with nebulizer 300 mg/5 mL solution for nebulization               | NP   | PA; SP           |
| <b>CYSTIC FIBROSIS - INHALED MONOBACTAMS</b>                                  |      |                  |
| Cayston 75 mg/mL solution for nebulization                                    | NP   | PA; SP           |
| <b>CYSTIC FIBROSIS-TRANSMEMBRANE CONDUCTANCE REGULATOR (CFTR) POTENTIATOR</b> |      |                  |
| Kalydeco 150 mg tablet                                                        | NP   | PA; SP           |
| Kalydeco 25 mg oral granules in packet                                        | NP   | PA; SP           |
| Kalydeco 50 mg oral granules in packet                                        | NP   | PA; SP           |

| Drug Name                                                                     | Tier | Drug Restriction |
|-------------------------------------------------------------------------------|------|------------------|
| Kalydeco 75 mg oral granules in packet                                        | NP   | PA; SP           |
| <b>CYSTIC FIB-TRANSMEMB CONDUCT. REG.(CFTR) POTENTIATOR AND CORRECTOR CMB</b> |      |                  |
| Orkambi 100 mg-125 mg oral granules in packet                                 | NP   | PA; SP           |
| Orkambi 100 mg-125 mg tablet                                                  | NP   | PA; SP           |
| Orkambi 150 mg-188 mg oral granules in packet                                 | NP   | PA; SP           |
| Orkambi 200 mg-125 mg tablet                                                  | NP   | PA; SP           |
| Symdeko 100 mg-150 mg (day)/150 mg (night) tablets                            | NP   | PA; SP           |
| Symdeko 50 mg-75 mg (day)/75 mg (night) tablets                               | NP   | PA; SP           |
| Trikafta 100-50-75 mg (d)/150 mg (n) tablets                                  | NP   | PA; SP           |
| <b>DECONGESTANT-ANALGESIC, NSAID COX NON-SPECIFIC</b>                         |      |                  |
| Advil Cold and Sinus 30 mg-200 mg tablet                                      | P    |                  |
| Cold and Sinus Pain Relief 30 mg-200 mg tablet                                | P    |                  |
| Cold-Sinus Relief 30 mg-200 mg tablet                                         | P    |                  |

| Drug Name                                                       | Tier | Drug Restriction                         |
|-----------------------------------------------------------------|------|------------------------------------------|
| Ibuprofen Cold-Sinus (with pseudoephedrine) 30 mg-200 mg tablet | P    |                                          |
| Wal-Profen Cold-Sinus 30 mg-200 mg tablet                       | P    |                                          |
| Wal-Profen D Cold and Sinus 30 mg-200 mg tablet                 | P    |                                          |
| <b>DECONGESTANT-EXPECTORANT COMBINATIONS</b>                    |      |                                          |
| ED Bron GP 5 mg-100 mg/5 mL oral liquid                         | P    | QL(QL Overtime: Allowed 240 over 7 days) |
| Rescon-GG 5 mg-100 mg/5 mL oral liquid                          | P    | QL(QL Overtime: Allowed 240 over 7 days) |
| <b>EXPECTORANTS - SINGLE AGENTS, GENERAL</b>                    |      |                                          |
| Adult Tussin Chest Congestion 100 mg/5 mL oral liquid           | P    | QL(Allowed 240 per Rx)                   |
| Adult Wal-Tussin 100 mg/5 mL oral liquid                        | P    | QL(Allowed 240 per Rx)                   |
| Chest Congestion Relief 100 mg/5 mL oral liquid                 | P    | QL(Allowed 240 per Rx)                   |
| Child Mucus Relief Expectorant 100 mg/5 mL oral liquid          | P    | QL(Allowed 240 per Rx)                   |
| Children's Chest Congestion 100 mg/5 mL oral liquid             | P    | QL(Allowed 240 per Rx)                   |



| Drug Name                                                            | Tier | Drug Restriction       |
|----------------------------------------------------------------------|------|------------------------|
| Children's Mucinex<br>Chest Congestion<br>100 mg/5 mL oral<br>liquid | P    | QL(Allowed 240 per Rx) |
| Cough Control<br>(guaifenesin) 100<br>mg/5 mL oral<br>liquid         | P    | QL(Allowed 240 per Rx) |
| Cough Syrup 100<br>mg/5 mL oral<br>liquid                            | P    | QL(Allowed 240 per Rx) |
| Diabetic Siltussin<br>DAS-Na 100 mg/5<br>mL oral liquid              | P    | QL(Allowed 240 per Rx) |
| Diabetic Tussin EX<br>100 mg/5 mL oral<br>liquid                     | P    | QL(Allowed 240 per Rx) |
| Expectorant 100<br>mg/5 mL oral<br>liquid                            | P    | QL(Allowed 240 per Rx) |
| Expectorant Cough<br>Syrup 100 mg/5<br>mL oral liquid                | P    | QL(Allowed 240 per Rx) |
| Geri-Tussin 100<br>mg/5 mL oral<br>liquid                            | P    | QL(Allowed 240 per Rx) |
| guaifenesin 100<br>mg/5 mL oral<br>liquid                            | P    | QL(Allowed 240 per Rx) |
| guaifenesin ER 600<br>mg tablet, extended<br>release 12 hr           | P    | QL(Allowed 40 per Rx)  |
| Iophen-NR 100<br>mg/5 mL oral<br>liquid                              | P    | QL(Allowed 240 per Rx) |

| Drug Name                                                       | Tier | Drug Restriction       |
|-----------------------------------------------------------------|------|------------------------|
| Mucinex 600 mg<br>tablet, extended<br>release                   | P    | QL(Allowed 40 per Rx)  |
| Mucus Relief ER<br>600 mg tablet,<br>extended release           | P    | QL(Allowed 40 per Rx)  |
| Mucus-Chest<br>Congestion 100<br>mg/5 mL oral<br>liquid         | P    | QL(Allowed 240 per Rx) |
| Q-Tussin 100 mg/5<br>mL oral liquid                             | P    | QL(Allowed 240 per Rx) |
| Robafen 100 mg/5<br>mL oral liquid                              | P    | QL(Allowed 240 per Rx) |
| Scot-Tussin<br>Expectorant 100<br>mg/5 mL oral<br>liquid        | P    | QL(Allowed 240 per Rx) |
| Siltussin SA 100<br>mg/5 mL oral<br>liquid                      | P    | QL(Allowed 240 per Rx) |
| Tussin 100 mg/5<br>mL oral liquid                               | P    | QL(Allowed 240 per Rx) |
| Tussin Chest<br>Congestion 100<br>mg/5 mL oral<br>liquid        | P    | QL(Allowed 240 per Rx) |
| Tussin Expectorant<br>100 mg/5 mL oral<br>liquid                | P    | QL(Allowed 240 per Rx) |
| Tussin Mucus-<br>Chest Congestion<br>100 mg/5 mL oral<br>liquid | P    | QL(Allowed 240 per Rx) |
| MUCOLYTICS                                                      |      |                        |

| Drug Name                                                             | Tier | Drug Restriction          |
|-----------------------------------------------------------------------|------|---------------------------|
| acetylcysteine 100 mg/mL (10 %) solution                              | P    |                           |
| acetylcysteine 200 mg/mL (20 %) solution                              | P    |                           |
| Pulmozyme 1 mg/mL solution for inhalation                             | P    | SP                        |
| <b>NASAL ANTIBIOTICS</b>                                              |      |                           |
| Bactroban Nasal 2 % ointment                                          | P    |                           |
| <b>NASAL ANTICHOLINERGICS</b>                                         |      |                           |
| ipratropium bromide 0.03 % nasal spray                                | NP   | PA; QL(Allowed 30 per Rx) |
| ipratropium bromide 42 mcg (0.06 %) nasal spray                       | NP   | PA; QL(Allowed 25 per Rx) |
| <b>NASAL ANTIHISTAMINE AND ANTI-INFLAMMATORY STEROID COMBINATIONS</b> |      |                           |
| azelastine-fluticasone 137 mcg-50 mcg/spray nasal spray               | NP   | PA                        |
| Dymista 137 mcg-50 mcg/spray nasal spray                              | NP   | PA                        |
| <b>NASAL ANTIHISTAMINES</b>                                           |      |                           |
| azelastine 0.15 % (205.5 mcg) nasal spray                             | P    |                           |
| azelastine 137 mcg (0.1 %) nasal spray aerosol                        | P    | QL(Allowed 1 per 1 day)   |

| Drug Name                                                      | Tier | Drug Restriction      |
|----------------------------------------------------------------|------|-----------------------|
| olopatadine 0.6 % nasal spray                                  | P    |                       |
| Patanase 0.6 % nasal spray                                     | NP   | PA                    |
| <b>NASAL CORTICOSTEROIDS</b>                                   |      |                       |
| Beconase AQ 42 mcg (0.042 %) nasal spray                       | NP   | PA                    |
| flunisolide 25 mcg (0.025 %) nasal spray                       | P    | QL(Allowed 25 per Rx) |
| fluticasone propionate 50 mcg/actuation nasal spray,suspension | P    | QL(Allowed 16 per Rx) |
| mometasone 50 mcg/actuation nasal spray                        | NP   | PA                    |
| Nasonex 50 mcg/actuation Spray                                 | NP   | PA                    |
| Omnaris 50 mcg nasal spray                                     | NP   | PA                    |
| QNASL 40 mcg/actuation nasal aerosol spray                     | NP   | PA                    |
| QNASL 80 mcg/actuation nasal aerosol spray                     | NP   | PA                    |
| Xhance 93 mcg/actuation breath activated aerosol               | NP   | PA                    |
| Zetonna 37 mcg/actuation nasal HFA inhaler                     | NP   | PA                    |

| Drug Name                                    | Tier | Drug Restriction                               |
|----------------------------------------------|------|------------------------------------------------|
| <b>NASAL MAST CELL STABILIZERS</b>           |      |                                                |
| cromolyn 5.2 mg/spray (4 %) nasal spray      | P    | QL(Allowed 26 per Rx)                          |
| Nasalcrom 5.2 mg/spray (4 %) spray           | P    | QL(Allowed 26 per Rx);<br>Use Generic Products |
| <b>NASAL MOISTURIZERS</b>                    |      |                                                |
| Altamist 0.65 % nasal spray aerosol          | P    | QL(Allowed 480 per Rx)                         |
| Ayr Saline 0.65 % nasal spray aerosol        | P    | QL(Allowed 480 per Rx)                         |
| Baby Ayr Saline 0.65 % nasal drops           | P    | QL(Allowed 480 per Rx)                         |
| Children's Saline Nasal Spray 0.65 % aerosol | P    | QL(Allowed 480 per Rx)                         |
| Deep Sea Nasal 0.65 % spray aerosol          | P    | QL(Allowed 480 per Rx)                         |
| Little Remedies 0.65 % nasal spray aerosol   | P    | QL(Allowed 480 per Rx)                         |
| Nasal Moisturizing 0.65 % spray aerosol      | P    | QL(Allowed 480 per Rx)                         |
| Nasal Spray (sodium chloride) 0.65 % aerosol | P    | QL(Allowed 480 per Rx)                         |
| Ocean Nasal 0.65 % spray aerosol             | P    | QL(Allowed 480 per Rx)                         |
| Saline Mist 0.65 % nasal spray aerosol       | P    | QL(Allowed 480 per Rx)                         |

| Drug Name                                                                     | Tier | Drug Restriction       |
|-------------------------------------------------------------------------------|------|------------------------|
| Saline Nasal 0.65 % spray aerosol                                             | P    | QL(Allowed 480 per Rx) |
| Saline Nasal Mist 0.65 % spray aerosol                                        | P    | QL(Allowed 480 per Rx) |
| Saline Nose 0.65 % spray aerosol                                              | P    | QL(Allowed 480 per Rx) |
| Sea Soft Nasal Mist 0.65 % spray aerosol                                      | P    | QL(Allowed 480 per Rx) |
| sodium chloride 0.65 % nasal spray aerosol                                    | P    | QL(Allowed 480 per Rx) |
| <b>NASAL POST-SURGICAL AGENTS</b>                                             |      |                        |
| Sinuva 1,350 mcg sinus implant                                                | NP   | PA                     |
| <b>NON-OPIOID ANTITUSSIVE-1ST GEN ANTIHISTAMINE-ANALGESIC, NON-SALICYLATE</b> |      |                        |
| Cold-Flu Relief 12.5 mg-30 mg-1,000 mg/30 mL oral liquid                      | P    |                        |
| Contac Cold-Flu Night 12.5 mg-30 mg-1,000 mg/30 mL oral liquid                | P    |                        |
| Cough-Sore Throat Night 12.5 mg-30 mg-1,000 mg/30 mL oral liquid              | P    |                        |
| Nite Time Cold-Flu Relief 12.5 mg-30 mg-1,000 mg/30 mL oral liquid            | P    |                        |

| Drug Name                                                                     | Tier | Drug Restriction                                |
|-------------------------------------------------------------------------------|------|-------------------------------------------------|
| Nitetime Multi-Symptom 12.5 mg-30 mg-1,000 mg/30 mL oral liquid               | P    |                                                 |
| <b>NON-OPIOID ANTITUSSIVE-1ST GEN.ANTIHISTAMINE-DECONGESTANT COMBINATIONS</b> |      |                                                 |
| Bromfed DM 2 mg-30 mg-10 mg/5 mL oral syrup                                   | P    | QL(Allowed 240 per Rx);<br>Use Generic Products |
| brompheniramine-pseudoephedrine-DM 2 mg-30 mg-10 mg/5 mL oral syrup           | P    | QL(Allowed 240 per Rx)                          |
| Brotapp DM 1 mg-15 mg-5 mg/5 mL oral elixir                                   | P    | QL(Allowed 240 per Rx)                          |
| Kidkare Cough/Cold 1 mg-15 mg-5 mg/5 mL oral liquid                           | P    | QL(Allowed 240 per Rx)                          |
| Pedia Relief Cough-Cold 1 mg-15 mg-5 mg/5 mL oral liquid                      | P    | QL(Allowed 240 per Rx)                          |
| Pediatric Cough and Cold 1 mg-15 mg-5 mg/5 mL oral liquid                     | P    | QL(Allowed 240 per Rx)                          |
| Q-Tapp DM 1 mg-15 mg-5 mg/5 mL oral elixir                                    | P    | QL(Allowed 240 per Rx)                          |
| <b>NON-OPIOID ANTITUSSIVE-ANTIHISTAMINE COMBINATIONS</b>                      |      |                                                 |
| Dimetapp Long-Acting(chlorpheniramine-DM) 1 mg-7.5 mg/5 mL oral liquid        | P    | QL(Allowed 240 per Rx)                          |

| Drug Name                                                                 | Tier | Drug Restriction       |
|---------------------------------------------------------------------------|------|------------------------|
| promethazine-DM 6.25 mg-15 mg/5 mL oral syrup                             | P    | QL(Allowed 240 per Rx) |
| <b>NON-OPIOID ANTITUSSIVE-DECONGESTANT COMBINATIONS</b>                   |      |                        |
| Children's Cold-Cough Daytime 2.5 mg-5 mg/5 mL oral liquid                | P    | QL(Allowed 240 per Rx) |
| Pediacare Multi-Symptom Cold 2.5 mg-5 mg/5 mL oral liquid                 | P    | QL(Allowed 240 per Rx) |
| Triaminic Cold and Cough (PE) 2.5 mg-5 mg/5 mL oral liquid                | P    | QL(Allowed 240 per Rx) |
| <b>NON-OPIOID ANTITUSSIVE-DECONGESTANT-ANALGESIC, NON-SALICYLATE COMB</b> |      |                        |
| Alka-Seltzer Plus Day 5 mg-10 mg-325 mg capsule                           | P    |                        |
| Alka-Seltzer Plus Sinus-Cough 5 mg-10 mg-325 mg capsule                   | P    |                        |
| Day Time PE 5 mg-10 mg-325 mg capsule                                     | P    |                        |
| DayTime 5 mg-10 mg-325 mg capsule                                         | P    |                        |
| Daytime Cold and Flu Relief (phenylephrine) 5 mg-10 mg-325 mg capsule     | P    |                        |

| Drug Name                                                              | Tier | Drug Restriction       |
|------------------------------------------------------------------------|------|------------------------|
| Mucinex Fast-Max Congestion-Headache (DM) 5 mg-10 mg-325 mg capsule    | P    |                        |
| Mucinex Sinus-Max Severe Congestion-Pain(DM) 5 mg-10 mg-325 mg capsule | P    |                        |
| Vicks DayQuil Cold and Flu Relief 5 mg-10 mg-325 mg capsule            | P    |                        |
| <b>NON-OPIOID ANTITUSSIVE-EXPECTORANT COMBINATIONS</b>                 |      |                        |
| Adult Cough Formula DM Max 10 mg-200 mg/5 mL oral liquid               | P    | QL(Allowed 240 per Rx) |
| Adult Robitussin Peak Cold DM 10 mg-100 mg/5 mL oral liquid            | P    | QL(Allowed 240 per Rx) |
| Adult Robitussin Peak Cold DM Max 10 mg-200 mg/5 mL oral liquid        | P    | QL(Allowed 240 per Rx) |
| Adult Tussin Cough Congestion DM 10 mg-100 mg/5 mL oral liquid         | P    | QL(Allowed 240 per Rx) |
| Adult Tussin DM 10 mg-100 mg/5 mL oral syrup                           | P    | QL(Allowed 240 per Rx) |

| Drug Name                                                              | Tier | Drug Restriction       |
|------------------------------------------------------------------------|------|------------------------|
| Adult Wal-Tussin DM Max 10 mg-200 mg/5 mL oral liquid                  | P    | QL(Allowed 240 per Rx) |
| Antitussive DM 10 mg-100 mg/5 mL oral syrup                            | P    | QL(Allowed 240 per Rx) |
| Biocotron 10 mg-100 mg/5 mL oral liquid                                | P    | QL(Allowed 240 per Rx) |
| Child Chest Congestion-Cough 5 mg-100 mg/5 mL oral liquid              | P    | QL(Allowed 240 per Rx) |
| Child Mucus Relief Cough 5 mg-100 mg/5 mL oral liquid                  | P    | QL(Allowed 240 per Rx) |
| Child Robitussin Cough-Chest DM 5 mg-100 mg/5 mL oral liquid           | P    | QL(Allowed 240 per Rx) |
| Children Delsym Cough+Chest Congestion DM 5 mg-100 mg/5 mL oral liquid | P    | QL(Allowed 240 per Rx) |
| Children's Cough 5 mg-100 mg/5 mL oral liquid                          | P    | QL(Allowed 240 per Rx) |
| Children's Cough-Chest Congestion DM 5 mg-100 mg/5 mL oral liquid      | P    | QL(Allowed 240 per Rx) |
| Children's Mucinex Cough 5 mg-100 mg/5 mL oral liquid                  | P    | QL(Allowed 240 per Rx) |

| Drug Name                                                     | Tier | Drug Restriction       |
|---------------------------------------------------------------|------|------------------------|
| Cough Control DM 10 mg-100 mg/5 mL oral liquid                | P    | QL(Allowed 240 per Rx) |
| Cough Formula DM 10 mg-100 mg/5 mL oral syrup                 | P    | QL(Allowed 240 per Rx) |
| Cough Suppressant-Expectorant 10 mg-100 mg/5 mL oral syrup    | P    | QL(Allowed 240 per Rx) |
| Cough Syrup DM 10 mg-100 mg/5 mL                              | P    | QL(Allowed 240 per Rx) |
| Cough-Chest Congestion DM 5 mg-100 mg/5 mL oral liquid        | P    | QL(Allowed 240 per Rx) |
| Delsym Cough-Chest Congestion DM 5 mg-100 mg/5 mL oral liquid | P    | QL(Allowed 240 per Rx) |
| dextromethorphan-guaifenesin 10 mg-100 mg/5 mL oral liquid    | P    | QL(Allowed 240 per Rx) |
| dextromethorphan-guaifenesin 10 mg-100 mg/5 mL oral syrup     | P    | QL(Allowed 240 per Rx) |
| Diabetic Siltussin-DM 10 mg-100 mg/5 mL oral liquid           | P    | QL(Allowed 240 per Rx) |
| Diabetic Siltussin-DM Max Str 10 mg-200 mg/5 mL oral liquid   | P    | QL(Allowed 240 per Rx) |

| Drug Name                                            | Tier | Drug Restriction       |
|------------------------------------------------------|------|------------------------|
| Diabetic Tussin DM 10 mg-100 mg/5 mL oral liquid     | P    | QL(Allowed 240 per Rx) |
| Diabetic Tussin DM 10 mg-200 mg/5 mL oral liquid     | P    | QL(Allowed 240 per Rx) |
| DM Max 5 mg-100 mg/5 mL oral liquid                  | P    | QL(Allowed 240 per Rx) |
| Geri-Tussin DM 10 mg-100 mg/5 mL oral liquid         | P    | QL(Allowed 240 per Rx) |
| Geri-Tussin DM 10 mg-100 mg/5 mL oral syrup          | P    | QL(Allowed 240 per Rx) |
| Giltuss Diabetic 10 mg-100 mg/5 mL oral liquid       | P    | QL(Allowed 240 per Rx) |
| Giltuss HBP 10 mg-100 mg/5 mL oral liquid            | P    | QL(Allowed 240 per Rx) |
| G-Tron 10 mg-100 mg/5 mL oral liquid                 | P    | QL(Allowed 240 per Rx) |
| Guaiaorb DM 10 mg-100 mg/5 mL oral liquid            | P    | QL(Allowed 240 per Rx) |
| Guaicon DMS 20 mg-200 mg/10 mL oral liquid in packet | P    | QL(Allowed 240 per Rx) |
| Guaifenesin-DM 10 mg-100 mg/5 mL oral liquid         | P    | QL(Allowed 240 per Rx) |

| Drug Name                                                          | Tier | Drug Restriction       |
|--------------------------------------------------------------------|------|------------------------|
| Iophen DM-NR 10 mg-100 mg/5 mL oral liquid                         | P    | QL(Allowed 240 per Rx) |
| Mucinex Fast-Max DM Max 5 mg-100 mg/5 mL oral liquid               | P    | QL(Allowed 240 per Rx) |
| Mucus Relief Cough 5 mg-100 mg/5 mL oral liquid                    | P    | QL(Allowed 240 per Rx) |
| Mucus Relief DM Max 5 mg-100 mg/5 mL oral liquid                   | P    | QL(Allowed 240 per Rx) |
| Q-Tussin DM 10 mg-100 mg/5 mL oral syrup                           | P    | QL(Allowed 240 per Rx) |
| Robafen DM 10 mg-100 mg/5 mL oral syrup                            | P    | QL(Allowed 240 per Rx) |
| Robafen DM Cough 10 mg-100 mg/5 mL oral liquid                     | P    | QL(Allowed 240 per Rx) |
| Robafen DM Cough-Chest Congestion 10 mg-100 mg/5 mL oral syrup     | P    | QL(Allowed 240 per Rx) |
| Robafen DM Peak Cold 10 mg-100 mg/5 mL oral liquid                 | P    | QL(Allowed 240 per Rx) |
| Robitussin Cough-Chest Congestion DM 10 mg-200 mg/5 mL oral liquid | P    | QL(Allowed 240 per Rx) |

| Drug Name                                                         | Tier | Drug Restriction       |
|-------------------------------------------------------------------|------|------------------------|
| Robitussin Cough-Chest Congestion DM 5 mg-100 mg/5 mL oral liquid | P    | QL(Allowed 240 per Rx) |
| Safe Tussin DM 10 mg-100 mg/5 mL oral liquid                      | P    | QL(Allowed 240 per Rx) |
| Siltussin DM DAS 10 mg-100 mg/5 mL oral liquid                    | P    | QL(Allowed 240 per Rx) |
| Siltussin-DM 10 mg-100 mg/5 mL oral syrup                         | P    | QL(Allowed 240 per Rx) |
| Sorbugen NR 10 mg-100 mg/5 mL oral liquid                         | P    | QL(Allowed 240 per Rx) |
| Tusnel Diabetic 10 mg-100 mg/5 mL oral liquid                     | P    | QL(Allowed 240 per Rx) |
| Tussin Cough and Chest Congestion 10 mg-100 mg/5 mL oral liquid   | P    | QL(Allowed 240 per Rx) |
| Tussin DM 10 mg-100 mg/5 mL oral liquid                           | P    | QL(Allowed 240 per Rx) |
| Tussin DM 10 mg-100 mg/5 mL oral syrup                            | P    | QL(Allowed 240 per Rx) |
| Tussin DM Clear 10 mg-100 mg/5 mL oral syrup                      | P    | QL(Allowed 240 per Rx) |
| Tussin DM Cough 10 mg-100 mg/5 mL oral syrup                      | P    | QL(Allowed 240 per Rx) |

| Drug Name                                                                 | Tier | Drug Restriction                                 |
|---------------------------------------------------------------------------|------|--------------------------------------------------|
| Tussin DM Cough and Chest 10 mg-100 mg/5 mL oral syrup                    | P    | QL(Allowed 240 per Rx)                           |
| Tussin DM Cough and Chest 10 mg-200 mg/5 mL oral liquid                   | P    | QL(Allowed 240 per Rx)                           |
| Tussin DM Cough and Chest 5 mg-100 mg/5 mL oral liquid                    | P    | QL(Allowed 240 per Rx)                           |
| Tussin DM Max 10 mg-200 mg/5 mL oral liquid                               | P    | QL(Allowed 240 per Rx)                           |
| Wal-Tussin DM 10 mg-100 mg/5 mL oral syrup                                | P    | QL(Allowed 240 per Rx)                           |
| <b>OPIOID ANTITUSSIVE-1ST GENERATION ANTIHISTAMINE COMBINATIONS</b>       |      |                                                  |
| promethazine 6.25 mg-codeine 10 mg/5 mL syrup                             | P    | AL(Minimum Age 18 Years); QL(Allowed 240 per Rx) |
| <b>OPIOID ANTITUSSIVE-1ST GENERATION ANTIHISTAMINE-DECONGESTANT COMB.</b> |      |                                                  |
| Promethazine VC-Codeine 6.25 mg-5 mg-10 mg/5 mL oral syrup                | P    | AL(Minimum Age 18 Years); QL(Allowed 240 per Rx) |
| promethazine-phenylephrine-codeine 6.25 mg-5 mg-10 mg/5 mL oral syrup     | P    | AL(Minimum Age 18 Years); QL(Allowed 240 per Rx) |
| <b>OPIOID ANTITUSSIVE-ANTICHOLINERGIC COMBINATIONS</b>                    |      |                                                  |
| hydrocodone-homatropine 5 mg-1.5 mg/5 mL (5 mL) oral syrup                | P    | AL(Minimum Age 18 Years); APA                    |

| Drug Name                                                       | Tier | Drug Restriction                                    |
|-----------------------------------------------------------------|------|-----------------------------------------------------|
| hydrocodone-homatropine 5 mg-1.5 mg/5 mL oral syrup             | P    | AL(Minimum Age 18 Years); APA                       |
| Hydromet 5 mg-1.5 mg/5 mL oral syrup                            | P    | AL(Minimum Age 18 Years); APA; Use Generic Products |
| <b>OPIOID ANTITUSSIVE-DECONGESTANT-EXPECTORANT COMBINATIONS</b> |      |                                                     |
| Virtussin DAC 30 mg-10 mg-100 mg/5 mL oral syrup                | P    | QL(Allowed 240 per Rx)                              |
| <b>OPIOID ANTITUSSIVE-EXPECTORANT COMBINATIONS</b>              |      |                                                     |
| Cheratussin AC 10 mg-100 mg/5 mL oral liquid                    | P    |                                                     |
| codeine 10 mg-guaifenesin 100 mg/5 mL oral liquid               | P    |                                                     |
| G Tussin AC 10 mg-100 mg/5 mL oral liquid                       | P    |                                                     |
| Guaiaatussin AC 10 mg-100 mg/5 mL oral liquid                   | P    |                                                     |
| Guaifenesin AC 10 mg-100 mg/5 mL oral liquid                    | P    |                                                     |
| Iophen C-NR 10 mg-100 mg/5 mL oral liquid                       | P    |                                                     |
| Maxi-Tuss AC 10 mg-100 mg/5 mL oral liquid                      | P    |                                                     |
| Robafen AC 10 mg-100 mg/5 mL oral liquid                        | P    |                                                     |



| Drug Name                                                           | Tier | Drug Restriction        |
|---------------------------------------------------------------------|------|-------------------------|
| Virtussin AC 10 mg-100 mg/5 mL oral liquid                          | P    |                         |
| <b>PULMONARY FIBROSIS TREATMENT AGENTS - ANTIFIBROTIC THERAPY</b>   |      |                         |
| Esbriet 267 mg capsule                                              | NP   | PA; SP                  |
| Esbriet 267 mg tablet                                               | NP   | PA; SP                  |
| Esbriet 801 mg tablet                                               | NP   | PA; SP                  |
| <b>PULMONARY FIBROSIS TREATMENT AGENTS - MULTIKINASE INHIBITORS</b> |      |                         |
| Ofev 100 mg capsule                                                 | NP   | PA; SP                  |
| Ofev 150 mg capsule                                                 | NP   | PA; SP                  |
| <b>SYSTEMIC SYMPATHOMIMETIC DECONGESTANTS</b>                       |      |                         |
| 12 Hour Cold Relief 120 mg tablet,extended release                  | P    | QL(Allowed 2 per 1 day) |
| 12 Hour Decongestant ER 120 mg tablet,extended release              | P    | QL(Allowed 2 per 1 day) |
| 12 Hour Nasal Decongestant (PSE) 120 mg tablet,extended release     | P    | QL(Allowed 2 per 1 day) |
| Children's Silfedrine 15 mg/5 mL oral liquid                        | P    |                         |

| Drug Name                                                           | Tier | Drug Restriction        |
|---------------------------------------------------------------------|------|-------------------------|
| Children's Sudafed 15 mg/5 mL oral liquid                           | P    |                         |
| Nasal Decongestant (phenylephrine) 10 mg tablet                     | P    | QL(Allowed 24 per Rx)   |
| Nasal Decongestant (pseudoephedrine) 120 mg tablet,extended release | P    | QL(Allowed 2 per 1 day) |
| Nasal Decongestant (pseudoephedrine) 30 mg tablet                   | P    |                         |
| Nasal Decongestant (pseudoephedrine) 30 mg/5 mL oral liquid         | P    |                         |
| pseudoephedrine 30 mg tablet                                        | P    |                         |
| pseudoephedrine 30 mg/5 mL oral liquid                              | P    |                         |
| pseudoephedrine 60 mg tablet                                        | P    |                         |
| pseudoephedrine ER 120 mg tablet,extended release                   | P    | QL(Allowed 2 per 1 day) |
| Sinus 12 Hour 120 mg tablet,extended release                        | P    | QL(Allowed 2 per 1 day) |
| Sinus Decongestant (PE) 10 mg tablet                                | P    | QL(Allowed 24 per Rx)   |

| Drug Name                                                  | Tier | Drug Restriction        |
|------------------------------------------------------------|------|-------------------------|
| Sinus PE<br>Decongestant 10<br>mg tablet                   | P    | QL(Allowed 24 per Rx)   |
| Sudafed 12 Hour<br>120 mg<br>tablet,extended<br>release    | P    | QL(Allowed 2 per 1 day) |
| Sudafed 30 mg<br>tablet                                    | P    |                         |
| Sudafed PE 10 mg<br>tablet                                 | P    | QL(Allowed 24 per Rx)   |
| Sudogest 12-hour<br>120 mg<br>tablet,extended<br>release   | P    | QL(Allowed 2 per 1 day) |
| Sudogest 30 mg<br>tablet                                   | P    |                         |
| Sudogest 60 mg<br>tablet                                   | P    |                         |
| Sudogest PE 10 mg<br>tablet                                | P    | QL(Allowed 24 per Rx)   |
| Suphedrin 12 Hour<br>120 mg<br>tablet,extended<br>release  | P    | QL(Allowed 2 per 1 day) |
| Suphedrin 15 mg/5<br>mL oral liquid                        | P    |                         |
| Suphedrin 30 mg<br>tablet                                  | P    |                         |
| Suphedrine 12<br>Hour 120 mg<br>tablet,extended<br>release | P    | QL(Allowed 2 per 1 day) |
| Suphedrine 30 mg<br>tablet                                 | P    |                         |

| Drug Name                                                | Tier | Drug Restriction          |
|----------------------------------------------------------|------|---------------------------|
| Suphedrine PE 10<br>mg tablet                            | P    | QL(Allowed 24 per Rx)     |
| Wal-phed 12 hour<br>120 mg<br>tablet,extended<br>release | P    | QL(Allowed 2 per 1 day)   |
| Wal-phed 30 mg<br>tablet                                 | P    |                           |
| Wal-Phed D 120<br>mg tablet,extended<br>release          | P    | QL(Allowed 2 per 1 day)   |
| Wal-phed PE 10<br>mg tablet                              | P    | QL(Allowed 24 per Rx)     |
| VAGINAL PRODUCTS                                         |      |                           |
| VAGINAL ANTIBACTERIAL - LINCOSAMIDES                     |      |                           |
| Cleocin 100 mg<br>vaginal suppository                    | P    |                           |
| Cleocin 2 %<br>vaginal cream                             | NP   | PA; QL(Allowed 40 per Rx) |
| clindamycin 2 %<br>vaginal cream                         | P    | QL(Allowed 40 per Rx)     |
| Clindesse 2 %<br>vaginal<br>cream,extended<br>release    | NP   | PA                        |
| VAGINAL ANTIFUNGAL - IMIDAZOLES                          |      |                           |
| clotrimazole 2 %<br>vaginal cream                        | P    | QL(Allowed 30 per Rx)     |
| Gynazole-1 2 %<br>vaginal cream                          | NP   | PA                        |
| Miconazole-3 200<br>mg vaginal<br>suppository            | P    | QL(Allowed 3 per Rx)      |
| VAGINAL ANTIFUNGAL - TRIAZOLES                           |      |                           |

| Drug Name                                                               | Tier | Drug Restriction                             |
|-------------------------------------------------------------------------|------|----------------------------------------------|
| terconazole 0.4 % vaginal cream                                         | P    | QL(Allowed 45 per Rx)                        |
| terconazole 0.8 % vaginal cream                                         | P    | QL(Allowed 20 per Rx)                        |
| terconazole 80 mg vaginal suppository                                   | P    | QL(Allowed 3 per Rx)                         |
| <b>VAGINAL ANTIPROTOZOAL-ANTIBACTERIAL - NITROIMIDAZOLE DERIVATIVES</b> |      |                                              |
| Metrogel Vaginal 0.75 %                                                 | NP   | PA; QL(Allowed 70 per Rx)                    |
| metronidazole 0.75 % vaginal gel                                        | P    | QL(Allowed 70 per Rx)                        |
| Nuessa 1.3 % vaginal gel                                                | NP   | PA                                           |
| Vandazole 0.75 % vaginal gel                                            | P    | QL(Allowed 70 per Rx)                        |
| <b>VAGINAL ANTISEPTIC MIXTURES</b>                                      |      |                                              |
| Trimo-San Jelly 0.025 %-0.01 % vaginal                                  | NP   | PA                                           |
| <b>VAGINAL ESTROGENS</b>                                                |      |                                              |
| Estrace 0.01% (0.1 mg/gram) vaginal cream                               | NP   | PA; QL(QL Overtime: Allowed 43 over 30 days) |
| estradiol 0.01% (0.1 mg/gram) vaginal cream                             | P    | QL(QL Overtime: Allowed 43 over 30 days)     |
| estradiol 10 mcg vaginal tablet                                         | NP   | PA                                           |
| Estring 2 mg (7.5 mcg/24 hour) vaginal ring                             | NP   | PA                                           |
| Femring 0.05 mg/24 hr vaginal                                           | NP   | PA                                           |

| Drug Name                            | Tier | Drug Restriction                         |
|--------------------------------------|------|------------------------------------------|
| Femring 0.1 mg/24 hr vaginal         | NP   | PA                                       |
| Premarin 0.625 mg/gram vaginal cream | P    | QL(QL Overtime: Allowed 43 over 30 days) |
| Vagifem 10 mcg vaginal tablet        | NP   | PA                                       |
| Yuvaferm 10 mcg vaginal tablet       | NP   | PA                                       |
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