



# Cigna Healthcare Legacy (Standard) 4-Tier Prescription Drug List

Coverage as of January 1, 2026

## For the State of California

Exclusive Provider Organization (EPO), LocalPlus (LocalPlus IN/LocalPlus), Open Access Plus (OAPIN/OAP), Preferred Provider Organization (PPO), SureFit

View your drug list online: [Cigna.com/PDL](https://Cigna.com/PDL)

24/7 Customer Service: **800.Cigna24 (800.244.6224)**

View your coverage info online: myCigna® App or [myCigna.com](https://myCigna.com)®

Last updated: 08/01/2025. This drug list is subject to change and all prior versions are no longer in effect.



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### View your drug list online, 24/7

This document was last updated on 12/01/2025.\*

- You can use the Price a Medication tool on the myCigna App<sup>1</sup> or **myCigna.com** to see the most up-to-date list of the medications your plan covers.
- You can also see a pdf of this document on **Cigna.com/PDL**. Click on the dropdown next to "Drug Lists for Employer Plans." Scroll down to the section for California Employer Drug Lists; then click on **California Legacy (Standard) 4 Tier (all specialty medications covered on tier 4) (CDI) [PDF]**.

### Questions?

- **By phone:** Call the toll-free number on your Cigna Healthcare® ID card. We're here 24/7/365.
- **myCigna.com:** Click to Chat - Monday-Friday, 9:00 am-8:00 pm EST.

## Information about this drug list

### Frequently asked questions (FAQs)

Here are answers to questions you may have about your drug list and prescription medication coverage.

#### **Q. How often is the drug list updated? How do I know if my medication coverage changed?**

**A.** We review and update the drug list on a regular basis to make sure you have coverage for low-cost, safe and effective medications. We make changes for many reasons; for example, when a new medication comes out or is no longer available, or when a medication's price changes. These changes may include:

- **Moving a medication to a lower cost tier.** This can happen at any time during the year.
- **Moving a brand medication to a higher cost tier when a generic comes out.** This can happen at any time during the year.
- **Moving a medication to a higher cost tier and/or no longer covering a medication.** This typically happens twice a year on January 1 and July 1.
- **Adding extra coverage rules (requirements) to a medication.** This typically happens twice a year on January 1 and July 1.

When we make a change that affects your medication (for example, it'll cost more, won't be covered, and/or has an extra coverage requirement), we let you know before it happens. This way, you have time to talk with your doctor about your options. Only you and your doctor can decide what's best for your treatment.

#### **Q. Why doesn't my plan cover certain medications?**

**A.** There are some medications and products that your plan won't cover for any reason because they're a "plan (or benefit) exclusion." This means the medication or product isn't on your drug list, and there's no option to ask us to cover it through our review process. For example, your plan doesn't cover (or "excludes") medications that the U.S. Food and Drug Administration (FDA) hasn't approved.

#### **Q. How do you decide which medications to cover?**

**A.** The Cigna Healthcare Prescription Drug List is developed with the help of the Cigna Healthcare Pharmacy and Therapeutics (P&T) Committee, which is a group of practicing doctors and pharmacists, most of whom work outside of Cigna Healthcare. The group meets regularly to review medical evidence and information provided by federal agencies, drug manufacturers, medical professional associations, national organizations and peer-reviewed journals about the safety and effectiveness of medications that are newly approved by the FDA and medications already on the market.

The Cigna Healthcare Health Plan Commercial Value Assessment Committee (HVAC) then looks at the results of the P&T Committee's clinical review, as well as the medication's overall value and other factors before adding it to, or removing it from, the drug list.

#### **Q. Why do certain medications need approval before my plan will cover them?**

**A.** The review process helps make sure you're getting coverage for the right medication, at the right cost, in the right amount and for the right situation.

#### **Q. How do I know if a medication needs approval?**

**A.** Check your drug list or log in to the myCigna App or **myCigna.com** and use the Price a Medication tool. If the medication has:

- **PA** (Prior Authorization) or **ST** (Step Therapy) next to it, it needs approval before your plan will cover it.
- **QL** (Quantity Limit) next to it, you may need approval depending on how much you're filling at one time.
- **AGE** (Age Requirement) next to it, you may need approval depending on your age.

## Information about this drug list

### Frequently asked questions (FAQs) (cont.)

#### Q. What types of medications typically need approval?

##### A. Medications that:

- May not be safe when you take them with other medications.
- Have lower-cost alternatives that work just as well at treating the same condition.
- Should only be used for certain health conditions.
- Are often used in the wrong way or are abused (taken more often than you should).

#### Q. What types of medications typically have quantity limits?

##### A. Medications that are often:

- Taken in a greater amount or used for a longer time than they should be.
- Used in the wrong way or are abused (taken more often than you should).

#### Q. What medications are part of Step Therapy?

##### A. They're typically high-cost medications that treat conditions such as:

- |                       |                    |
|-----------------------|--------------------|
| • ADD/ADHD            | • High cholesterol |
| • Allergies           | • Osteoporosis     |
| • Bladder problems    | • Pain             |
| • Breathing problems  | • Skin conditions  |
| • Depression          | • Sleep disorders  |
| • High blood pressure |                    |

#### Q. Why does my medication have an age requirement?

A. Not all medications are right for all ages. Some medications work best for people of a certain age or within a certain age range. As you get older, body changes can decrease the body's ability to break down or get rid of certain medications. This means that the medication may stay in your body longer. So, an older adult may need a lower dose of the medication or a different medication that's safer.

#### Q. How do I get approval (prior authorization) for my medication?

A. Ask your doctor's office to contact us to start the coverage review process. They know how the review process works and will take care of everything for you. In case the office asks, they can download a request form from our provider portal at [cignaforhcp.com](https://cignaforhcp.com).

We'll review the information your doctor sends us to make sure you meet the medication's coverage rules (requirements). We'll send you and your doctor a letter with our decision (approved/not approved) and next steps. It can take up to five (5) business days to hear from us. You can always check with your doctor's office to find out if we've made a decision. Or, you can log in to the myCigna App or [myCigna.com](https://mycigna.com) to see where your medication is in the review process or to read about the decision we made.

Many times, we don't get all of the information we need from the doctor's office to approve coverage. If we don't approve your medication, your doctor can send us more information to review, using the same process as before. We're happy to review the request again. Depending on what your doctor sends this time, we may be able to approve coverage. Or you and your doctor can appeal the decision by sending us a request, in writing, that explains why we should cover the medication.

- **For non-urgent requests**, we'll let you and your doctor know within 72 hours of the decision. If approved, coverage will be provided until the prescription runs out (including refills).
- **For urgent requests based on exigent circumstances**, we'll let you and your doctor know within 24 hours of the decision. If approved, coverage will be provided for the duration of the exigency. If we don't respond to a completed prior authorization exception request within 72 hours of receiving a non-urgent request and 24

## Information about this drug list

### Frequently asked questions (FAQs) (cont.)

hours of receiving a request based on exigent circumstances, the request will be considered approved and your plan can't deny coverage of the medication. Also, if you've already received approval for your plan to cover your medication, we can't limit or exclude coverage for that medication if your doctor continues to prescribe it to treat your condition (as long as the medication is appropriately prescribed and is safe and effective in treating your condition).

**Q. My plan doesn't cover my medication. I need to take it because it's medically necessary for my treatment. How do I get approval (prior authorization) for my medication?**

**A.** If your doctor feels that your medication is necessary for your treatment and an alternative isn't right for you, your doctor can ask us to consider approving coverage of your medication. Ask your doctor's office to contact us to start the coverage review process. They know how the review process works and will take care of everything for you. In case the office asks, they can download a request form from our provider portal at [cignaforhcp.com](https://cignaforhcp.com).

We'll review the information your doctor sends us to make sure you meet the medication's coverage rules (requirements). We'll send you and your doctor a letter with our decision (approved/not approved) and next steps. It can take up to five (5) business days to hear from us. You can always check with your doctor's office to find out if we've made a decision. Or, you can log in to the myCigna App or [myCigna.com](https://myCigna.com) to see where your medication is in the review process or to read about the decision we made.

Many times, we don't get all of the information we need from the doctor's office to approve coverage. If we don't approve your medication, your doctor can send us more information to review, using the same process as before. We're happy to review the request again. Depending on what your doctor sends this time, we may be able to approve coverage. Or you and your doctor can appeal the decision by sending us a request, in writing, that explains why we should cover the medication.

- **For non-urgent requests**, we'll let you and your doctor know within 72 hours of the decision. If approved, coverage will be provided until the prescription runs out (including refills).
- **For urgent requests based on exigent circumstances**, we'll let you and your doctor know within 24 hours of the decision. If approved, coverage will be provided for the duration of the exigency. **It's important to know that when medications are approved, it's typically for one year of coverage.** If your medication is approved for less time, it's because there's a clinical reason based on our coverage rules (requirements) for the medication and/or the reviewing doctor.

**Q. My medication is part of the Step Therapy program. I don't want to try an alternative. How do I get approval (prior authorization) for my medication?**

**A.** If you and your doctor feel an alternative medication won't work for you, your doctor can ask us to consider approving coverage of your current medication. Ask your doctor's office to contact us to start the coverage review process. They know how the review process works and will take care of everything for you. In case the office asks, they can download a request form from our provider portal at [cignaforhcp.com](https://cignaforhcp.com).

We'll review the information your doctor sends us to make sure you meet the medication's coverage rules (requirements). We'll send you and your doctor a letter with our decision (approved/not approved) and next steps. It can take up to five (5) business days to hear from us. You can always check with your doctor's office to find out if we've made a decision. Or, you can log in to the myCigna App or [myCigna.com](https://myCigna.com) to see where your medication is in the review process or to read about the decision we made.

Many times, we don't get all of the information we need from the doctor's office to approve coverage. If we don't approve your medication, your doctor can send us more information to review, using the same process as before. We're happy to review the request

## Information about this drug list

### Frequently asked questions (FAQs) (cont.)

again. Depending on what your doctor sends this time, we may be able to approve coverage. Or you and your doctor can appeal the decision by sending us a request, in writing, that explains why we should cover the medication.

- **For non-urgent requests**, we'll let you and your doctor know within 72 hours of the decision. If approved, coverage will be provided until the prescription runs out (including refills).
- **For urgent requests based on exigent circumstances**, we'll let you and your doctor know within 24 hours of the decision. If approved, coverage will be provided for the duration of the exigency. If we don't respond to a completed prior authorization exception request within 72 hours of receiving a non-urgent request and 24 hours of receiving a request based on exigent circumstances, the request will be considered approved and your plan can't deny coverage of the medication.

#### Your Step Therapy rights under California State law:

1. A carrier may impose prior authorization requirements on prescription drug benefits.
2. When there is more than one drug that is appropriate for the treatment of a medical condition, a carrier may require step therapy.
  - a. In circumstances where an insured is changing policies, the new policy shall not require a repeat of step therapy when that insured is already being treated for a medical condition by a prescription drug provided that the drug is appropriately prescribed and is considered safe and effective. A new policy can impose a prior authorization requirement for the continued coverage of a prescription drug prescribed pursuant to step therapy imposed by the former policy. A new policy must also allow a prescribing provider to prescribe another drug covered by the new policy that is medically appropriate for the insured.

3. A carrier shall provide coverage for the medically necessary dosage and quantity of the drug prescribed for the treatment of a medical condition consistent with professionally recognized standards of practice.

#### **Q. What happens if I try to fill a prescription that needs approval but I don't get approval ahead of time?**

**A.** When your pharmacist tries to fill your prescription, they'll see that the medication needs our approval before it can be covered. Because you didn't get approval ahead of time, your plan won't cover its cost. If that happens, ask your doctor to contact us to start the coverage review process.

You can still fill it (without using your plan/insurance), but you'll pay its full price at the pharmacy counter. And, if you do this, your costs can't be applied to your annual deductible or out-of-pocket maximum.

#### **Q. What happens if I try to fill a prescription that has a quantity limit?**

**A.** Your pharmacist will only fill the amount your plan covers. If you want to fill more than what's allowed, your doctor's office can ask us to cover it through our review process.

#### **Q. Are all of the medications on this drug list approved by the FDA?**

**A.** Yes.

#### **Q. Does my plan cover medications that the FDA recently approved?**

**A.** We review all recently approved medications and products to see if they should be covered, and if so, at what cost-share (tier). These include, but are not limited to, medications, medical supplies and/or devices covered under standard pharmacy benefits. It can take up to six months from the date the FDA approved them for us to make a decision.

If your doctor wants you to use a recently approved medication, your doctor's office can ask us to cover it through our review process.

## Information about this drug list

### Frequently asked questions (FAQs) *(cont.)*

#### **Q. What are preventive medications?**

**A.** Preventive medications can help keep you from getting certain long-term health conditions such as asthma, depression, diabetes, heart attack, high blood pressure, high cholesterol, osteoporosis (a disease that causes bones to become weak), prenatal nutrient deficiency (when a pregnant person doesn't get enough of the nutrients they need) and stroke. They improve your chances of staying well and living longer.

#### **Q. Which medications are covered under the health care reform law?**

**A.** The Patient Protection and Affordable Care Act (PPACA), also known as health care reform, helps make health care and preventive care more affordable. PPACA requires health plans to cover the full cost of certain preventive medications and over-the-counter (OTC) products. This means you don't have to pay anything – not even a copay, coinsurance or deductible for these products.

To see a list of \$0 medications, go to **Cigna.com/PDL** and click on the dropdown next to "Drug Lists for Employer Plans." Under the Preventive Drug Lists section, click on the link for the PPACA No Cost-Share Preventive Drug List.

#### **Q. I see several medications on this drug list that can be used to treat my condition. Will my doctor write me a prescription for all of them?**

**A.** No. Just because a medication is listed on your plan's drug list doesn't mean your doctor will write you a prescription for it. Your doctor will work with you to find the medication he or she feels is best for your specific treatment.

#### **Q. How can I find out how much I'll pay for a specific medication?**

**A.** When you and your doctor are thinking about the right medication for your treatment, knowing how much it costs, what lower-cost options are available, and which pharmacies have the best prices can help you avoid surprises. Log in to the myCigna App or **myCigna.com** and use the Price a Medication tool to

see how much your medication costs before you get to the pharmacy counter – or even before you leave your doctor's office.<sup>2</sup>

#### **Q. What's a cost-share?**

**A.** It's the amount you pay out of your own pocket for a covered prescription and/or an eligible health care or related service. For some plans, the cost-share is a copay; for other plans, it's a coinsurance.

#### **Q. How can I save money on my prescription medications?**

**A.** You should think about using a medication that's covered on a lower tier, such as a generic or preferred brand medication, or by filling a 90-day supply (if your plan allows). Ask your doctor if one of these options may work for you.

#### **Q. What's a generic medication?**

**A.** A generic is the same as its brand-name version. It has the same active ingredient, strength and dosage form, treats the same condition(s), and works in the same way – and typically costs less.<sup>3</sup> Generics are typically sold under their chemical or scientific name, instead of the brand name.

#### **Q. Do generics work the same as brand-name medications?**

**A.** Yes. A generic medication works in the same way and provides the same clinical benefit as the brand-name medication.<sup>3</sup>

#### **Q. What are the differences between generic and brand-name medications?**

**A.** The generic and brand-name medication may<sup>3</sup>:

- Look different. For example, generics may have a different shape, size or color than their brand-name versions.
- Have a different flavor and/or different preservatives, come in different packaging and/or with different labeling and may expire at different times.

It's important to know that these differences don't affect how the generic works.

## Information about this drug list

### Frequently asked questions (FAQs) (cont.)

#### Q. What is a "biosimilar" medication?

A. A biosimilar is "highly similar" to its original biologic medication, which is also known as a reference product, that the FDA has already approved. Even though biosimilars aren't identical to the original medication, they're used to treat the same conditions, and provide the same clinical outcomes and treatment benefits. There are no clinical differences in how safe they are to use and how well they work. They also typically cost less.<sup>4</sup>

#### Q. How do I know which pharmacies are in my plan's network?

A. There are thousands of retail pharmacies in your plan's network. They include local pharmacies, grocery stores, retail chains and wholesale warehouse stores – all places where you may already shop. And some stores are open 24-hours. To find an in-network pharmacy near you, log in to the myCigna App or **myCigna.com**. Then click on the Prescriptions tab and choose "Find a Pharmacy" from the dropdown list.

#### Q. My pharmacy isn't in my plan's network. Can I continue to fill my prescriptions there?

A. To get the most from your plan coverage, you should use an in-network pharmacy. If your plan offers out-of-network coverage, you'll pay your out-of-network cost-share to fill a prescription there.

#### Q. Do I have to use home delivery to fill my prescription?

A. It depends on your plan. Some plans require you to fill maintenance medications through Express Scripts® Pharmacy and/or specialty medications through Accredo® Specialty Pharmacy for them to be covered.<sup>5</sup> Log in to the myCigna App or **myCigna.com**, or check your plan materials, to find out what your plan requires.

#### Q. Can I fill my prescriptions by mail?

A. Yes, as long as your plan offers home delivery.<sup>5</sup>

#### Fill maintenance medications through Express Scripts Pharmacy

Express Scripts Pharmacy is a convenient option when you're taking a medication on a regular basis to treat an ongoing health condition. It's simple and safe, and saves you trips to the pharmacy. To learn more, go to **Cigna.com/homedelivery**.

- Easily order, manage, track and pay for your medications on your phone or online.
- Get standard shipping at no extra cost.<sup>6</sup>
- Fill up to a 90-day supply at one time.
- Talk with a pharmacist, 24/7.
- Sign up for automatic refills or refill reminders so you don't miss a dose.<sup>7</sup>
- Use a payment plan (if you need it).

#### Here are two easy ways to get started:

1. **Online.** Log in to the myCigna App or **myCigna.com** and click on the Prescriptions tab. Choose My Medications from the dropdown list. Then click the button next to your medication name to move your prescription(s) from your retail pharmacy to home delivery. Or,
2. **By phone.**
  - Call your doctor's office. Ask them to send a 90-day prescription (with refills) to Express Scripts home delivery. Or,
  - Call Express Scripts Pharmacy at **800.835.3784**. They'll contact your doctor's office to get your prescription. Have your ID card, doctor's contact information and medication name(s) ready when you call.

#### Fill specialty medications through Accredo Specialty Pharmacy

If you're using a specialty medication, Accredo's team can help you manage your rare and/or complex medical condition. They'll also fill and ship your specialty medication to you, so you don't have to stand in line at the pharmacy. To learn more, go to **Cigna.com/specialty**.

- Talk with specially-trained pharmacists and nurses, 24/7.

## Information about this drug list

### Frequently asked questions (FAQs) (cont.)

- Get fast shipping at no extra cost.<sup>6</sup>
- Sign up for refills and reminders. Some refills can be done by text.<sup>8</sup>
- Get help paying for your medication (if you need it).
- Manage and track your medications online.

To get started, call **877.826.7657**, Monday–Friday, 7:00 am–10:00 pm CST and Saturdays, 7:00 am–4:00 pm CST.

#### **Q. I take a specialty medication to treat my multiple sclerosis. My plan requires me to fill my medication through Accredo. How do I get started?**

**A.** Some plans allow one or more fills at a retail pharmacy before switching to Accredo. Check your plan materials to find out if your plan allows retail fills.

To get started using Accredo, call **877.826.7657**, Monday–Friday, 7:00 am–10:00 pm CST and Saturdays, 7:00 am–4:00 pm CST. Be sure to call them about two weeks before your next refill so they have time to get a new prescription from your doctor's office.

#### **Q. I take a specialty medication that can only be filled at certain pharmacies in the United States. How do I fill my prescription?**

**A.** Talk with your doctor. He or she should be able to tell you which in-network pharmacies can fill your prescription. Once you find a pharmacy, ask your doctor to send them your prescription.

You may also be able to use Accredo to fill your prescription; they have access to most specialty medications.<sup>5</sup> Call Accredo at **877.826.7657**, Monday–Friday, 7:00 am–10:00 pm CST or Saturdays, 7:00 am–4:00 pm CST, for more information.

#### **Q. How do I fill my prescription?**

**A.** First, you'll need to get a prescription from your doctor. Then, your doctor can either:

1. **Send it electronically** to the in-network retail pharmacy of your choice, Express Scripts home delivery or Accredo. Or

2. **Give you a paper prescription.** You can bring it to the in-network retail pharmacy of your choice or mail it to Express Scripts Pharmacy or Accredo.

#### **Q. How can I get help with my specialty medication?**

**A.** Managing a rare and/or complex medical condition isn't easy. Accredo's team of specialty-trained pharmacists and nurses can help. They'll also fill and ship your specialty medication to you, so you don't have to stand in line at the pharmacy.

Go to **Cigna.com/specialty** to learn more about Accredo or call **877.826.7657**, Monday–Friday, 7:00 am–10:00 pm CST or Saturdays, 7:00 am–4:00 pm CST.

#### **Q. Where can I find more information about my pharmacy benefits?**

**A.** Use the online tools and resources on the myCigna App or **myCigna.com**. You can find out how much your medication costs (and what lower-cost options may be available), see which medications your plan covers, find an in-network pharmacy, ask a pharmacist a question, see your pharmacy claims and coverage details, and more. You can also manage your home delivery orders.

#### **Q. How can I find out my cost-share for each tier of the drug list?**

**A.** We put covered medications into tiers (or cost-share levels). Typically, the higher the tier, the higher the price you'll pay for the medication. Here are three places you can go to find out how much you'll pay for your medication based on the tier it's listed in, including the maximum cost-share amount allowed:

1. **Check your Cigna Healthcare ID card.** It lists your cost-share for Tier 1, Tier 2, Tier 3 and Tier 4 medications.
2. **Log in to the myCigna App or myCigna.com to view your pharmacy coverage information.** You can also use the Price a Medication tool to find out how much your medication may cost you at the different pharmacies in your plan's network.
3. **Check your Summary of Benefits** coverage document.

## Information about this drug list

### Frequently asked questions (FAQs) (cont.)

#### **Q. What's the difference between medications covered under the pharmacy benefit and medical benefit?**

**A.** Some medications are covered under the pharmacy benefit, some are covered under the medical benefit and others are covered under both benefits. Log in to the myCigna App or **myCigna.com**, or check your plan materials, to learn more about how your plan covers your medication.

- Medications that you fill at the pharmacy and take yourself are typically covered under the pharmacy benefit.
- Medications that are injected or infused and are given to you at a doctor's office, hospital, an infusion center or at home are typically covered under the medical benefit.

**Why this matters:** Which benefit the medication's covered under may affect how much it costs, if it needs approval from Cigna Healthcare before your plan will cover it and/or if you have to fill it through a certain pharmacy to be covered. Check your medical summary of benefits coverage to learn more about how your plan covers your medication.

#### **Q. I take an oral cancer medication. How much will it cost me to fill?**

**A.** On January 1, 2015, California passed a bill limiting the cost-share for oral chemotherapy medications. This means that if you have both your medical and pharmacy benefits through Cigna Healthcare, here's how certain oral cancer medications are covered:

- **For copay plans:** These medications will be covered at 100%, or no cost-share (\$0) to you.
- **For high deductible health plans (HDHPs) that include a Health Savings Account (HSA) or qualified HDHPs:** You'll pay your plan deductible first. After that, these medications will be covered at 100%, or no cost-share (\$0) to you. This is because of a federal HSA requirement.

- **For plans with a combined deductible [including Health Reimbursements Accounts (HRAs) with a combined deductible]:** You'll pay your plan deductible first. After that, these medications will be covered at 100%, or no cost-share (\$0) to you.
- **For plans with a split deductible [including Health Reimbursements Accounts (HRAs) with a split deductible]:** These medications will be covered at 100%, or no cost-share (\$0) to you.

#### **Q. How are medications, devices and FDA-approved diabetic, contraceptive and federally-mandated products covered under the pharmacy benefit?**

**A.** Here is how these products are covered under the pharmacy benefit:

- **Preventive care medications and products covered under the Patient Protection and Affordable Care Act (PPACA), also known as "health care reform:"**
  - **Contraceptives:** Covered at 100%, or no cost-share (\$0) to you. Certain prescription contraceptives are available at their applicable cost-share.
  - **Tobacco cessation products:** Up to two (2) 90-day courses of treatment per plan year are covered at 100%, or no cost-share (\$0) to you. Certain prescription tobacco cessation products are available at their applicable cost-share.
  - **Certain vitamins:** Covered at 100%, or no cost-share (\$0) to you. All other prescription vitamins are available at their applicable cost-share and deductible (if applicable).
- **Certain over-the-counter (OTC) products:** If you have a prescription from your doctor, these are covered at 100%, or no cost-share (\$0) to you. All other OTC products are excluded from coverage.
- **Oral fertility medications:** Covered at their applicable tier cost-share. For some plans, injectable fertility medications are covered under the medical benefit.

## Information about this drug list

### Frequently asked questions (FAQs) (cont.)

- **Generic preventive care medications:** Covered at 100%, or no cost-share (\$0) to you before you meet your deductible. You'll pay your deductible and applicable cost-share to fill a preferred brand and/or non-preferred brand preventive care medication.
- **Diabetic supplies:** Covered at their applicable cost-share.
- **Growth Hormones:** Need approval from Cigna Healthcare before your plan will cover them (prior authorization). If approved, you'll pay your applicable tier cost-share to fill the medication.
- **Vaccines:** Vaccines are now covered under the pharmacy benefit. Not all plans cover vaccines in the same way. Log in to the myCigna App or **myCigna.com**, or check your plan materials, to find out how your specific plan covers them.
- **Compounded medications:** If the medication is more than \$200, you'll need approval from Cigna Healthcare before your plan will cover them (prior authorization). If approved, you'll pay your applicable tier cost-share to fill the medication.

### Words you may need to know

- **Brand name drug:** A drug that is marketed under a proprietary, trademark-protected name. A brand name drug is listed in this formulary in all CAPITAL letters.
- **Coinsurance:** A percentage of the cost of a covered health care benefit that you pay after you have paid the deductible, if a deductible applies to the health care benefit.
- **Copayment:** A fixed dollar amount that you pay for a covered health care benefit after you have paid the deductible, if a deductible applies to the health care benefit.
- **Deductible:** The amount you pay for covered health care benefits that are subject to the deductible before your health insurer begins to pay. If your health insurance policy has a deductible, it may have either one deductible or separate deductibles for medical benefits and prescription drug benefits. After you pay your deductible, you usually pay only a copayment or coinsurance for covered health care benefits. Your insurance company pays the rest.
- **Drug tier:** A group of prescription drugs that correspond to a specified cost sharing tier in your health insurance policy. The drug tier in which a prescription drug is placed determines your portion of the cost for the drug.
- **Exception request:** A request for coverage of a non-formulary drug. If you, your designee, or your prescribing health care provider submits a request for coverage of a non-formulary drug, your insurer must cover the non-formulary drug when it is medically necessary for you to take the drug.
- **Exigent circumstances:** When you are suffering from a medical condition that may seriously jeopardize your life, health, or ability to regain maximum function, or when you are undergoing a current course of treatment using a non-formulary drug.
- **Formulary or prescription drug list:** The list of drugs that is covered by your health insurance policy under the prescription drug benefit of the policy.
- **Generic drug:** A drug that is the same as its brand name drug equivalent in dosage, strength, effect, how it is taken, quality, safety, and intended use. A generic drug is listed in this formulary in italicized lowercase letters.
- **Medically Necessary:** Health care benefits needed to diagnose, treat, or prevent a medical condition or its symptoms and that meet accepted standards of medicine. Health insurance usually does not cover health care benefits that are not medically necessary.

## Information about this drug list

### Words you may need to know (cont.)

- **Non-formulary drug:** A prescription drug that is not listed on this formulary.
- **Out-of-pocket costs:** Your expenses for health care benefits that aren't reimbursed by your health insurance. Out-of-pocket costs include deductibles, copayments, and coinsurance for covered health care benefits, plus all costs for health care benefits that are not covered.
- **Prescribing provider:** A health care provider who can write a prescription for a drug to diagnose, treat, or prevent a medical condition.
- **Prescription:** An oral, written, or electronic order from a prescribing provider authorizing a prescription drug to be provided to a specific individual.
- **Prescription drug:** A drug that by law requires a prescription.
- **Prior Authorization:** A decision by your health insurer that a health care benefit is medically necessary for you. If a prescription drug is subject to prior authorization in this formulary, your prescribing provider must request approval from your health insurer to cover the drug before you fill your prescription. Your health insurer must grant a prior authorization request when it is medically necessary for you to take the drug.
- **Step Therapy:** A specific sequence in which prescription drugs for a particular medical condition must be tried. If a drug is subject to step therapy in this formulary, you may have to try one or more other drugs before your health insurance policy will cover that drug for your medical condition. If your prescribing provider submits a request for an exception to the step therapy requirement, your health insurer must grant the request when it is medically necessary for you to take the drug.
- **Quantity Limits:** For some medications, your plan will only cover up to a certain amount over a certain length of time. For example, 30mg per day for 30 days. Quantity limits help to make sure you're receiving coverage for the right medication, in the right amount, and for the right situation. Your plan will only cover a larger amount if your doctor requests and receives approval from Cigna Healthcare.
- **Age Requirements:** For certain medications, you must be within a specific age range for your plan to cover them. This is because some medications aren't considered clinically appropriate for individuals who aren't within that age range.

# Information about this drug list

## About this drug list

This is a list of the most commonly prescribed medications covered on the Cigna Healthcare Legacy (Standard) 4-Tier Prescription Drug List as of January 1, 2026. **The drug list is updated often;** so, not all of the medications your plan covers may be listed here. Also, your plan may not cover all of these medications. Log in to the myCigna App or **myCigna.com** to see which medications your plan covers.

## How to read this drug list

Medications are listed alphabetically by their generic and brand names within their therapeutic category and class.\* You can also find your medication using the index at the end of this drug list.

- The generic version of a brand-name medication is listed in parentheses and all *lowercase italicized* letters next to the brand-name medication.
- If a generic equivalent for a brand-name medication is both available and covered, the generic will be listed separately from the brand-name medication in all *lowercase italicized* letters.
- If a generic equivalent for a brand-name medication isn't available on the market or isn't covered, the medication won't be listed separately by its generic version.
- If a generic medication is marketed under a proprietary, trademark-protected brand name, the brand-name medication will be listed after the generic version in parentheses and regular typeface with the first letter of each word capitalized. For example: *quinapril hcl* (Accupril).

## Tiers

We put covered medications into tiers (or cost-share levels). Typically, the higher the tier, the higher the price you'll pay for the medication.

|        |                                                                                                                                                                                                                                 |          |
|--------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| Tier 1 | <b>Generics.</b> These medications are covered at your plan's lowest cost-share. Generics work in the same way and provide the same clinical benefits as their brand-name versions – and typically cost much less. <sup>3</sup> | \$       |
| Tier 2 | <b>Preferred Brands.</b> These medications typically have one or more lower-cost generic that treats the same condition.                                                                                                        | \$\$     |
| Tier 3 | <b>Non-Preferred Brands.</b> Non-preferred brands typically have a generic and/or preferred brand alternative(s) that treats the same condition.                                                                                | \$\$\$   |
| Tier 4 | <b>Specialty.</b> These medications are covered at your plan's highest cost-share. This tier includes both injectable and oral (those you take by mouth) specialty medications.                                                 | \$\$\$\$ |

\* Medications are listed in the therapeutic category and class provided by First Databank.

## Information about this drug list

### How to read this drug list (cont.)

#### Letters (acronyms) in the Notes column

In this drug list, some medications have **letters (acronyms)** next to them in the Notes column. Here's what they mean.

|       |                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|-------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PA    | <b>Prior Authorization*</b> – This medication needs approval from Cigna Healthcare before your plan will cover it. Your doctor's office will have to send us information to review to make sure you meet the medication's coverage rules (requirements).                                                                                                                                                                                               |
| QL    | <b>Quantity Limit*</b> – Your plan will only cover so much of this medication at one time. If your doctor wants you to fill more than what's allowed, your doctor's office can ask us to cover more.                                                                                                                                                                                                                                                   |
| ST    | <b>Step Therapy*</b> – This is a high-cost medication that has a lower-cost alternative(s) that treats the same condition. Your plan won't cover this medication until you try at least one preferred medication first (typically a generic or preferred brand) and can show that it didn't work for you.<br><br>If your doctor feels a preferred medication isn't right for you, your doctor's office can ask us to cover the higher-cost medication. |
| AGE   | <b>Age Requirement*</b> – Your plan will only cover this medication if you're a certain age or within a certain age range. If you're not within the allowed age range and your doctor wants you to use the medication, your doctor's office can ask us to cover it.                                                                                                                                                                                    |
| SP    | This is a <b>specialty medication</b> , which is used to treat a rare and/or complex medical condition. Some plans have extra coverage rules (requirements) for specialty medications. For example, some may only cover up to a 30-day supply and/or require you to fill it at a preferred specialty pharmacy to be covered.                                                                                                                           |
| HD    | <b>Home Delivery Medications</b> – Some plans only cover certain maintenance medications if they're filled through home delivery with Express Scripts Pharmacy. Depending on your plan, you may be able to get coverage for one, two or three fills at an in-network retail pharmacy before you have to switch to home delivery.                                                                                                                       |
| PPACA | Health care reform under the <b>Patient Protection and Affordable Care Act (PPACA)</b> requires plans to cover the full cost of this preventive medication or product. This means you don't have to pay anything – not even a copay, coinsurance or deductible.                                                                                                                                                                                        |
| CSL   | <b>Oral Cancer Medications Subject to Cost-Share Limits</b> – State law in California limits the cost-share (or amount you pay out-of-pocket) for certain oral chemotherapy medications.                                                                                                                                                                                                                                                               |

\* Not all plans have extra coverage rules (requirements) on medications. Log in to the myCigna App or myCigna.com, or check your plan materials, to see if yours does.

## Information about this drug list

### How to read this drug list (cont.)

Use the table below to understand how medications are covered on the Cigna Healthcare Legacy (Standard) 4-Tier Prescription Drug List.\*

| ANALGESICS (Pain Relief and Inflammatory Disease)                          |           |                                  | Therapeutic drug category and class describes the condition the medication is used to treat.                            |
|----------------------------------------------------------------------------|-----------|----------------------------------|-------------------------------------------------------------------------------------------------------------------------|
| Prescription Drug Name                                                     | Drug Tier | Coverage Requirements and Limits | Coverage requirements and limits lets you know if your plan has extra requirements before it will cover the medication. |
| <b>ANALGESIC, NON-SALICYLATE AND BARBITURATE COMBINAT</b>                  |           |                                  |                                                                                                                         |
| <i>butalbital/acetaminophen</i>                                            | T1        |                                  |                                                                                                                         |
| <b>ANALGESIC, SALICYLATE, BARBITURATE, XANTHINE COMB.</b>                  |           |                                  |                                                                                                                         |
| <i>butalb-aspirin-caffe 50-325-40</i>                                      | T1        | QL (6 tabs/day)                  |                                                                                                                         |
| <i>butalbital-asa-cafeine cap</i> (Fiorinal)                               | T1        | QL (6 caps/day)                  |                                                                                                                         |
| <i>FIORINAL</i> ( <i>butalbital-aspirin-cafeine</i> )                      | T3        | QL (6 caps/day)                  |                                                                                                                         |
| <b>ANALGESIC, NON-SALICYLATE, BARBITURATE, XANTHINE COMB.</b>              |           |                                  |                                                                                                                         |
| <i>butalb/acetaminophen/cafeine</i>                                        | T3        |                                  |                                                                                                                         |
| <i>butalb/acetaminophen/cafeine</i> (Esgic)                                | T3        | QL (6 caps/day)                  |                                                                                                                         |
| <i>butalb-acetamin-caff 50-300-40</i> (Fioricet)                           | T1        | QL (6 caps/day)                  |                                                                                                                         |
| <i>butalb-acetamin-caff 50-325-40</i> (Esgic)                              | T1        | QL (6 tabs/day)                  |                                                                                                                         |
| <i>ESGIC 50-325-40 MG TABLET</i> ( <i>butalbital-acetaminophen-caffe</i> ) | T3        | QL (6 tabs/day)                  |                                                                                                                         |
| <i>ESGIC CAPSULE</i> ( <i>zebutal</i> )                                    | T3        | QL (6 caps/day)                  |                                                                                                                         |
| <i>FIORICET</i> ( <i>phrenilin forte</i> )                                 | T1        | QL (6 caps/day)                  |                                                                                                                         |
| <b>ANALGESIC/ANTIPYRETICS, SALICYLATES</b>                                 |           |                                  |                                                                                                                         |
| <i>choline salicyl/mag salicylate</i>                                      | T1        | HD                               |                                                                                                                         |
| <i>diflunisal</i>                                                          | T1        | HD                               |                                                                                                                         |
| <b>ANTI-MIGRAINE PREPARATIONS</b>                                          |           |                                  |                                                                                                                         |
| <i>AIMOVIG AUTOINJECTOR</i>                                                | T2        | PA                               |                                                                                                                         |
| <i>AJOVY AUTOINJECTOR</i>                                                  | T2        | PA                               |                                                                                                                         |
| <i>AJOVY SYRINGE</i>                                                       | T2        | PA                               |                                                                                                                         |
| <i>almotriptan malate</i>                                                  | T1        | QL (12 tabs/30 days)             |                                                                                                                         |
| <i>CAFERGOT</i> ( <i>ergotamine-cafeine</i> )                              | T3        | QL (40 tabs/28 days)             |                                                                                                                         |
| <i>dihydroergotamine 1 mg/ml amp</i>                                       | T1        | QL (10 amps/30 days)             |                                                                                                                         |
| <i>eletriptan hydrobromide</i>                                             | T1        | QL (6 tabs/30 days)              |                                                                                                                         |
| <i>EMGALITY PEN</i>                                                        | T2        | PA                               |                                                                                                                         |
| <i>EMGALITY SYRINGE</i>                                                    | T2        | PA                               |                                                                                                                         |
| <i>ergotamine tartrate/cafeine</i>                                         | T1        |                                  |                                                                                                                         |
| <i>ergotamine tartrate/cafeine</i> (Cafergot)                              | T1        | QL (40 tabs/28 days)             |                                                                                                                         |

\*This table is just an example. It may not show how these medications are currently covered on this drug list.

## Information about this drug list

### How to find your medication

First, look for the therapeutic category/class your medication is in using the alphabetical list below. Then, go to that page to see the covered medications available to treat the condition.

| Condition                                                                                        | Page   | Condition                                                  | Page     |
|--------------------------------------------------------------------------------------------------|--------|------------------------------------------------------------|----------|
| Analgesics (Pain Relief and Inflammatory Disease)                                                | 19-24  | Anti-Obesity Drugs (Weight Management)                     | 71       |
| Analgesics (Urinary Tract Conditions)                                                            | 24     | Anti-Parasitics (Eye Conditions)                           | 71       |
| Anesthetics (Miscellaneous)                                                                      | 25     | Anti-Parasitics (Infections)                               | 72       |
| Anesthetics (Pain Relief and Inflammatory Disease)                                               | 25     | Anti-Parasitics (Skin Conditions)                          | 72       |
| Anesthetics (Urinary Tract Conditions)                                                           | 25     | Anti-Parkinson's Drugs (Parkinson's Disease)               | 72-74    |
| Anti-Allergy (Allergy and Nasal Sprays)                                                          | 25     | Anti-Platelet Drugs (Blood Thinners/Anti-Clotting)         | 74       |
| Anti-Arthritics (Pain Relief and Inflammatory Disease)                                           | 25-30  | Antivirals (Aids/Hiv)                                      | 74-78    |
| Anti-Asthmatics (Asthma/COPD/Respiratory)                                                        | 30-34  | Antivirals (Eye Conditions)                                | 78       |
| Antibiotics (Ear Medications)                                                                    | 34, 35 | Antivirals (Infections)                                    | 78-80    |
| Antibiotics (Eye Conditions)                                                                     | 35, 36 | Antivirals (Skin Conditions)                               | 80       |
| Antibiotics (Infections)                                                                         | 36-42  | Autonomic Drugs (Allergy/Nasal Sprays)                     | 80, 81   |
| Antibiotics (Skin Conditions)                                                                    | 42, 43 | Autonomic Drugs (Alzheimer's Disease)                      | 81       |
| Anti-Coagulants (Blood Thinners/Anti-Clotting)                                                   | 43-45  | Autonomic Drugs (Attention Deficit Hyperactivity Disorder) | 81, 82   |
| Antidotes (Gastrointestinal/Heartburn)                                                           | 45     | Autonomic Drugs (Blood Pressure/Heart Medications)         | 82, 83   |
| Antidotes (Substance Abuse)                                                                      | 45, 46 | Autonomic Drugs (Urinary Tract Conditions)                 | 83       |
| Anti-Fungals (Eye Conditions)                                                                    | 46     | Biologicals (Allergy/Nasal Sprays)                         | 83       |
| Anti-Fungals (Feminine Products)                                                                 | 46     | Biologicals (Blood Pressure/Heart Medications)             | 83       |
| Anti-Fungals (Infections)                                                                        | 46, 47 | Biologicals (Miscellaneous)                                | 83       |
| Anti-Fungals (Skin Conditions)                                                                   | 47, 48 | Biologicals (Vaccines)                                     | 83-87    |
| Antihistamine and Decongestant Combination (Allergy/Nasal Sprays)                                | 48     | Blood (Blood Modifiers/Bleeding Disorders)                 | 87-89    |
| Anti-histamines (Allergy/Nasal Sprays)                                                           | 48, 49 | Blood (Blood Thinners/Anti-Clotting)                       | 89       |
| Antihistamines (Eye Conditions)                                                                  | 49     | Cardiac Drugs (Blood Pressure/Heart Medications)           | 90-93    |
| Anti-Hyperglycemics (Diabetes)                                                                   | 49-56  | Cardiovascular (Asthma/COPD/Respiratory)                   | 93, 94   |
| Anti-Infectives/Miscellaneous (Feminine Products)                                                | 56     | Cardiovascular (Blood Pressure/Heart Medications)          | 94-101   |
| Anti-Infectives/Miscellaneous (Infections)                                                       | 56, 57 | Cardiovascular (Cholesterol Medications)                   | 101-105  |
| Anti-Inflammatory Tumor Necrosis Factor Inhibiting Agents (Pain Relief and Inflammatory Disease) | 58-60  | CARDIOVASCULAR (Miscellaneous)                             | 105      |
| Anti-Neoplastics (Cancer)                                                                        | 60-70  | CNS Drugs (Alzheimer's Disease)                            | 105      |
| Anti-Neoplastics (Skin Conditions)                                                               | 70     | CNS Drugs (Miscellaneous)                                  | 105, 106 |

## Information about this drug list

### How to find your medication (cont.)

| Condition                                                       | Page     | Condition                                                          | Page     |
|-----------------------------------------------------------------|----------|--------------------------------------------------------------------|----------|
| CNS Drugs (Multiple Sclerosis)                                  | 106, 107 | Immunosuppressants (Pain Relief and Inflammatory Disease)          | 154, 155 |
| CNS Drugs (Pain Relief and Inflammatory Disease)                | 107, 108 | Immunosuppressants (Skin Conditions)                               | 156      |
| CNS Drugs (Seizure Disorders)                                   | 108-113  | Immunosuppressants (Transplant Medications)                        | 156, 157 |
| CNS Drugs (Sleep Disorders/Sedatives)                           | 114      | Miscellaneous Medical Supplies, Devices, Non-Drug (Diabetes)       | 157-180  |
| Colony Stimulating Factors (Blood Modifiers/Bleeding Disorders) | 114, 115 | Miscellaneous Medical Supplies, Devices, Non-Drug (Miscellaneous)  | 180, 188 |
| Colony Stimulating Factors (Cancer)                             | 115      | Muscle Relaxants (Pain Relief and Inflammatory Disease)            | 188-189  |
| Contraceptives (Contraception Products)                         | 115-117  | Prenatal Vitamins (Nutritional/Dietary)                            | 189-192  |
| Cough/Cold Preparations (Allergy/Nasal Sprays)                  | 117      | Psychotherapeutic Drugs (Anxiety/Depression/Bipolar Disorder)      | 193-199  |
| Cough/Cold Preparations (Cough/Cold Medications)                | 117, 118 | Psychotherapeutic Drugs (Attention Deficit Hyperactivity Disorder) | 199-202  |
| Diagnostic (Diabetes)                                           | 118-123  | Psychotherapeutic Drugs (Schizophrenia/Anti-Psychotics)            | 202-206  |
| Diagnostic (Miscellaneous)                                      | 123, 124 | Psychotherapeutic Drugs (Seizure Disorders)                        | 206      |
| Diuretics (Diuretics)                                           | 125-127  | Psychotherapeutic Drugs (Sleep Disorders/Sedatives)                | 206      |
| EENT Preps (Allergy/Nasal Sprays)                               | 127      | Sedative/Hypnotics (Sleep Disorders/Sedatives)                     | 206, 207 |
| EENT Preps (Ear Medications)                                    | 128      | Skin Preps (Miscellaneous)                                         | 207, 208 |
| EENT Preps (Eye Conditions)                                     | 128-132  | Skin Preps (Pain Relief and Inflammatory Disease)                  | 208, 209 |
| Elect/Caloric/H2O (Cholesterol Medications)                     | 132      | Skin Preps (Skin Conditions)                                       | 209-219  |
| Elect/Caloric/H2O (Dental Products)                             | 132, 133 | Smoking Deterrents (Smoking Cessation)                             | 219      |
| Elect/Caloric/H2O (Diabetes)                                    | 133      | Thyroid Prep (Hormonal Agents)                                     | 219, 221 |
| Elect/Caloric/H2O (Miscellaneous)                               | 134      | Unclassified Drug Products (Aids/Hiv)                              | 221      |
| Elect/Caloric/H2O (Nutritional/Dietary)                         | 134-137  | Unclassified Drug Products (Asthma/COPD/Respiratory)               | 221, 222 |
| Elect/Caloric/H2O (Urinary Tract Conditions)                    | 137      | Unclassified Drug Products (Blood Modifiers/Bleeding Disorders)    | 222      |
| Gastrointestinal (Cholesterol Medications)                      | 137      | Unclassified Drug Products (Blood Pressure/Heart Medications)      | 222, 223 |
| Gastrointestinal (Gastrointestinal/Heartburn)                   | 137-146  |                                                                    |          |
| Gastrointestinal (Pain Relief and Inflammatory Disease)         | 146      |                                                                    |          |
| HEMATOPOIETIC GROWTH FACTORS (Miscellaneous)                    | 146      |                                                                    |          |
| Hormones (Gastrointestinal/Heartburn)                           | 146, 147 |                                                                    |          |
| Hormones (Hormonal Agents)                                      | 147-153  |                                                                    |          |
| Hormones (Infertility)                                          | 154      |                                                                    |          |
| Hormones (Miscellaneous)                                        | 154      |                                                                    |          |
| Hormones (Osteoporosis Products)                                | 154      |                                                                    |          |

# Information about this drug list

## How to find your medication (cont.)

| Condition                                               | Page     | Condition                                                         | Page     |
|---------------------------------------------------------|----------|-------------------------------------------------------------------|----------|
| Unclassified Drug Products (Cancer)                     | 223      | Unclassified Drug Products (Pain Relief and Inflammatory Disease) | 230      |
| Unclassified Drug Products (Dental Products)            | 223      | Unclassified Drug Products (Seizure Disorders)                    | 230      |
| Unclassified Drug Products (Diabetes)                   | 223      | Unclassified Drug Products (Skin Conditions)                      | 230, 231 |
| Unclassified Drug Products (Erectile Dysfunction)       | 223, 224 | Unclassified Drug Products (Substance Abuse)                      | 231      |
| Unclassified Drug Products (Eye Conditions)             | 224      | Unclassified Drug Products (Transplant Medications)               | 231      |
| Unclassified Drug Products (Gastrointestinal/Heartburn) | 224      | Unclassified Drug Products (Urinary Tract Conditions)             | 231-233  |
| Unclassified Drug Products (Hormonal Agents)            | 224      | Unclassified Drug Products (Weight Management)                    | 233      |
| Unclassified Drug Products (Miscellaneous)              | 225-229  | Vitamins (Nutritional/Dietary)                                    | 233, 236 |
| Unclassified Drug Products (Nutritional/Dietary)        | 229      |                                                                   |          |
| Unclassified Drug Products (Osteoporosis Products)      | 229, 230 |                                                                   |          |

## List of Prescription Medications

### ANALGESICS (Pain Relief and Inflammatory Disease)

| Prescription Drug Name                                        | Drug Tier | Coverage Requirements and Limits |
|---------------------------------------------------------------|-----------|----------------------------------|
| <b>ANALGESIC, NON-SALICYLATE AND BARBITURATE COMBINAT</b>     |           |                                  |
| BUPAP ( <i>butalbital/acetaminophen</i> )                     | T3        | PA                               |
| <i>butalbital/acetaminophen</i>                               | T1        |                                  |
| <i>butalbital-acetaminophen 25-325</i>                        | T1        | PA                               |
| <i>butalbital-acetaminophen 50-300</i>                        | T1        |                                  |
| <i>butalbital-acetaminophen 50-300 (Bupap)</i>                | T1        | PA                               |
| <i>butalbital-acetaminophen 50-325</i>                        | T1        |                                  |
| <b>ANALGESIC, SALICYLATE, BARBITURATE, XANTHINE COMB.</b>     |           |                                  |
| <i>butalbital-aspirin-caffeine cp</i>                         | T1        | QL(6 CAPS/DAY)                   |
| <i>butalbital-aspirin-caffeine tb</i>                         | T1        | QL(6 TABS/DAY)                   |
| <b>ANALGESIC, NON-SALICYLATE, BARBITURATE, XANTHINE COMB.</b> |           |                                  |
| <i>butal-ace-caf 50-325-40mg/15ml</i>                         | T1        | PA QL(90 MLS/DAY)                |
| <i>butalb/acetaminophen/caffeine (Esgic)</i>                  | T3        | QL(6 CAPS/DAY)                   |
| <i>butalb-acetamin-caff 50-300-40 (Fioricet)</i>              | T1        | QL(6 CAPS/DAY)                   |
| <i>butalb-acetamin-caff 50-325-40</i>                         | T1        | QL(6 TABS/DAY)                   |
| <i>butalb-acetamin-caff 50-325-40 (Esgic)</i>                 | T1        | QL(6 CAPS/DAY)                   |
| ESGIC ( <i>butalb/acetaminophen/caffeine</i> )                | T3        | PA QL(6 CAPS/DAY)                |
| FIORICET ( <i>butalb/acetaminophen/caffeine</i> )             | T3        | PA QL(6 CAPS/DAY)                |
| <b>ANALGESIC/ANTIPYRETICS, SALICYLATES</b>                    |           |                                  |
| <i>diflunisal</i>                                             | T1        | HD                               |
| DOLOBID                                                       | T3        | PA                               |
| <b>ANALGESICS, NON-OPIOID</b>                                 |           |                                  |
| JOURNAVX                                                      | T3        | QL(30 TABS/90 DAYS)              |
| <b>ANTI-MIGRAINE PREPARATIONS</b>                             |           |                                  |
| AIMOVIG AUTOINJECTOR                                          | T2        | PA                               |
| AJOVY AUTOINJECTOR                                            | T2        | PA                               |
| AJOVY AUTOINJECTOR (3 PACK)                                   | T2        | PA                               |
| AJOVY SYRINGE                                                 | T2        | PA                               |
| almotriptan malate                                            | T1        | QL(12 TABS/30 DAYS)              |
| CAMBIA ( <i>diclofenac potassium</i> )                        | T3        | PA                               |
| <i>diclofenac pot 50 mg powdr pkt (Cambia)</i>                | T1        | PA                               |
| <i>dihydroergotamine 1 mg/ml amp</i>                          | T1        | QL                               |
| <i>dihydroergotamine 4 mg/ml spry (Migranal)</i>              | T1        | PA QL(8 MLS/30 DAYS)             |
| <i>eletriptan hydrobromide (Relpax)</i>                       | T1        | QL(6 TABS/30 DAYS)               |
| ELYXYB                                                        | T3        | PA QL(43.2 MLS/30 DAYS)          |

T1 – Typically Generics

T2 – Typically Preferred Brands

T3 – Typically Non-Preferred Brands

T4 – Specialty Medications

PA – Prior Authorization

QL – Quantity Limit

ST – Step Therapy

AGE – Age Requirement

SP – Specialty Medication

HD – May require home delivery pharmacy

PPACA – No Cost-Share Preventive Medication

CSL – Oral cancer medication subject to cost-share limits

## List of Prescription Medications

### ANALGESICS (Pain Relief and Inflammatory Disease) (cont.)

| Prescription Drug Name                                          | Drug Tier | Coverage Requirements and Limits |
|-----------------------------------------------------------------|-----------|----------------------------------|
| <b>ANTI-MIGRAINE PREPARATIONS (cont.)</b>                       |           |                                  |
| EMGALITY PEN                                                    | T2        | PA                               |
| EMGALITY SYRINGE                                                | T2        | PA                               |
| ERGOMAR                                                         | T3        | PA                               |
| <i>ergotamine tartrate/caffeine</i>                             | T1        | QL(40 TABS/28 DAYS)              |
| FROVA ( <i>frovatriptan succinate</i> )                         | T3        | PA QL(18 TABS/30 DAYS)           |
| IMITREX 100 MG TABLET ( <i>sumatriptan succinate</i> )          | T3        | PA QL(9 TABS/30 DAYS)            |
| IMITREX 25 MG TABLET ( <i>sumatriptan succinate</i> )           | T3        | PA QL(9 TABS/30 DAYS)            |
| IMITREX 4 MG/0.5 ML CARTRIDGES ( <i>sumatriptan succinate</i> ) | T3        | PA QL(4 MLS/30 DAYS)             |
| IMITREX 4 MG/0.5 ML PEN INJECT ( <i>sumatriptan succinate</i> ) | T3        | PA QL(4 MLS/30 DAYS)             |
| IMITREX 50 MG TABLET ( <i>sumatriptan succinate</i> )           | T3        | PA QL(9 TABS/30 DAYS)            |
| IMITREX 6 MG/0.5 ML CARTRIDGES ( <i>sumatriptan succinate</i> ) | T3        | PA QL(4 MLS/30 DAYS)             |
| IMITREX 6 MG/0.5 ML PEN INJECT ( <i>sumatriptan succinate</i> ) | T3        | PA QL(4 MLS/30 DAYS)             |
| MAXALT ( <i>rizatriptan benzoate</i> )                          | T3        | PA QL(12 TABS/30 DAYS)           |
| MAXALT MLT ( <i>rizatriptan benzoate</i> )                      | T3        | PA QL(12 TABS/30 DAYS)           |
| MIGRANAL ( <i>dihydroergotamine mesylate</i> )                  | T3        | PA QL(8 MLS/30 DAYS)             |
| <i>naratriptan hcl</i>                                          | T1        | QL(9 TABS/30 DAYS)               |
| NURTEC ODT                                                      | T2        | PA QL(16 TABS/30 DAYS)           |
| ONZETRA XSAIL                                                   | T3        | PA QL(16 INHALERS/30 DAYS)       |
| QULIPTA                                                         | T2        | PA QL(1 TAB/DAY)                 |
| RELPAX ( <i>eletriptan hydrobromide</i> )                       | T3        | PA QL(6 TABS/30 DAYS)            |
| REYVOW                                                          | T3        | PA QL(8 TABS/30 DAYS)            |
| <i>rizatriptan benzoate</i>                                     | T1        | QL(12 TABS/30 DAYS)              |
| <i>rizatriptan benzoate (Maxalt Mlt)</i>                        | T1        | QL(12 TABS/30 DAYS)              |
| <i>rizatriptan benzoate(Maxalt)</i>                             | T1        | QL(12 TABS/30 DAYS)              |
| <i>sumatriptan</i>                                              | T1        | QL(12 UNITS/30 DAYS)             |
| <i>sumatriptan 4 mg/0.5 ml inject (Imitrex)</i>                 | T1        | QL(4 MLS/30 DAYS)                |
| <i>sumatriptan 6 mg/0.5 ml vial</i>                             | T1        | QL(5 MLS/30 DAYS)                |
| <i>sumatriptan 6 mg/0.5ml autoinj (Imitrex)</i>                 | T1        | QL(4 MLS/30 DAYS)                |
| <i>sumatriptan succ 100 mg tablet (Imitrex)</i>                 | T1        | QL(9 TABS/30 DAYS)               |
| <i>sumatriptan succ 25 mg tablet (Imitrex)</i>                  | T1        | QL(9 TABS/30 DAYS)               |
| <i>sumatriptan succ 50 mg tablet (Imitrex)</i>                  | T1        | QL(9 TABS/30 DAYS)               |
| <i>sumatriptan succ/naproxen sod (Treximet)</i>                 | T1        | QL(18 TABS/30 DAYS)              |
| SYMBRAVO                                                        | T3        | PA QL(9 TABS/28 DAYS)            |

T1 – Typically Generics

T2 – Typically Preferred Brands

T3 – Typically Non-Preferred Brands

T4 – Specialty Medications

PA – Prior Authorization

QL – Quantity Limit

ST – Step Therapy

AGE – Age Requirement

SP – Specialty Medication

HD – May require home delivery pharmacy

PPACA – No Cost-Share Preventive Medication

CSL – Oral cancer medication subject to cost-share limits

## List of Prescription Medications

### ANALGESICS (Pain Relief and Inflammatory Disease) (cont.)

| Prescription Drug Name                                     | Drug Tier | Coverage Requirements and Limits |
|------------------------------------------------------------|-----------|----------------------------------|
| <b>ANTI-MIGRAINE PREPARATIONS (cont.)</b>                  |           |                                  |
| TOSYMRA                                                    | T3        | PA QL (12 UNITS/30 DAYS)         |
| TREXIMET ( <i>sumatriptan succ/naproxen sod</i> )          | T3        | PA QL (18 TABS/30 DAYS)          |
| TRUDHESA                                                   | T3        | PA QL (8 MLS/30 DAYS)            |
| UBRELVY                                                    | T2        | PA QL (0.67 TABS/DAY)            |
| ZAVZPRET                                                   | T2        | PA QL (6 UNITS/30 DAYS)          |
| ZEMBRACE SYMTOUCH                                          | T3        | PA QL (8 MLS/30 DAYS)            |
| <i>zolmitriptan</i>                                        | T1        | QL (6 TABS/30 DAYS)              |
| <i>zolmitriptan 2.5 mg tablet (Zomig)</i>                  | T1        | QL (6 TABS/30 DAYS)              |
| ZOLMITRIPTAN 2.5MG NASAL SPRAY                             | T3        | PA QL (12 UNITS/30 DAYS)         |
| <i>zolmitriptan 5 mg nasal spray (Zomig)</i>               | T1        | PA QL (12 UNITS/30 DAYS)         |
| <i>zolmitriptan 5 mg tablet (Zomig)</i>                    | T1        | QL (6 TABS/30 DAYS)              |
| ZOMIG 2.5 MG NASAL SPRAY                                   | T3        | PA QL (12 UNITS/30 DAYS)         |
| ZOMIG 2.5 MG TABLET ( <i>zolmitriptan</i> )                | T3        | PA QL (6 TABS/30 DAYS)           |
| ZOMIG 5 MG NASAL SPRAY ( <i>zolmitriptan</i> )             | T3        | PA QL (12 UNITS/30 DAYS)         |
| ZOMIG 5 MG TABLET ( <i>zolmitriptan</i> )                  | T3        | PA QL (6 TABS/30 DAYS)           |
| <b>NASAL NSAIDS, COX NON-SELECTIVE, SYSTEMIC ANALGESIC</b> |           |                                  |
| SPRIX                                                      | T3        | PA QL (5 UNITS/30 DAYS)          |
| <b>NSAIDS, CYCLOOXYGENASE INHIBITOR-TYPE ANALGESICS</b>    |           |                                  |
| <i>diclofenac pot 25 mg tablet</i>                         | T1        | PA HD                            |
| <i>diclofenac pot 50 mg tablet</i>                         | T1        | HD                               |
| <i>diclofenac potassium</i>                                | T1        | PA HD                            |
| <i>diclofenac potassium 25 mg cap (Zipsor)</i>             | T1        | PA HD                            |
| <i>ketorolac 10 mg tablet</i>                              | T1        | QL (20 TABS/30 DAYS)             |
| <i>ketorolac 15 mg/ml syringe</i>                          | T1        | QL (8 MLS/DAY)                   |
| <i>ketorolac 15 mg/ml vial</i>                             | T1        | QL (8 MLS/DAY)                   |
| <i>ketorolac 30 mg/ml syringe</i>                          | T1        | QL (4 MLS/DAY)                   |
| <i>ketorolac 30 mg/ml vial</i>                             | T1        | QL (4 MLS/DAY)                   |
| <i>ketorolac 300 mg/10 ml vial</i>                         | T1        |                                  |
| <i>ketorolac 60 mg/2 ml syringe</i>                        | T1        | QL (4 MLS/DAY)                   |
| <i>ketorolac 60 mg/2 ml vial</i>                           | T1        | QL (4 MLS/DAY)                   |
| <i>mefenamic acid</i>                                      | T1        | PA HD                            |
| ZIPSOR ( <i>diclofenac potassium</i> )                     | T3        | PA HD                            |

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## List of Prescription Medications

### ANALGESICS (Pain Relief and Inflammatory Disease) (cont.)

| Prescription Drug Name                                   | Drug Tier | Coverage Requirements and Limits |
|----------------------------------------------------------|-----------|----------------------------------|
| <b>OPIOID ANALGESIC AND NON-SALICYLATE ANALGESICS</b>    |           |                                  |
| <i>acetamin-codein 300-30 mg/12.5</i>                    | T1        |                                  |
| <i>acetaminop-codeine 120-12 mg/5</i>                    | T1        |                                  |
| <i>acetaminophen-cod #2 tablet</i>                       | T1        | PA                               |
| <i>acetaminophen-cod #3 tablet</i>                       | T1        | PA                               |
| <i>acetaminophen-cod #4 tablet</i>                       | T1        | PA                               |
| <i>hydrocodone/acetaminophen</i>                         | T1        | PA                               |
| <i>hydrocodone/acetaminophen (Lortab)</i>                | T1        | PA                               |
| HYDROCODONE-ACETAMINOPHEN                                | T1        | PA                               |
| LORTAB ( <i>hydrocodone/acetaminophen</i> )              | T1        | PA                               |
| NALOCET                                                  | T1        | PA                               |
| <i>oxycodone hcl/acetaminophen</i>                       | T1        | PA                               |
| <i>oxycodone hcl/acetaminophen (Percocet)</i>            | T1        | PA                               |
| PERCOCET ( <i>oxycodone hcl/acetaminophen</i> )          | T3        | PA                               |
| PRIMLEV                                                  | T1        | PA                               |
| PROLATE 10 MG-300 MG/5 ML SOLN                           | T3        | PA                               |
| <i>prolate 10-300 mg tablet</i>                          | T1        | PA                               |
| <i>prolate 5-300 mg tablet</i>                           | T1        | PA                               |
| <i>prolate 7.5-300 mg tablet</i>                         | T1        | PA                               |
| <i>tramadol hcl/acetaminophen</i>                        | T1        |                                  |
| <b>OPIOID ANALGESIC AND NSAID COMBINATION</b>            |           |                                  |
| <i>hydrocodone/ibuprofen</i>                             | T1        | PA                               |
| <b>OPIOID ANALGESIC AND NON-SALICYLATE XANTHINE COMB</b> |           |                                  |
| <i>acetaminophen/caff/dihydrocod</i>                     | T1        | PA                               |
| TREZIX                                                   | T3        | PA                               |
| <b>OPIOID ANALGESICS</b>                                 |           |                                  |
| ACTIQ ( <i>fentanyl citrate</i> )                        | T3        | PA                               |
| BELBUCA                                                  | T2        | QL(2 FILMS/DAY)                  |
| <i>buprenorphine (Butrans)</i>                           | T1        | QL(4 PATCHES/28 DAYS)            |
| <i>butorphanol tartrate</i>                              | T1        | PA QL(6 BOTTLES/30 DAYS)         |
| BUTRANS ( <i>buprenorphine</i> )                         | T3        | QL(4 PATCHES/28 DAYS)            |
| <i>codeine sulfate</i>                                   | T1        | PA                               |
| CONZIP                                                   | T3        | PA QL(1 CAP/DAY)                 |
| DILAUDID ( <i>hydromorphone hcl</i> )                    | T3        | PA                               |
| <i>fentanyl</i>                                          | T1        | PA                               |

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## List of Prescription Medications

### ANALGESICS (Pain Relief and Inflammatory Disease) (cont.)

| Prescription Drug Name                             | Drug Tier | Coverage Requirements and Limits |
|----------------------------------------------------|-----------|----------------------------------|
| <b>OPIOID ANALGESICS (cont.)</b>                   |           |                                  |
| <i>fentanyl citrate</i>                            | T1        | PA                               |
| FENTANYL CITRATE                                   | T1        | PA                               |
| <i>fentanyl citrate (Actiq)</i>                    | T1        | PA                               |
| FENTORA                                            | T3        | PA                               |
| <i>hydrocodone bitartrate</i>                      | T1        | PA                               |
| <i>hydrocodone bitartrate (Hysingla Er)</i>        | T1        | PA                               |
| <i>hydromorphone hcl</i>                           | T1        | PA                               |
| <i>hydromorphone hcl (Dilaudid)</i>                | T1        | PA                               |
| HYSINGLA ER ( <i>hydrocodone bitartrate</i> )      | T2        | PA                               |
| LAZANDA                                            | T3        | PA                               |
| <i>levorphanol tartrate</i>                        | T1        | PA                               |
| <i>meperidine hcl</i>                              | T1        | PA                               |
| <i>methadone hcl</i>                               | T1        | PA                               |
| <i>morphine sulfate</i>                            | T1        | PA                               |
| <i>morphine sulfate (Ms Contin)</i>                | T1        | PA                               |
| MS CONTIN ( <i>morphine sulfate</i> )              | T3        | PA                               |
| NUCYNTA                                            | T2        | PA                               |
| NUCYNTA ER                                         | T3        | PA                               |
| <i>opium/belladonna alkaloids</i>                  | T1        | PA                               |
| OXAYDO                                             | T3        | PA                               |
| <i>oxycodone hcl</i>                               | T1        | PA                               |
| <i>oxycodone hcl (ir) 10 mg tab</i>                | T1        | PA                               |
| <i>oxycodone hcl (ir) 15 mg tab (Roxicodone)</i>   | T1        | PA                               |
| <i>oxycodone hcl (ir) 20 mg tab</i>                | T1        | PA                               |
| <i>oxycodone hcl (ir) 30 mg tab (Roxicodone)</i>   | T1        | PA                               |
| <i>oxycodone hcl (ir) 5 mg cap</i>                 | T1        | PA                               |
| <i>oxycodone hcl (ir) 5 mg tablet (Roxicodone)</i> | T1        | PA                               |
| OXYCODONE HCL 10 MG TABLET                         | T3        | PA                               |
| <i>oxycodone hcl 100 mg/5 ml conc</i>              | T1        | PA                               |
| OXYCODONE HCL 15 MG TABLET                         | T3        | PA                               |
| OXYCODONE HCL 30 MG TABLET                         | T3        | PA                               |
| OXYCODONE HCL 5 MG TABLET                          | T3        | PA                               |
| <i>oxycodone hcl 5 mg/5 ml cup</i>                 | T1        | PA                               |
| <i>oxycodone hcl 5 mg/5 ml soln</i>                | T1        | PA                               |

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## List of Prescription Medications

### ANALGESICS (Pain Relief and Inflammatory Disease) (cont.)

| Prescription Drug Name                                                 | Drug Tier | Coverage Requirements and Limits |
|------------------------------------------------------------------------|-----------|----------------------------------|
| <b>OPIOID ANALGESICS (cont.)</b>                                       |           |                                  |
| OXYCODONE HCL ER                                                       | T1        | PA                               |
| OXYCONTIN                                                              | T3        | PA                               |
| <i>oxymorphone hcl</i>                                                 | T1        | PA                               |
| <i>pentazocine hcl/naloxone hcl</i>                                    | T1        | PA                               |
| ROXICODONE ( <i>oxycodone hcl</i> )                                    | T3        | PA                               |
| ROXYBOND                                                               | T3        | PA                               |
| <i>tramadol er 100 mg tablet</i>                                       | T1        | QL(1 TAB/DAY)                    |
| <i>tramadol er 200 mg tablet</i>                                       | T1        | QL(1 TAB/DAY)                    |
| <i>tramadol er 300 mg tablet</i>                                       | T1        | QL(1 TAB/DAY)                    |
| <i>tramadol hcl 100 mg tablet</i>                                      | T1        | QL(4 TABS/DAY)                   |
| TRAMADOL HCL 25 MG TABLET                                              | T3        | PA QL(4 TABS/DAY)                |
| TRAMADOL HCL 25 MG/5 ML CUP                                            | T3        | PA QL(80 MLS/DAY)                |
| TRAMADOL HCL 5 MG/ML SOLUTION                                          | T3        | PA QL(80 MLS/DAY)                |
| <i>tramadol hcl 50 mg tablet</i>                                       | T1        | QL(8 TABS/DAY)                   |
| TRAMADOL HCL 75 MG TABLET                                              | T3        | QL(5 TABS/DAY)                   |
| TRAMADOL HCL ER 100 MG CAPSULE                                         | T1        | QL(1 CAP/DAY)                    |
| <i>tramadol hcl er 100 mg tablet</i>                                   | T1        | QL(1 TAB/DAY)                    |
| TRAMADOL HCL ER 200 MG CAPSULE                                         | T1        | QL(1 CAP/DAY)                    |
| <i>tramadol hcl er 200 mg tablet</i>                                   | T1        | QL(1 TAB/DAY)                    |
| TRAMADOL HCL ER 300 MG CAPSULE                                         | T1        | QL(1 CAP/DAY)                    |
| <i>tramadol hcl er 300 mg tablet</i>                                   | T1        | QL(1 TAB/DAY)                    |
| XTAMPZA ER                                                             | T2        | PA                               |
| <b>OPIOID AND SALICYLATE ANALGESICS, BARBIT, XANTHINE</b>              |           |                                  |
| <i>codeine/butalbital/asa/caffeine</i>                                 | T1        | PA                               |
| <b>OPIOID, NON-SALICYL. ANALGESIC, BARBITUATE, XANTHINE</b>            |           |                                  |
| <i>butalbital/acetamin/caff/codeine</i>                                | T1        | PA                               |
| <i>butalbital/acetamin/caff/codeine</i> (Fioricet With Codeine)        | T1        | PA                               |
| FIORICET WITH CODEINE ( <i>butalbital-acetaminophen-caff-codeine</i> ) | T3        | PA                               |
| <b>SKELETAL MUSCLE RELAXANT, SALICYLATE, OPIOID ANALGESIC</b>          |           |                                  |
| <i>carisoprodol/aspirin/codeine</i>                                    | T1        | PA                               |
| <b>ANALGESICS (Urinary Tract Conditions)</b>                           |           |                                  |
| <b>URINARY TRACT ANALGESIC AGENTS</b>                                  |           |                                  |
| ELMIRON                                                                | T2        |                                  |
| RIMSO-50                                                               | T2        |                                  |

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## List of Prescription Medications

| ANESTHETICS (Miscellaneous)                            |           |                                  |
|--------------------------------------------------------|-----------|----------------------------------|
| Prescription Drug Name                                 | Drug Tier | Coverage Requirements and Limits |
| GENERAL ANESTHETICS, INHALANT                          |           |                                  |
| desflurane                                             | T1        |                                  |
| isoflurane                                             | T1        |                                  |
| isoflurane                                             | T3        |                                  |
| sevoflurane (Ultane)                                   | T1        |                                  |
| SUPRANE                                                | T3        |                                  |
| ULTANE (sevoflurane)                                   | T3        |                                  |
| ANESTHETICS (Pain Relief and Inflammatory Disease)     |           |                                  |
| LOCAL ANESTHETICS                                      |           |                                  |
| lidocaine hcl                                          | T1        |                                  |
| TOPICAL LOCAL ANESTHETICS                              |           |                                  |
| lidocaine (Lidocan li)                                 | T1        | PA                               |
| lidocaine (Lidoderm)                                   | T1        | PA                               |
| lidocaine 5% ointment                                  | T1        | QL(145 GMS/30 DAYS)              |
| lidocaine 5% patch (Lidocan II)                        | T1        |                                  |
| lidocaine 5% patch (Lidoderm)                          | T1        |                                  |
| lidocaine hcl                                          | T1        |                                  |
| lidocaine/prilocaine                                   | T1        |                                  |
| LIDOCAN II (lidocaine)                                 | T3        | PA                               |
| LIDODERM (lidocaine)                                   | T3        | PA                               |
| SYNERA                                                 | T3        | PA                               |
| ZTLIDO                                                 | T2        |                                  |
| ANESTHETICS (Urinary Tract Conditions)                 |           |                                  |
| URINARY TRACT ANESTHETIC/ANALGESIC AGNT (AZO-DYE)      |           |                                  |
| phenazopyridine hcl (Pyridium)                         | T1        | PA                               |
| PYRIDIUM (phenazopyridine hcl)                         | T3        |                                  |
| ANTI-ALLERGY (Allergy/Nasal Sprays)                    |           |                                  |
| MAST CELL STABILIZERS                                  |           |                                  |
| cromolyn 100 mg/5 ml oral conc (Gastrocrom)            | T1        | PA                               |
| GASTROCROM (cromolyn sodium)                           | T3        |                                  |
| ANTI-ARTHRITICS (Pain Relief and Inflammatory Disease) |           |                                  |
| ANALGESIC/ANTIPYRETICS, SALICYLATES                    |           |                                  |
| DISALCID (salsalate)                                   | T3        | HD                               |
| salsalate (Disalcid)                                   | T1        | HD                               |

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## List of Prescription Medications

### ANTI-ASTHMATICS (Pain Relief and Inflammatory Disease) (cont.)

| Prescription Drug Name                                      | Drug Tier | Coverage Requirements and Limits     |
|-------------------------------------------------------------|-----------|--------------------------------------|
| <b>ANTI-ARTHRITIC AND CHELATING AGENTS</b>                  |           |                                      |
| CUPRIMINE ( <i>penicillamine</i> )                          | T4        | PA QL (6 CAPS/DAY) SP                |
| DEPEN ( <i>penicillamine</i> )                              | T4        | PA QL (6 TABS/DAY) SP                |
| <i>penicillamine 250 mg capsule</i> (Cuprimine)             | T4        | PA QL (6 CAPS/DAY) SP                |
| <i>penicillamine 250 mg tablet</i> (Depen)                  | T4        | PA QL (6 TABS/DAY) SP                |
| <b>ANTI-ARTHRITIC, FOLATE ANTAGONIST AGENTS</b>             |           |                                      |
| OTREXUP                                                     | T2        | PA                                   |
| RASUVO                                                      | T3        | PA                                   |
| <b>ANTI-INFLAM. INTERLEUKIN-I RECEPTOR ANTAGONIST</b>       |           |                                      |
| KINERET                                                     | T4        | PA QL (28 UNITS/28 DAYS) SP          |
| <b>ANTI-INFLAMMATORY, PYRIMIDINE SYNTHESIS INHIBITOR</b>    |           |                                      |
| ARAVA ( <i>leflunomide</i> )                                | T3        | PA HD                                |
| <i>leflunomide</i> (Arava)                                  | T1        | HD                                   |
| <b>ANTI-INFLAMMATORY, PHOSPHODIESTERASE-4(PDE4) INHIB.</b>  |           |                                      |
| OTEZLA 10-20 MG STARTER 28 DAY                              | T4        | PA QL (55 TABS/365 DAYS) SP HD       |
| OTEZLA 10-20-30MG START 28 DAY                              | T4        | PA QL (55 TABS/365 DAYS) SP HD       |
| OTEZLA 20 MG TABLET                                         | T4        | PA QL (2 TABS/DAY) SP HD             |
| OTEZLA 30 MG TABLET                                         | T4        | PA QL (2 TABS/DAY) SP HD             |
| OTEZLA XR 75 MG TABLET                                      | T4        | PA QL (1 TAB/DAY) SP HD              |
| OTEZLA XR INITIATION PK 28 DAY                              | T4        | PA QL (41 TABS/365 DAYS) SP HD       |
| <b>ANTI-INFLAMMATORY, SEL.COSTIM.MOD., T-CELL INHIBITOR</b> |           |                                      |
| ORENCIA                                                     | T4        | PA QL (4 SYR/AUTO-INJ/28 DAYS) SP HD |
| ORENCIA CLICKJECT                                           | T4        | PA QL (4 SYR/AUTO-INJ/28 DAYS) SP HD |
| <b>COLCHICINE</b>                                           |           |                                      |
| <i>colchicine 0.6 mg capsule</i> (Mitigare)                 | T1        |                                      |
| <i>colchicine 0.6 mg tablet</i> (Colcrys)                   | T1        | HD                                   |
| COLCRYS ( <i>colchicine</i> )                               | T3        | PA HD                                |
| GLOPERBA                                                    | T3        | PA QL (10 MLS/DAY) HD                |
| MITIGARE ( <i>colchicine</i> )                              | T2        |                                      |
| <b>GOLD SALTS</b>                                           |           |                                      |
| RIDAURA                                                     | T3        | PA                                   |
| <b>HYPERURICEMIA TX - XANTHINE OXIDASE INHIBITORS</b>       |           |                                      |
| <i>allopurinol 100 mg tablet</i> (Zyloprim)                 | T1        | HD                                   |
| <i>allopurinol 200 mg tablet</i>                            | T1        | PA HD                                |
| <i>allopurinol 300 mg tablet</i>                            | T1        | HD                                   |
| <i>febuxostat 40 mg tablet</i> (Uloric)                     | T1        | QL (1 TAB/DAY) HD                    |

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## List of Prescription Medications

### ANTI-ASTHMATICS (Pain Relief and Inflammatory Disease) (cont.)

| Prescription Drug Name                                        | Drug Tier | Coverage Requirements and Limits |
|---------------------------------------------------------------|-----------|----------------------------------|
| <b>HYPERURICEMIA TX - XANTHINE OXIDASE INHIBITORS (cont.)</b> |           |                                  |
| <i>febuxostat 80 mg tablet</i> (Uloric)                       | T1        | HD                               |
| ULORIC 40 MG TABLET ( <i>febuxostat</i> )                     | T3        | PA QL(1 TAB/DAY) HD              |
| ULORIC 80 MG TABLET ( <i>febuxostat</i> )                     | T3        | PA HD                            |
| ZYLOPRIM ( <i>allopurinol</i> )                               | T3        | HD                               |
| <b>JANUS KINASE (JAK) INHIBITORS</b>                          |           |                                  |
| OLUMIANT                                                      | T4        | PA QL(30 TABS/30 DAYS) SP HD     |
| RINVOQ                                                        | T4        | PA QL(1 TAB/DAY) SP HD           |
| RINVOQ LQ                                                     | T4        | PA QL(12 MLS/DAY) SP HD          |
| XELJANZ 1 MG/ML SOLUTION                                      | T4        | PA QL(480 MLS/30 DAYS) SP HD     |
| XELJANZ 10 MG TABLET                                          | T4        | PA QL(2 TABS/DAY) SP HD          |
| XELJANZ 5 MG TABLET                                           | T4        | PA QL(2 TABS/DAY) SP HD          |
| XELJANZ XR                                                    | T4        | PA QL(1 TAB/DAY) SP HD           |
| <b>NSAID ANALGESIC AND NON-SALICYLATE ANALGESIC COMB</b>      |           |                                  |
| COMBOGESIC                                                    | T3        | PA                               |
| <b>NSAIDS (COX NON-SPEC.INHIB) AND PROSTAGLANDIN ANALOG</b>   |           |                                  |
| ARTHROTEC 50 ( <i>diclofenac sodium-misoprostol</i> )         | T3        | ST HD                            |
| ARTHROTEC 75 ( <i>diclofenac sodium-misoprostol</i> )         | T3        | ST HD                            |
| <i>diclofenac sodium-misoprostol</i> (Arthrotec 50)           | T1        | HD                               |
| <i>diclofenac sodium-misoprostol</i> (Arthrotec 75)           | T1        | HD                               |
| <b>NSAIDS, CYCLOOXYGENASE INHIBITOR - TYPE ANALGESICS</b>     |           |                                  |
| ANAPROX DS ( <i>naproxen sodium ds</i> )                      | T3        | ST HD                            |
| COXANTO                                                       | T3        | PA HD                            |
| DAYPRO ( <i>oxaprozin</i> )                                   | T3        | ST HD                            |
| DICLOFENAC                                                    | T3        | PA HD                            |
| <i>diclofenac sod dr 25 mg tab</i>                            | T1        | HD                               |
| <i>diclofenac sod dr 50 mg tab</i>                            | T1        | HD                               |
| <i>diclofenac sod dr 75 mg tab</i>                            | T1        | HD                               |
| <i>diclofenac sod ec 25 mg tab</i>                            | T1        | HD                               |
| <i>diclofenac sod ec 50 mg tab</i>                            | T1        | HD                               |
| <i>diclofenac sod ec 75 mg tab</i>                            | T1        | HD                               |
| <i>diclofenac sodium</i>                                      | T1        | HD                               |
| EC-NAPROSYN ( <i>naproxen</i> )                               | T3        | ST HD                            |
| <i>etodolac</i>                                               | T1        | HD                               |
| <i>etodolac</i> (Lodine)                                      | T1        | HD                               |

T1 – Typically Generics  
T2 – Typically Preferred Brands  
T3 – Typically Non-Preferred Brands

T4 – Specialty Medications  
PA – Prior Authorization  
QL – Quantity Limit

ST – Step Therapy  
AGE – Age Requirement  
SP – Specialty Medication

HD – May require home delivery pharmacy  
PPACA – No Cost-Share Preventive Medication  
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## List of Prescription Medications

### ANTI-ASTHMATICS (Pain Relief and Inflammatory Disease) (cont.)

| Prescription Drug Name                                            | Drug Tier | Coverage Requirements and Limits |
|-------------------------------------------------------------------|-----------|----------------------------------|
| <b>NSAIDS, CYCLOOXYGENASE INHIBITOR - TYPE ANALGESICS (cont.)</b> |           |                                  |
| FELDENE ( <i>piroxicam</i> )                                      | T3        | ST HD                            |
| FENOPROFEN 200 MG CAPSULE                                         | T1        | PA HD                            |
| <i>fenoprofen 400 mg capsule</i> (Nalfon)                         | T1        | PA HD                            |
| <i>fenoprofen 600 mg tablet</i> (Nalfon)                          | T1        | HD                               |
| FENOPRON                                                          | T3        | PA HD                            |
| FENORTHO                                                          | T1        | PA HD                            |
| <i>flurbiprofen</i>                                               | T1        | HD                               |
| <i>ibuprofen</i>                                                  | T1        | HD                               |
| INDOCIN ( <i>indomethacin</i> )                                   | T3        | PA HD                            |
| <i>indomethacin</i>                                               | T1        | HD                               |
| INDOMETHACIN 20 MG CAPSULE                                        | T3        | PA HD                            |
| <i>indomethacin 25 mg capsule</i>                                 | T1        | HD                               |
| <i>indomethacin 25 mg/5 ml susp</i> (Indocin)                     | T1        | HD                               |
| <i>indomethacin 50 mg capsule</i>                                 | T1        | HD                               |
| <i>indomethacin 50 mg suppository</i> (Indocin)                   | T1        | HD                               |
| <i>ketoprofen 25 mg capsule</i>                                   | T1        | PA HD                            |
| <i>ketoprofen 50 mg capsule</i>                                   | T1        | HD                               |
| <i>ketoprofen 75 mg capsule</i>                                   | T1        | HD                               |
| <i>ketoprofen er 200 mg capsule</i>                               | T1        | HD                               |
| LODINE ( <i>etodolac</i> )                                        | T3        | ST HD                            |
| <i>meclofenamate sodium</i>                                       | T1        | HD                               |
| <i>meloxicam</i> (Mobic)                                          | T1        | HD                               |
| <i>meloxicam 10 mg capsule</i> (Vivlodex)                         | T1        | PA HD                            |
| <i>meloxicam 15 mg tablet</i>                                     | T1        | HD                               |
| <i>meloxicam 5 mg capsule</i> (Vivlodex)                          | T1        | PA QL (1 CAP/DAY) HD             |
| <i>meloxicam 7.5 mg tablet</i>                                    | T1        | HD                               |
| MELOXICAM 7.5 MG/5 ML SUSP                                        | T3        | PA HD                            |
| <i>nabumetone</i> (Relafen)                                       | T1        | HD                               |
| NALFON 400 MG CAPSULE ( <i>fenoprofen calcium</i> )               | T3        | PA HD                            |
| NALFON 600 MG TABLET ( <i>profeno</i> )                           | T3        | ST HD                            |
| NAPRELAN ( <i>naproxen sodium</i> )                               | T3        | PA HD                            |
| NAPROSYN 125 MG/5 ML SUSPEN ( <i>naproxen</i> )                   | T3        | PA HD                            |
| NAPROSYN 500 MG TABLET ( <i>naproxen</i> )                        | T3        | ST HD                            |
| <i>naproxen</i> (Ec-naprosyn)                                     | T1        | HD                               |

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## List of Prescription Medications

### ANTI-ASTHMATICS (Pain Relief and Inflammatory Disease) (cont.)

| Prescription Drug Name                                            | Drug Tier | Coverage Requirements and Limits |
|-------------------------------------------------------------------|-----------|----------------------------------|
| <b>NSAIDS, CYCLOOXYGENASE INHIBITOR - TYPE ANALGESICS (cont.)</b> |           |                                  |
| <i>naproxen 125 mg/5 ml suspen</i> (Naprosyn)                     | T1        | PA HD                            |
| <i>naproxen 250 mg tablet</i>                                     | T1        | HD                               |
| <i>naproxen 375 mg tablet</i>                                     | T1        | HD                               |
| <i>naproxen 500 mg kit</i> (Naprosyn)                             | T1        | HD                               |
| <i>naproxen 500 mg tablet</i> (Naprosyn)                          | T1        | HD                               |
| <i>naproxen dr 375 mg tablet</i> (Ec-Naprosyn)                    | T1        | HD                               |
| <i>naproxen dr 500 mg tablet</i> (Ec-Naprosyn)                    | T1        | HD                               |
| <i>naproxen sodium</i>                                            | T1        | HD                               |
| <i>naproxen sodium</i> (Anaprox Ds)                               | T1        | HD                               |
| <i>naproxen sodium</i> (Naprelan)                                 | T1        | PA HD                            |
| OXAPROZIN 300 MG CAPSULE                                          | T3        | PA HD                            |
| <i>oxaprozin 600 mg tablet</i> (Daypro)                           | T1        | HD                               |
| <i>piroxicam</i>                                                  | T1        | HD                               |
| <i>piroxicam</i> (Feldene)                                        | T1        | HD                               |
| RELAFEN ( <i>nabumetone</i> )                                     | T3        | PA HD                            |
| RELAFEN DS                                                        | T3        | PA HD                            |
| <i>sulindac</i>                                                   | T1        | HD                               |
| TIVORBEX                                                          | T3        | PA HD                            |
| TOLECTIN 600 ( <i>tolmetin sodium</i> )                           | T3        | PA HD                            |
| <i>tolmetin sodium</i>                                            | T1        | HD                               |
| <i>tolmetin sodium</i> (Tolectin 600)                             | T1        | HD                               |
| VIVLODEX 10 MG CAPSULE ( <i>meloxicam, submicronized</i> )        | T3        | PA HD                            |
| VIVLODEX 5 MG CAPSULE ( <i>meloxicam, submicronized</i> )         | T3        | PA QL (1 CAP/DAY) HD             |
| ZORVOLEX                                                          | T3        | PA HD                            |
| <b>NSAIDS, CYCLOOXYGENASE-2(COX-2) SELECTIVE INHIBITOR</b>        |           |                                  |
| CELEBREX 100 MG CAPSULE ( <i>celecoxib</i> )                      | T3        | PA QL (2 CAPS/DAY)               |
| CELEBREX 200 MG CAPSULE ( <i>celecoxib</i> )                      | T3        | PA QL (2 CAPS/DAY)               |
| CELEBREX 400 MG CAPSULE ( <i>celecoxib</i> )                      | T3        | PA QL (1 CAP/DAY)                |
| CELEBREX 50 MG CAPSULE ( <i>celecoxib</i> )                       | T3        | PA QL (2 CAPS/DAY)               |
| <i>celecoxib 100 mg capsule</i> (Celebrex)                        | T1        | QL (2 CAPS/DAY) HD               |
| <i>celecoxib 200 mg capsule</i> (Celebrex)                        | T1        | QL (2 CAPS/DAY) HD               |
| <i>celecoxib 400 mg capsule</i> (Celebrex)                        | T1        | QL (1 CAP/DAY) HD                |
| <i>celecoxib 50 mg capsule</i> (Celebrex)                         | T1        | QL (2 CAPS/DAY) HD               |

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## List of Prescription Medications

### ANTI-ASTHMATICS (Pain Relief and Inflammatory Disease) (cont.)

| Prescription Drug Name                                      | Drug Tier | Coverage Requirements and Limits |
|-------------------------------------------------------------|-----------|----------------------------------|
| <b>URICOSURIC AGENTS</b>                                    |           |                                  |
| <i>probenecid</i>                                           | T1        | HD                               |
| <i>probenecid/colchicine</i>                                | T1        | HD                               |
| <b>ANTI-ASTHMATICS (Asthma/COPD/Respiratory)</b>            |           |                                  |
| <b>5-LIPOXYGENASE INHIBITORS</b>                            |           |                                  |
| <i>zileuton</i>                                             | T1        | HD                               |
| ZYFLO                                                       | T3        | PA HD                            |
| <b>ANTICHOLINERGICS, ORALLY INHALED LONG ACTING</b>         |           |                                  |
| INCRUSE ELLIPTA                                             | T2        | HD                               |
| SPIRIVA HANDIHALER 18 MCG CAP ( <i>tiotropium bromide</i> ) | T3        | PA QL(1 INHALER/30 DAYS) HD      |
| SPIRIVA RESPIMAT                                            | T2        | QL(1 INHALER/30 DAYS) HD         |
| <i>tiotropium 18 mcg cap-inhaler</i> (Spiriva Handihaler)   | T1        | QL(1 INHALER/30 DAYS) HD         |
| TUDORZA PRESSAIR 400 MCG INHAL                              | T3        | ST QL(1 INHALER/30 DAYS) HD      |
| YUPELRI                                                     | T3        | PA HD                            |
| <b>ANTICHOLINERGICS, ORALLY INHALED SHORT ACTING</b>        |           |                                  |
| ATROVENT HFA                                                | T2        | QL(2 INHALERS/30 DAYS) HD        |
| <i>ipratropium bromide</i>                                  | T1        | HD                               |
| <b>BETA-ADRENERGIC AGENTS</b>                               |           |                                  |
| <i>albuterol sulf 2 mg/5 ml syrup</i>                       | T1        | HD                               |
| <i>albuterol 8 mg/20 ml syrup cup</i>                       | T1        | HD                               |
| <i>albuterol sulf 2 mg/5 ml syrup</i>                       | T1        | HD                               |
| <i>albuterol sulfate 2 mg tab</i>                           | T1        | HD                               |
| <i>albuterol sulfate 4 mg tab</i>                           | T1        | HD                               |
| <i>albuterol sulfate er 4 mg tab</i>                        | T1        | HD                               |
| <i>albuterol sulfate er 8 mg tab</i>                        | T1        | HD                               |
| <i>terbutaline sulfate</i>                                  | T1        | HD                               |
| <b>BETA-ADRENERGIC AGENTS, INHALED, SHORT ACTING</b>        |           |                                  |
| <i>albuterol 100 mg/20 ml soln</i>                          | T1        |                                  |
| <i>albuterol 15 mg/3 ml solution</i>                        | T1        |                                  |
| <i>albuterol 75 mg/15 ml soln</i>                           | T1        |                                  |
| <i>albuterol 2.5 mg/0.5 ml sol</i>                          | T1        |                                  |

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## List of Prescription Medications

### ANTI-ASTHMATICS (Asthma/COPD/Respiratory) (cont.)

| Prescription Drug Name                                       | Drug Tier | Coverage Requirements and Limits |
|--------------------------------------------------------------|-----------|----------------------------------|
| <b>BETA-ADRENERGIC AGENTS, INHALED, SHORT ACTING (cont.)</b> |           |                                  |
| <i>albuterol 25 mg/5 ml solution</i>                         | T1        |                                  |
| <i>albuterol 5 mg/ml solution</i>                            | T1        |                                  |
| <i>albuterol sul 0.63 mg/3 ml sol</i>                        | T1        |                                  |
| <i>albuterol sul 1.25 mg/3 ml sol</i>                        | T1        |                                  |
| <i>albuterol sul 2.5 mg/3 ml soln</i>                        | T1        |                                  |
| <i>albuterol hfa 90 mcg inhaler</i>                          | T1        | QL(1 INHALER/30 DAYS)            |
| ALBUTEROL HFA 90 MCG INHALER                                 | T3        | PA QL(1 INHALER/30 DAYS)         |
| LEVALBUTEROL TARTRATE HFA                                    | T3        | PA QL(15 GMS/30 DAYS)            |
| PROAIR DIGIHALER                                             | T3        | PA QL(2 INHALERS/30 DAYS)        |
| PROAIR RESPICLICK                                            | T3        | PA QL(2 INHALERS/30 DAYS)        |
| VENTOLIN HFA                                                 | T3        | PA QL(1 INHALER/30 DAYS)         |
| XOPENEX ( <i>levalbuterol hcl</i> )                          | T3        |                                  |
| XOPENEX CONCENTRATE ( <i>levalbuterol concentrate</i> )      | T3        |                                  |
| XOPENEX HFA                                                  | T3        | PA QL(15 GMS/30 DAYS)            |
| <b>BETA-ADRENERGIC AGENTS, INHALED, ULTRA-LONG ACTING</b>    |           |                                  |
| STRIVERDI RESPIMAT                                           | T2        | QL(1 INHALER/30 DAYS) HD         |
| <b>BETA-ADRENERGIC AGENTS, ORALLY INHALED, LONG ACTING</b>   |           |                                  |
| <i>arformoterol tartrate (Brovana)</i>                       | T1        | QL(4 MLS/DAY) HD                 |
| BROVANA ( <i>arformoterol tartrate</i> )                     | T3        | PA QL(4 MLS/DAY) HD              |
| <b>BETA-ADRENERGIC AGENTS, ORALLY INHALED, LONG ACTING</b>   |           |                                  |
| <i>formoterol fumarate (Perforomist)</i>                     | T1        | QL(240 MLS/30 DAYS) HD           |
| PERFOROMIST ( <i>formoterol fumarate</i> )                   | T3        | PA QL(240 MLS/30 DAYS) HD        |
| SEREVENT DISKUS                                              | T3        | ST QL(1 BLISTER/30 DAYS) HD      |
| <b>BETA-ADRENERGIC AND ANTICHOLINERGIC COMBO, INHALED</b>    |           |                                  |
| ANORO ELLIPTA 62.5-25 MCG INH                                | T2        | QL(1 INHALER/30 DAYS) HD         |
| BEVESPI AEROSPHERE                                           | T3        | PA QL(1 INHALER/30 DAYS) HD      |
| COMBIVENT RESPIMAT                                           | T2        | QL(2 INHALERS/30 DAYS)           |
| DUAKLIR PRESSAIR                                             | T3        | PA QL(1 INHALER/30 DAYS) HD      |
| <i>ipratropium/albuterol sulfate</i>                         | T1        | HD                               |
| STIOLTO RESPIMAT INHAL SPRAY                                 | T2        | QL(1 INHALER/30 DAYS) HD         |
| UMECLIDINIUM-VILANTEROL                                      | T3        | PA QL(1 INHALER/30 DAYS) HD      |

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## List of Prescription Medications

### ANTI-ASTHMATICS (Asthma/COPD/Respiratory) (cont.)

| Prescription Drug Name                                          | Drug Tier | Coverage Requirements and Limits |
|-----------------------------------------------------------------|-----------|----------------------------------|
| <b>BETA-ADRENERGIC AGENTS AND GLUCOCORTICOID COMBO, INHALED</b> |           |                                  |
| ADVAIR 100-50 DISKUS ( <i>fluticasone propion/salmeterol</i> )  | T3        | ST QL (1 INHALER/30 DAYS) HD     |
| ADVAIR 250-50 DISKUS ( <i>fluticasone propion/salmeterol</i> )  | T3        | ST QL (1 INHALER/30 DAYS) HD     |
| ADVAIR 500-50 DISKUS ( <i>fluticasone propion/salmeterol</i> )  | T3        | ST QL (1 INHALER/30 DAYS) HD     |
| ADVAIR HFA 115-21 MCG INHALER                                   | T2        | QL (1 INHALER/30 DAYS) HD        |
| ADVAIR HFA 230-21 MCG INHALER                                   | T2        | QL (1 INHALER/30 DAYS) HD        |
| ADVAIR HFA 45-21 MCG INHALER                                    | T2        | QL (1 INHALER/30 DAYS) HD        |
| AIRDUO DIGIHALER                                                | T3        | ST QL (1 INHALER/30 DAYS) HD     |
| BREO ELLIPTA 100-25 MCG INHALER                                 | T2        | QL (1 INHALER/30 DAYS) HD        |
| BREO ELLIPTA 200-25 MCG INHALER                                 | T2        | QL (1 INHALER/30 DAYS) HD        |
| BREO ELLIPTA 50-25 MCG INHALER                                  | T2        | QL (1 INHALER/30 DAYS) HD        |
| <i>budesonide/formoterol fumarate</i> (Symbicort)               | T1        | QL (1 INHALER/30 DAYS) HD        |
| DULERA 100 MCG-5 MCG INHALER                                    | T2        | QL (1 INHALER/30 DAYS) HD        |
| DULERA 200 MCG-5 MCG INHALER                                    | T2        | QL (1 INHALER/30 DAYS) HD        |
| DULERA 50 MCG-5 MCG INHALER                                     | T2        | QL (1 INHALER/30 DAYS) HD        |
| <i>fluticasone propion/salmeterol</i> (Advair Diskus)           | T1        | QL (1 INHALER/30 DAYS)           |
| <i>fluticasone-salmeterol 100-50</i> (Advair Diskus)            | T1        | QL (1 INHALER/30 DAYS) HD        |
| FLUTICASONE-SALMETEROL 113-14                                   | T3        | PA QL (1 INHALER/30 DAYS) HD     |
| FLUTICASONE-SALMETEROL 232-14                                   | T3        | PA QL (1 INHALER/30 DAYS) HD     |
| <i>fluticasone-salmeterol 250-50</i> (Advair Diskus)            | T1        | QL (1 INHALER/30 DAYS) HD        |
| <i>fluticasone-salmeterol 500-50</i> (Advair Diskus)            | T1        | QL (1 INHALER/30 DAYS) HD        |
| FLUTICASONE-SALMETEROL 55-14                                    | T3        | PA QL (1 INHALER/30 DAYS) HD     |
| FLUTICASONE-SALMETEROL HFA                                      | T3        | PA QL (1 INHALER/30 DAYS) HD     |
| FLUTICASONE-VILANTEROL                                          | T3        | PA QL (1 INHALER/30 DAYS) HD     |

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## List of Prescription Medications

### ANTI-ASTHMATICS (Asthma/COPD/Respiratory) (cont.)

| Prescription Drug Name                                                  | Drug Tier | Coverage Requirements and Limits |
|-------------------------------------------------------------------------|-----------|----------------------------------|
| <b>BETA-ADRENERGIC AGENTS AND GLUCOCORTICOID COMBO, INHALED (cont.)</b> |           |                                  |
| SYMBICORT 160-4.5 MCG INHALER ( <i>budesonide/formoterol fumarate</i> ) | T3        | ST QL(1 INHALER/30 DAYS) HD      |
| SYMBICORT 80-4.5 MCG INHALER ( <i>budesonide/formoterol fumarate</i> )  | T3        | ST QL(1 INHALER/30 DAYS) HD      |
| <b>BETA-ADRENERGIC-ANTICHOLINERGIC-GLUCOCORT, INHALED</b>               |           |                                  |
| BREZTRI AEROSPHERE INHALER                                              | T2        | QL(1 INHALER/30 DAYS)            |
| TRELEGY ELLIPTA 100-62.5-25                                             | T2        | QL(1 BLISTER/30 DAYS)            |
| TRELEGY ELLIPTA 200-62.5-25                                             | T2        | QL(1 BLISTER/30 DAYS)            |
| <b>GLUCOCORTICIDS, ORALLY INHALED</b>                                   |           |                                  |
| ALVESCO                                                                 | T2        | HD                               |
| ARMONAIR DIGIHALER                                                      | T3        | ST HD                            |
| ARNUITY ELLIPTA                                                         | T3        | ST                               |
| ASMANEX HFA                                                             | T2        | QL(1 INHALER/30 DAYS) HD         |
| ASMANEX TWISTHALER 110 MCG #30                                          | T2        | QL(1 INHALER/30 DAYS) HD         |
| ASMANEX TWISTHALER 220 MCG #14                                          | T2        | HD                               |
| ASMANEX TWISTHALER 220 MCG #30                                          | T2        | QL(1 INHALER/30 DAYS) HD         |
| ASMANEX TWISTHALER 220 MCG #60                                          | T2        | QL(1 INHALER/30 DAYS) HD         |
| ASMANEX TWISTHALR 220 MCG #120                                          | T2        | QL(1 INHALER/30 DAYS) HD         |
| <i>budesonide 0.25 mg/2 ml susp (Pulmicort)</i>                         | T1        | QL(4 MLS/DAY) HD                 |
| <i>budesonide 0.5 mg/2 ml susp (Pulmicort)</i>                          | T1        | QL(4 MLS/DAY) HD                 |
| <i>budesonide 1 mg/2 ml inh susp (Pulmicort)</i>                        | T1        | QL(2 MLS/DAY) HD                 |
| FLUTICASONE FUROATE                                                     | T3        | ST HD                            |
| FLUTICASONE PROP 100MCG DISKUS                                          | T3        | PA QL(1 INHALER/30 DAYS) HD      |
| FLUTICASONE PROP 250 MCG DISK                                           | T3        | PA QL(4 INHALERS/30 DAYS) HD     |
| FLUTICASONE PROP 50 MCG DISKUS                                          | T3        | PA QL(1 INHALER/30 DAYS) HD      |
| FLUTICASONE PROP HFA 110 MCG                                            | T3        | PA QL(1 INHALER/30 DAYS) HD      |
| FLUTICASONE PROP HFA 220 MCG                                            | T3        | PA QL(2 INHALERS/30 DAYS) HD     |
| FLUTICASONE PROP HFA 44 MCG                                             | T3        | PA QL(1 INHALER/30 DAYS) HD      |
| PULMICORT 0.25 MG/2 ML RESPUL ( <i>budesonide</i> )                     | T3        | PA QL(4 MLS/DAY) HD              |
| PULMICORT 0.5 MG/2 ML RESPULE ( <i>budesonide</i> )                     | T3        | PA QL(4 MLS/DAY) HD              |
| PULMICORT 1 MG/2 ML RESPULE ( <i>budesonide</i> )                       | T3        | PA QL(2 MLS/DAY) HD              |

T1 – Typically Generics

T2 – Typically Preferred Brands

T3 – Typically Non-Preferred Brands

T4 – Specialty Medications

PA – Prior Authorization

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## List of Prescription Medications

### ANTI-ASTHMATICS (Asthma/COPD/Respiratory) (cont.)

| Prescription Drug Name                                    | Drug Tier | Coverage Requirements and Limits |
|-----------------------------------------------------------|-----------|----------------------------------|
| <b>GLUCOCORTICOIDS, ORALLY INHALED (cont.)</b>            |           |                                  |
| PULMICORT FLEXHALER                                       | T3        | PA HD                            |
| QVAR REDIHALER                                            | T2        |                                  |
| <b>INTERLEUKIN-5 (IL-5) ANTAGONISTS, MAB</b>              |           |                                  |
| NUCALA                                                    | T2        | PA SP HD                         |
| <b>INTERLEUKIN-5(IL-5) RECEPTOR ALPHA ANTAGONIST, MAB</b> |           |                                  |
| FASENRA PEN                                               | T2        | PA SP HD                         |
| <b>LEUKOTRIENE RECEPTOR ANTAGONISTS</b>                   |           |                                  |
| ACCOLATE (zafirlukast)                                    | T3        | HD                               |
| montelukast sodium                                        | T1        | HD                               |
| montelukast sodium (Singulair)                            | T1        | HD                               |
| SINGULAIR (montelukast sodium)                            | T3        | PA                               |
| zafirlukast (Accolate)                                    | T1        | HD                               |
| <b>MAST CELL STABILIZERS, ORALLY INHALED</b>              |           |                                  |
| cromolyn 20 mg/2 ml neb soln                              | T1        | QL(480 MLS/30 DAYS) HD           |
| <b>MONOCLONAL ANTIBODIES TO IMMUNOGLOBULIN E (IGE)</b>    |           |                                  |
| XOLAIR                                                    | T4        | PA SP HD                         |
| <b>MUCOLYTICS</b>                                         |           |                                  |
| acetylcysteine                                            | T1        |                                  |
| <b>PHOSPHODIESTERASE-4 (PDE4) INHIBITORS</b>              |           |                                  |
| DALIRESP 250 MCG TABLET                                   | T3        | PA QL(28 TABS/180 DAYS) HD       |
| DALIRESP 500 MCG TABLET                                   | T3        | PA QL(2 TABS/DAY) HD             |
| OHTUVAYRE                                                 | T3        | PA QL(60 MLS/30 DAYS) SP         |
| roflumilast 250 mcg tablet (Daliresp)                     | T1        | QL(28 TABS/180 DAYS) HD          |
| roflumilast 500 mcg tablet (Daliresp)                     | T1        | QL(2 TABS/DAY) HD                |
| <b>XANTHINES</b>                                          |           |                                  |
| ELIXOPHYLLIN                                              | T3        | PA HD                            |
| THEO-24                                                   | T2        | HD                               |
| theophylline anhydrous                                    | T1        | HD                               |

### ANTIBIOTICS (Ear Medications)

|                                      |    |    |
|--------------------------------------|----|----|
| <b>EAR PREPARATIONS, ANTIBIOTICS</b> |    |    |
| CETRAXAL                             | T3 | PA |
| ciprofloxacin hcl                    | T1 |    |
| CORTISPORIN-TC                       | T3 |    |
| neomycin/polymyxin b/hydrocort       | T1 |    |
| ofloxacin                            | T1 |    |

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## List of Prescription Medications

### ANTIBIOTICS (Ear Medications) (cont.)

| Prescription Drug Name                                  | Drug Tier | Coverage Requirements and Limits |
|---------------------------------------------------------|-----------|----------------------------------|
| <b>OTIC PREPARATIONS, ANTI-INFLAMMATORY-ANTIBIOTICS</b> |           |                                  |
| CIPRO HC                                                | T3        | PA                               |
| <i>ciprofloxacin hcl/dexameth</i>                       | T1        |                                  |
| CIPROFLOXACIN HCL-FLUOCINOLONE                          | T3        | PA                               |
| <i>ciprofloxacin/hydrocortisone</i>                     | T1        | PA                               |
| OTOVEL                                                  | T3        |                                  |

### ANTIBIOTICS (Eye Conditions)

| EYE ANTIBIOTIC AND GLUCOCORTICOID COMBINATIONS   |    |    |
|--------------------------------------------------|----|----|
| MAXITROL ( <i>neomycin-polymyxin-dexameth</i> )  | T3 | PA |
| <i>neomycin/bacit/p-myx/hydrocort</i>            | T1 |    |
| <i>neomycin/polymyxin b/dexametha</i> (Maxitrol) | T1 |    |
| <i>neomycin/polymyxin b/hydrocort</i>            | T1 |    |
| TOBRADEX                                         | T2 |    |
| TOBRADEX ST                                      | T2 |    |
| <i>tobramycin/dexamethasone</i>                  | T1 |    |
| ZYLET                                            | T3 |    |
| EYE SULFONAMIDES                                 |    |    |
| <i>sulfacetamide sodium</i>                      | T1 |    |
| <i>sulfacetamide/prednisolone sp</i>             | T1 |    |
| OPHTHALMIC ANTIBIOTICS                           |    |    |
| AZASITE                                          | T2 | PA |
| <i>bacitracin</i>                                | T1 |    |
| <i>bacitracin/polymyxin b sulfate</i>            | T1 |    |
| BESIVANCE                                        | T2 |    |
| CILOXAN                                          | T3 |    |
| <i>ciprofloxacin hcl</i>                         | T1 |    |
| <i>erythromycin base</i>                         | T1 |    |
| <i>gatifloxacin</i>                              | T1 |    |
| <i>gentamicin sulfate</i>                        | T1 |    |
| <i>levofloxacin</i>                              | T1 |    |
| <i>moxifloxacin hcl</i> (Vigamox)                | T1 |    |
| <i>neomycin sulf/bacitracin/poly</i>             | T1 |    |
| <i>neomycin/polymyxn b/gramicidin</i>            | T1 |    |
| OCUFLOX ( <i>ofloxacin</i> )                     | T3 | PA |

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## List of Prescription Medications

### ANTIBIOTICS (Eye Conditions) (cont.)

| Prescription Drug Name                | Drug Tier | Coverage Requirements and Limits |
|---------------------------------------|-----------|----------------------------------|
| <b>OPHTHALMIC ANTIBIOTICS (cont.)</b> |           |                                  |
| <i>ofloxacin</i> (Ocuflox)            | T1        | PA                               |
| <i>polymyxin b sulf/trimethoprim</i>  | T1        |                                  |
| <i>tobramycin 0.3% eye drop</i>       | T1        |                                  |
| TOBREX                                | T3        |                                  |
| VIGAMOX ( <i>moxifloxacin hcl</i> )   | T3        |                                  |

### ANTIBIOTICS (Infections)

|                                                |    |                         |
|------------------------------------------------|----|-------------------------|
| 2ND GEN. ANAEROBIC ANTIPROTOZOAL-ANTIBACTERIAL |    |                         |
| SOLOSEC                                        | T2 |                         |
| ABSORBABLE SULFONAMIDE ANTIBACTERIAL AGENTS    |    |                         |
| BACTRIM (sulfamethoxazole-trimethoprim)        | T3 |                         |
| BACTRIM DS (sulfamethoxazole-trimethoprim)     | T3 |                         |
| sulfadiazine                                   | T1 |                         |
| sulfamethoxazole/trimethoprim                  | T3 |                         |
| sulfamethoxazole/trimethoprim (Bactrim Ds)     | T1 |                         |
| sulfamethoxazole/trimethoprim (Bactrim)        | T1 |                         |
| AMINOGLYCOSIDE ANTIBIOTICS                     |    |                         |
| ARIKAYCE                                       | T4 | PA SP                   |
| BETHKIS (tobramycin)                           | T4 | PA QL(8 MLS/DAY) SP HD  |
| gentamicin sulfate                             | T1 |                         |
| gentamicin sulfate/pf                          | T1 |                         |
| KITABIS PAK                                    | T4 | PA QL(10 MLS/DAY) SP HD |
| neomycin sulfate                               | T1 |                         |
| TOBI (tobramycin in 0.225% sod chlor)          | T4 | PA QL(10 MLS/DAY) SP HD |
| TOBI PODHALER                                  | T4 | PA QL(8 CAPS/DAY) SP HD |
| tobramycin 1, 200 mg/30 ml vial                | T1 |                         |
| tobramycin 1.2 gm vial                         | T1 | PA                      |
| tobramycin 1.2 gram/30 ml vial                 | T1 |                         |
| tobramycin 20 mg/2 ml vial                     | T1 |                         |
| tobramycin 300 mg/4 ml ampule (Bethkis)        | T4 | PA QL(8 MLS/DAY) SP HD  |
| tobramycin 300 mg/5 ml ampule (Tobi)           | T4 | PA QL(10 MLS/DAY) SP HD |
| tobramycin 40 mg/ml vial                       | T1 |                         |
| tobramycin 80 mg/2 ml vial                     | T1 |                         |
| TOBRAMYCIN PAK 300 MG/5 ML                     | T4 | PA QL(10 MLS/DAY) SP HD |

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## List of Prescription Medications

### ANTIBIOTICS (Infections) (cont.)

| Prescription Drug Name                              | Drug Tier | Coverage Requirements and Limits |
|-----------------------------------------------------|-----------|----------------------------------|
| <b>ANAEROBIC ANTIPROTOZOAL-ANTIBACTERIAL AGENTS</b> |           |                                  |
| FLAGYL ( <i>metronidazole</i> )                     | T3        |                                  |
| LIKMEZ                                              | T3        | PA                               |
| METRONIDAZOLE 125 MG TABLET                         | T3        | PA                               |
| <i>metronidazole 250 mg tablet</i>                  | T1        |                                  |
| <i>metronidazole 375 mg capsule (Flagyl)</i>        | T1        |                                  |
| <i>metronidazole 500 mg tablet</i>                  | T1        |                                  |
| <b>ANTIBIOTIC, ANTIBACTERIAL, MISC.</b>             |           |                                  |
| <i>fosfomycin tromethamine</i>                      | T1        |                                  |
| <i>methenamine hippurate</i>                        | T1        |                                  |
| <i>methenamine mandelate</i>                        | T1        |                                  |
| PRIMSOL                                             | T2        |                                  |
| <i>trimethoprim</i>                                 | T1        |                                  |
| <b>ANTILEPTOTICS</b>                                |           |                                  |
| <i>dapsone 100 mg tablet</i>                        | T1        |                                  |
| <i>dapsone 25 mg tablet</i>                         | T1        |                                  |
| THALOMID                                            | T4        | PA SP HD                         |
| <b>ANTI-MYCOBACTERIUM AGENTS</b>                    |           |                                  |
| <i>ethambutol hcl</i>                               | T1        | HD                               |
| <i>isoniazid</i>                                    | T1        | HD                               |
| MYCOBUTIN ( <i>rifabutin</i> )                      | T3        | PA HD                            |
| PASER                                               | T2        | HD                               |
| <i>pyrazinamide</i>                                 | T1        | HD                               |
| <i>rifabutin (Mycobutin)</i>                        | T1        | HD                               |
| <b>ANTI-TUBERCULAR ANTIBIOTICS</b>                  |           |                                  |
| <i>cycloserine</i>                                  | T1        |                                  |
| PRETOMANID                                          | T3        | PA QL (1 TAB/DAY)                |
| PRIFTIN                                             | T3        |                                  |
| <i>rifampin</i>                                     | T1        |                                  |
| SIRTURO                                             | T3        | SP                               |
| <b>BETALACTAMS</b>                                  |           |                                  |
| CAYSTON                                             | T4        | PA QL (3 MLS/DAY) SP HD          |
| <b>CEPHALOSPORIN ANTIBIOTICS - 1ST GENERATION</b>   |           |                                  |
| <i>cefadroxil</i>                                   | T1        |                                  |
| <i>cephalexin</i>                                   | T1        |                                  |

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## List of Prescription Medications

### ANTIBIOTICS (Infections) (cont.)

| Prescription Drug Name                                 | Drug Tier | Coverage Requirements and Limits |
|--------------------------------------------------------|-----------|----------------------------------|
| <b>CEPHALOSPORIN ANTIBIOTICS - 2ND GENERATION</b>      |           |                                  |
| <i>cefaclor</i>                                        | T1        |                                  |
| <i>cefprozil</i>                                       | T1        |                                  |
| <i>cefuroxime axetil</i>                               | T1        |                                  |
| <b>CEPHALOSPORIN ANTIBIOTICS - 3RD GENERATION</b>      |           |                                  |
| <i>cefdinir</i>                                        | T1        |                                  |
| <i>cefixime</i>                                        | T1        |                                  |
| <i>cefpodoxime proxetil</i>                            | T1        |                                  |
| <i>ceftriaxone sodium</i>                              | T1        |                                  |
| <b>LINCOSAMIDE ANTIBIOTICS</b>                         |           |                                  |
| CLEOCIN HCL 150 MG CAPSULE ( <i>clindamycin hcl</i> )  | T3        |                                  |
| CLEOCIN HCL 300 MG CAPSULE ( <i>clindamycin hcl</i> )  | T3        |                                  |
| CLEOCIN HCL 75 MG CAPSULE ( <i>clindamycin hcl</i> )   | T2        |                                  |
| CLEOCIN PEDIATRIC ( <i>clindamycin palmitate hcl</i> ) | T3        |                                  |
| <i>clindamycin hcl</i> (Cleocin Hcl)                   | T1        |                                  |
| <i>clindamycin palmitate hcl</i> (Cleocin Pediatric)   | T1        |                                  |
| <b>MACROLIDE ANTIBIOTICS</b>                           |           |                                  |
| <i>azithromycin</i>                                    | T1        |                                  |
| <i>azithromycin</i> (Zithromax Tri-Pak)                | T1        |                                  |
| <i>azithromycin</i> (Zithromax)                        | T1        |                                  |
| <i>clarithromycin</i>                                  | T1        |                                  |
| DIFICID 200 MG TABLET (fidaxomicin)                    | T3        | QL(28 TABS/28 DAYS)              |
| DIFICID 40 MG/ML SUSPENSION                            | T3        | QL(5 MLS/DAY)                    |
| E.E.S. 200 ( <i>erythromycin ethylsuccinate</i> )      | T3        | PA                               |
| ERYPED 200 ( <i>erythromycin ethylsuccinate</i> )      | T3        |                                  |
| ERYPED 400 ( <i>erythromycin ethylsuccinate</i> )      | T3        | PA                               |
| <i>ery-tab dr 250 mg tablet</i>                        | T3        |                                  |
| <i>ery-tab dr 333 mg tablet</i>                        | T2        |                                  |
| ERY-TAB DR 500 MG TABLET ( <i>erythromycin base</i> )  | T3        |                                  |
| <i>erythromycin base</i>                               | T1        |                                  |
| <i>erythromycin base</i> (Ery-tab)                     | T1        |                                  |
| <i>erythromycin ethylsuccinate</i>                     | T1        |                                  |
| <i>erythromycin ethylsuccinate</i>                     | T2        |                                  |
| <i>erythromycin ethylsuccinate</i> (E.E.S. 200)        | T1        |                                  |
| <i>erythromycin ethylsuccinate</i> (Eryped 200)        | T1        |                                  |

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## List of Prescription Medications

### ANTIBIOTICS (Infections) (cont.)

| Prescription Drug Name                                               | Drug Tier | Coverage Requirements and Limits |
|----------------------------------------------------------------------|-----------|----------------------------------|
| <b>MACROLIDE ANTIBIOTICS (cont.)</b>                                 |           |                                  |
| <i>erythromycin ethylsuccinate</i> (Eryped 400)                      | T1        |                                  |
| <i>erythromycin stearate</i>                                         | T1        |                                  |
| <i>fidaxomicin</i> (Dificid)                                         | T1        | QL(28 TABS/28 DAYS)              |
| ZITHROMAX (azithromycin)                                             | T3        |                                  |
| ZITHROMAX TRI-PAK ( <i>azithromycin</i> )                            | T3        |                                  |
| <b>NITROFURAN DERIVATIVES ANTIBACTERIAL AGENTS</b>                   |           |                                  |
| FURADANTIN ( <i>nitrofurantoin</i> )                                 | T3        |                                  |
| MACROBID ( <i>nitrofurantoin mono-macro</i> )                        | T3        |                                  |
| <i>nitrofurantoin 25 mg/5 ml susp</i> (Furadantin)                   | T1        |                                  |
| NITROFURANTOIN 50 MG/5 ML SUSP                                       | T3        | PA                               |
| <i>nitrofurantoin mcr 100 mg cap</i>                                 | T1        |                                  |
| <i>nitrofurantoin mcr 25 mg cap</i>                                  | T1        |                                  |
| <i>nitrofurantoin mcr 50 mg cap</i>                                  | T1        |                                  |
| <i>nitrofurantoin monohyd/m-cryst</i> (Macrobid)                     | T1        |                                  |
| <b>OXAZOLIDINONE ANTIBIOTICS</b>                                     |           |                                  |
| <i>linezolid</i> (Zyvox)                                             | T1        | PA                               |
| SIVEXTRO                                                             | T3        | PA                               |
| ZYVOX ( <i>linezolid</i> )                                           | T3        | PA                               |
| <b>PENICILLIN ANTIBIOTICS</b>                                        |           |                                  |
| <i>amoxicillin</i>                                                   | T1        |                                  |
| <i>amoxicillin/potassium clav</i>                                    | T1        |                                  |
| <i>amoxicillin/potassium clav</i> (Augmentin Es-600)                 | T1        |                                  |
| <i>amoxicillin/potassium clav</i> (Augmentin Xr)                     | T1        |                                  |
| <i>amoxicillin/potassium clav</i> (Augmentin)                        | T1        |                                  |
| <i>ampicillin trihydrate</i>                                         | T1        |                                  |
| AUGMENTIN 125-31.25 MG/5 ML                                          | T2        | PA                               |
| AUGMENTIN 250-62.5 MG/5 ML ( <i>amoxicillin-clavulanate potass</i> ) | T3        | PA                               |
| AUGMENTIN ES-600 ( <i>amoxicillin/potassium clav</i> )               | T3        | PA                               |
| AUGMENTIN XR ( <i>amoxicillin-clavulanate pot er</i> )               | T3        | PA                               |
| <i>dicloxacillin sodium</i>                                          | T1        |                                  |
| MOXATAG                                                              | T3        |                                  |
| <i>penicillin v potassium</i>                                        | T1        |                                  |

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## List of Prescription Medications

### ANTIBIOTICS (Infections) (cont.)

| Prescription Drug Name                               | Drug Tier | Coverage Requirements and Limits |
|------------------------------------------------------|-----------|----------------------------------|
| <b>PLEUROMUTILIN DERIVATIVES</b>                     |           |                                  |
| XENLETA                                              | T3        | PA QL (10 TABS/30 DAYS)          |
| <b>QUINOLONE ANTIBIOTICS</b>                         |           |                                  |
| BAXDELA                                              | T3        | PA                               |
| CIPRO 10% SUSPENSION ( <i>ciprofloxacin</i> )        | T2        |                                  |
| CIPRO 250 MG TABLET ( <i>ciprofloxacin hcl</i> )     | T3        |                                  |
| CIPRO 5% SUSPENSION ( <i>ciprofloxacin</i> )         | T2        |                                  |
| CIPRO 500 MG TABLET ( <i>ciprofloxacin hcl</i> )     | T3        |                                  |
| <i>ciprofloxacin</i> (Cipro)                         | T1        |                                  |
| <i>ciprofloxacin hcl</i>                             | T1        |                                  |
| <i>ciprofloxacin hcl</i> (Cipro)                     | T1        |                                  |
| FACTIVE                                              | T3        |                                  |
| <i>levofloxacin</i>                                  | T1        |                                  |
| <i>moxifloxacin hcl</i> (Avelox)                     | T1        |                                  |
| <i>ofloxacin</i>                                     | T1        |                                  |
| <b>RIFAMYCINS AND RELATED DERIVATIVE ANTIBIOTICS</b> |           |                                  |
| AEMCOLO                                              | T3        | QL (12 TABS/30 DAYS)             |
| XIFAXAN 200 MG TABLET                                | T2        | QL (9 TABS/30 DAYS)              |
| XIFAXAN 550 MG TABLET                                | T2        | QL (42 TABS/30 DAYS)             |
| <b>TETRACYCLINE ANTIBIOTICS</b>                      |           |                                  |
| ACTICLATE ( <i>doxycycline hyclate</i> )             | T3        | ST                               |
| <i>coremino er 135 mg tablet</i>                     | T1        |                                  |
| <i>coremino er 45 mg tablet</i>                      | T1        | QL (1 TAB/DAY)                   |
| <i>coremino er 90 mg tablet</i>                      | T1        |                                  |
| <i>demeclocycline hcl</i>                            | T1        |                                  |
| DORYX                                                | T3        | PA                               |
| DORYX ( <i>doxycycline hyclate</i> )                 | T3        | PA                               |
| DORYX MPC                                            | T3        | PA                               |
| <i>doxycycline 50 mg tablet</i> (Targadox)           | T1        |                                  |
| <i>doxycycline hyc dr 100 mg tab</i>                 | T1        | PA                               |
| <i>doxycycline hyc dr 150 mg tab</i>                 | T1        | PA                               |
| <i>doxycycline hyc dr 200 mg tab</i> (Doryx)         | T1        | PA                               |
| <i>doxycycline hyc dr 50 mg tab</i>                  | T1        | PA                               |
| <i>doxycycline hyc dr 75 mg tab</i>                  | T1        | PA                               |

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## List of Prescription Medications

### ANTIBIOTICS (Infections) (cont.)

| Prescription Drug Name                             | Drug Tier | Coverage Requirements and Limits |
|----------------------------------------------------|-----------|----------------------------------|
| <b>TETRACYCLINE ANTIBIOTICS (cont.)</b>            |           |                                  |
| DOXYCYCLINE HCl DR 80 MG TAB                       | T3        | PA                               |
| <i>doxycycline hyclate 100 mg cap</i> (            | T1        |                                  |
| <i>doxycycline hyclate 100 mg tab</i> (Lymepak)    | T1        |                                  |
| <i>doxycycline hyclate 150 mg tab</i> (Acticlate)  | T1        |                                  |
| <i>doxycycline hyclate 50 mg cap</i>               | T1        |                                  |
| <i>doxycycline hyclate 75 mg tab</i> (Acticlate)   | T1        |                                  |
| <i>doxycycline monohydrate</i> (Oracea)            | T1        |                                  |
| <i>doxycycline monohydrate</i>                     | T1        |                                  |
| EMROSI                                             | T3        | PA                               |
| MINOCIN ( <i>minocycline hcl</i> )                 | T3        | PA                               |
| MINOCYCLINE ER                                     | T3        | ST                               |
| <i>minocycline er 105 mg tablet</i>                | T1        |                                  |
| <i>minocycline er 115 mg tablet</i> (Solodyn)      | T1        |                                  |
| <i>minocycline er 135 mg tablet</i>                | T1        |                                  |
| <i>minocycline er 45 mg tablet</i>                 | T1        | QL(1 TAB/DAY)                    |
| <i>minocycline er 55 mg tablet</i>                 | T1        |                                  |
| <i>minocycline er 65 mg tablet</i>                 | T1        |                                  |
| <i>minocycline er 80 mg tablet</i>                 | T1        |                                  |
| <i>minocycline er 90 mg tablet</i>                 | T1        |                                  |
| <i>minocycline hcl</i>                             | T1        |                                  |
| MINOLIRA ER                                        | T3        | ST                               |
| NUZYRA                                             | T4        | PA QL(30 TABS/28 DAYS) SP        |
| ORACEA ( <i>doxycycline monohydrate</i> )          | T3        | PA                               |
| SEYSARA                                            | T3        | PA                               |
| SOLODYN ( <i>minocycline hcl er</i> )              | T3        | PA                               |
| TARGADOX ( <i>doxycycline hyclate</i> )            | T3        | PA                               |
| <i>tetracycline 250 mg capsule, 500 mg capsule</i> | T1        |                                  |
| <i>tetracycline 250 mg tablet, 500 mg tablet</i>   | T1        | PA                               |
| XIMINO                                             | T3        | ST                               |
| <b>VAGINAL ANTIBIOTICS</b>                         |           |                                  |
| CLEOCIN                                            | T3        | PA                               |
| CLEOCIN ( <i>clindamycin phosphate</i> )           | T3        | PA                               |
| <i>clindamycin phosphate</i> (Cleocin)             | T1        |                                  |
| CLINDESSE                                          | T3        |                                  |

T1 – Typically Generics

T2 – Typically Preferred Brands

T3 – Typically Non-Preferred Brands

T4 – Specialty Medications

PA – Prior Authorization

QL – Quantity Limit

ST – Step Therapy

AGE – Age Requirement

SP – Specialty Medication

HD – May require home delivery pharmacy

PPACA – No Cost-Share Preventive Medication

CSL – Oral cancer medication subject to cost-share limits

## List of Prescription Medications

### ANTIBIOTICS (Infections) (cont.)

| Prescription Drug Name                        | Drug Tier | Coverage Requirements and Limits |
|-----------------------------------------------|-----------|----------------------------------|
| <b>VAGINAL ANTIBIOTICS (cont.)</b>            |           |                                  |
| metronidazole                                 | T1        |                                  |
| metronidazole vaginal 0.75% gl                | T1        |                                  |
| NUVESSA                                       | T3        | PA                               |
| XACIATO                                       | T3        | PA                               |
| <b>VANCOMYCIN ANTIBIOTICS AND DERIVATIVES</b> |           |                                  |
| FIRVANQ                                       | T3        | PA                               |
| FIRVANQ (vancomycin hcl)                      | T3        | PA                               |
| VANCOGIN HCL (vancomycin hcl)                 | T3        | PA                               |
| vancomycin 25 mg/ml oral soln                 | T1        | PA                               |
| VANCOMYCIN 25 MG/ML ORAL SOLN                 | T3        |                                  |
| vancomycin 250 mg/5ml oral sol (Firvanq)      | T1        |                                  |
| vancomycin 50 mg/ml oral soln (Firvanq)       | T1        |                                  |
| vancomycin hcl 125 mg capsule (Vancocin Hcl)  | T1        |                                  |
| vancomycin hcl 250 mg capsule (Vancocin Hcl)  | T1        |                                  |

### ANTIBIOTICS (Skin Conditions)

|                                                         |    |    |
|---------------------------------------------------------|----|----|
| <b>TOPICAL ANTIBIOTIC AND ANTI-INFLAMMATORY STEROID</b> |    |    |
| NEO-SYNALAR                                             | T3 |    |
| <b>TOPICAL ANTIBIOTICS</b>                              |    |    |
| AMZEEQ                                                  | T3 | PA |
| BENZAMYCIN (erythromycin-benzoyl peroxide)              | T3 |    |
| CENTANY                                                 | T3 |    |
| CENTANY AT                                              | T3 |    |
| CLEOCIN T (clindamycin phosphate)                       | T3 |    |
| CLINDAGEL (clindamycin phosphate)                       | T3 | PA |
| clindamycin phosphate                                   | T1 |    |
| clindamycin phosphate (Cleocin T)                       | T1 |    |
| clindamycin phosphate (Clindagel)                       | T1 |    |
| clindamycin phosphate (Evoclin)                         | T1 |    |
| erythromycin base in ethanol                            | T1 |    |
| erythromycin/benzoyl peroxide (Benzamycin)              | T1 |    |
| EVOCLIN (clindamycin phosphate)                         | T3 |    |
| gentamicin sulfate                                      | T1 |    |
| mupirocin 2% cream                                      | T1 | PA |
| mupirocin 2% ointment                                   | T1 |    |

T1 – Typically Generics

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T4 – Specialty Medications

PA – Prior Authorization

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AGE – Age Requirement

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CSL – Oral cancer medication subject to cost-share limits

## List of Prescription Medications

| ANTIBIOTICS (Skin Conditions) (cont.)                        |           |                                  |
|--------------------------------------------------------------|-----------|----------------------------------|
| Prescription Drug Name                                       | Drug Tier | Coverage Requirements and Limits |
| <b>TOPICAL ANTIBIOTICS (cont.)</b>                           |           |                                  |
| XEPI                                                         | T3        |                                  |
| ZILXI                                                        | T3        | PA                               |
| <b>TOPICAL SULFONAMIDES</b>                                  |           |                                  |
| AVAR-E                                                       | T3        | PA                               |
| AVAR-E GREEN                                                 | T3        | PA                               |
| <i>mafenide acetate</i>                                      | T1        |                                  |
| PLEXION                                                      | T3        |                                  |
| SILVADENE ( <i>silver sulfadiazine</i> )                     | T3        |                                  |
| <i>silver sulfadiazine</i> (Silvadene)                       | T1        |                                  |
| <i>sulfacetamide sodium/sulfur</i>                           | T1        |                                  |
| SULFAMYLON                                                   | T2        |                                  |
| ANTI-COAGULANTS (Blood Thinners/Anti-Clotting)               |           |                                  |
| <b>ANTI-COAGULANTS, COUMARIN TYPE</b>                        |           |                                  |
| <i>warfarin sodium</i>                                       | T1        | HD                               |
| <b>CITRATES AS ANTI-COAGULANTS</b>                           |           |                                  |
| ACD SOLUTION A                                               | T3        |                                  |
| ACD-A                                                        | T3        |                                  |
| ANTICOAG SODIUM CITRATE 4% SOL                               | T3        |                                  |
| CITRATE PHOSPHATE DEXTROSE                                   | T1        |                                  |
| SODIUM CITRATE                                               | T1        |                                  |
| <b>DIRECT FACTOR XA INHIBITORS</b>                           |           |                                  |
| ELIQUIS                                                      | T2        |                                  |
| ELIQUIS SPRINKLE                                             | T2        |                                  |
| <i>rivaroxaban</i> (Xarelto)                                 | T1        |                                  |
| SAVAYSA 15 MG TABLET                                         | T3        | PA QL (1 TAB/DAY)                |
| SAVAYSA 30 MG TABLET                                         | T3        | PA QL (1 TAB/DAY)                |
| SAVAYSA 60 MG TABLET                                         | T3        | PA                               |
| XARELTO                                                      | T2        |                                  |
| XARELTO ( <i>rivaroxaban</i> )                               | T2        |                                  |
| <b>HEPARIN AND RELATED PREPARATIONS</b>                      |           |                                  |
| ARIXTRA 10 MG/0.8 ML SYRINGE ( <i>fondaparinux sodium</i> )  | T4        | QL(0.8 ML/DAY) SP                |
| ARIXTRA 2.5 MG/0.5 ML SYRINGE ( <i>fondaparinux sodium</i> ) | T4        | QL(0.5 ML/DAY) SP                |
| ARIXTRA 5 MG/0.4 ML SYRINGE ( <i>fondaparinux sodium</i> )   | T4        | QL(0.4 ML/DAY) SP                |

T1 – Typically Generics  
T2 – Typically Preferred Brands  
T3 – Typically Non-Preferred Brands

T4 – Specialty Medications  
PA – Prior Authorization  
QL – Quantity Limit

ST – Step Therapy  
AGE – Age Requirement  
SP – Specialty Medication

HD – May require home delivery pharmacy  
PPACA – No Cost-Share Preventive Medication  
CSL – Oral cancer medication subject to cost-share limits

## List of Prescription Medications

### ANTI-COAGULANTS (Blood Thinners/Anti-Clotting) (cont.)

| Prescription Drug Name                                       | Drug Tier | Coverage Requirements and Limits |
|--------------------------------------------------------------|-----------|----------------------------------|
| <b>HEPARIN AND RELATED PREPARATIONS (cont.)</b>              |           |                                  |
| ARIXTRA 7.5 MG/0.6 ML SYRINGE ( <i>fondaparinux sodium</i> ) | T4        | QL(0.6 ML/DAY) SP                |
| <i>enoxaparin 100 mg/ml syringe</i> (Lovenox)                | T4        | QL(2 SYRINGES/DAY) SP            |
| <i>enoxaparin 120 mg/0.8 ml syr</i> (Lovenox)                | T4        | QL(2 SYRINGES/DAY) SP            |
| <i>enoxaparin 150 mg/ml syringe</i> (Lovenox)                | T4        | QL(2 SYRINGES/DAY) SP            |
| <i>enoxaparin 30 mg/0.3 ml syr</i> (Lovenox)                 | T4        | QL(2 SYRINGES/DAY) SP            |
| <i>enoxaparin 300 mg/3 ml vial</i> (Lovenox)                 | T4        | QL(1 VIAL/DAY) SP                |
| <i>enoxaparin 40 mg/0.4 ml syr</i> (Lovenox)                 | T4        | QL(2 SYRINGES/DAY) SP            |
| <i>enoxaparin 60 mg/0.6 ml syr</i> (Lovenox)                 | T4        | QL(2 SYRINGES/DAY) SP            |
| <i>enoxaparin 80 mg/0.8 ml syr</i> (Lovenox)                 | T4        | QL(2 SYRINGES/DAY) SP            |
| <i>fondaparinux 10 mg/0.8 ml syr</i> (Arixtra)               | T4        | QL(0.8 ML/DAY) SP                |
| <i>fondaparinux 2.5 mg/0.5 ml syr</i> (Arixtra)              | T4        | QL(0.5 ML/DAY) SP                |
| <i>fondaparinux 5 mg/0.4 ml syr</i> (Arixtra)                | T4        | QL(0.4 ML/DAY) SP                |
| <i>fondaparinux 7.5 mg/0.6 ml syr</i> (Arixtra)              | T4        | QL(0.6 ML/DAY) SP                |
| FRAGMIN 10,000 UNIT/4 ML VIAL                                | T4        | QL(1 VIAL/DAY) SP                |
| FRAGMIN 10,000 UNIT/ML SYRINGE                               | T4        | QL(2 SYRINGES/DAY) SP            |
| FRAGMIN 12,500 UNIT/0.5 ML SYR                               | T4        | QL(2 SYRINGES/DAY) SP            |
| FRAGMIN 15,000 UNIT/0.6 ML SYR                               | T4        | QL(2 SYRINGES/DAY) SP            |
| FRAGMIN 18,000 UNIT/0.72 ML                                  | T4        | QL(2 SYRINGES/DAY) SP            |
| FRAGMIN 2,500 UNIT/0.2 ML SYR                                | T4        | QL(2 SYRINGES/DAY) SP            |
| FRAGMIN 5,000 UNIT/0.2 ML SYR                                | T4        | QL(2 SYRINGES/DAY) SP            |
| FRAGMIN 7,500 UNIT/0.3 ML SYR                                | T4        | QL(2 SYRINGES/DAY) SP            |
| FRAGMIN 95,000 UNIT/3.8 ML VL                                | T4        | QL(1 VIAL/DAY) SP                |
| <i>heparin 10,000 unit/10 ml vial</i>                        | T1        |                                  |
| <i>heparin 2,000 unit/2 ml vial</i>                          | T1        |                                  |
| <i>heparin 30,000 unit/30 ml vial</i>                        | T1        |                                  |
| <i>heparin 40,000 unit/4 ml vial</i>                         | T1        |                                  |
| <i>heparin 5,000 unit/ml carpuct</i>                         | T1        |                                  |
| <i>heparin 50,000 unit/10 ml vial</i>                        | T1        |                                  |
| <i>heparin 50,000 unit/5 ml vial</i>                         | T1        |                                  |
| <i>heparin sod 1,000 unit/ml vial</i>                        | T1        |                                  |
| <i>heparin sod 10,000 unit/ml vl</i>                         | T1        |                                  |
| <i>heparin sod 20,000 unit/ml vl</i>                         | T1        |                                  |
| <i>heparin sod 5,000 unit/0.5 ml</i>                         | T1        |                                  |
| HEPARIN SOD 5,000 UNIT/0.5 ML                                | T1        |                                  |

T1 – Typically Generics

T2 – Typically Preferred Brands

T3 – Typically Non-Preferred Brands

T4 – Specialty Medications

PA – Prior Authorization

QL – Quantity Limit

ST – Step Therapy

AGE – Age Requirement

SP – Specialty Medication

HD – May require home delivery pharmacy

PPACA – No Cost-Share Preventive Medication

CSL – Oral cancer medication subject to cost-share limits

## List of Prescription Medications

### ANTI-COAGULANTS (Blood Thinners/Anti-Clotting) (cont.)

| Prescription Drug Name                                          | Drug Tier | Coverage Requirements and Limits |
|-----------------------------------------------------------------|-----------|----------------------------------|
| <b>HEPARIN AND RELATED PREPARATIONS (cont.)</b>                 |           |                                  |
| HEPARIN SOD 5,000 UNIT/0.5 ML                                   | T3        |                                  |
| HEPARIN SOD 5,000 UNIT/ML SYRG                                  | T3        |                                  |
| <i>heparin sod 5,000 unit/ml syrg</i>                           | T3        |                                  |
| <i>heparin sod 5,000 unit/ml vial</i>                           | T1        |                                  |
| LOVENOX 100 MG/ML SYRINGE ( <i>enoxaparin sodium</i> )          | T4        | PA QL(2 SYRINGES/DAY) SP         |
| LOVENOX 120 MG/0.8 ML SYRINGE ( <i>enoxaparin sodium</i> )      | T4        | PA QL(2 SYRINGES/DAY) SP         |
| LOVENOX 150 MG/ML SYRINGE ( <i>enoxaparin sodium</i> )          | T4        | PA QL(2 SYRINGES/DAY) SP         |
| LOVENOX 30 MG/0.3 ML SYRINGE ( <i>enoxaparin sodium</i> )       | T4        | PA QL(2 SYRINGES/DAY) SP         |
| LOVENOX 300 MG/3 ML VIAL ( <i>enoxaparin sodium</i> )           | T4        | PA QL(1 VIAL/DAY) SP             |
| LOVENOX 40 MG/0.4 ML SYRINGE ( <i>enoxaparin sodium</i> )       | T4        | PA QL(2 SYRINGES/DAY) SP         |
| LOVENOX 60 MG/0.6 ML SYRINGE ( <i>enoxaparin sodium</i> )       | T4        | PA QL(2 SYRINGES/DAY) SP         |
| LOVENOX 80 MG/0.8 ML SYRINGE ( <i>enoxaparin sodium</i> )       | T4        | PA QL(2 SYRINGES/DAY) SP         |
| <b>THROMBIN INHIBITORS, SELECTIVE, DIRECT, REVERSIBLE</b>       |           |                                  |
| <i>dabigatran etexilate mesylate</i> (Pradaxa)                  | T1        | HD                               |
| PRADAXA 110 MG CAPSULE ( <i>dabigatran etexilate mesylate</i> ) | T3        | PA HD                            |
| PRADAXA 110 MG PELLET PACK                                      | T4        | PA QL(2 PACKS/DAY) SP            |
| PRADAXA 150 MG CAPSULE ( <i>dabigatran etexilate mesylate</i> ) | T3        | PA HD                            |
| PRADAXA 150 MG PELLET PACK                                      | T4        | PA QL(2 PACKS/DAY) SP            |
| PRADAXA 20 MG PELLET PACK                                       | T4        | PA QL(2 PACKS/DAY) SP            |
| PRADAXA 30 MG PELLET PACK                                       | T4        | PA QL(4 PACKS/DAY) SP            |
| PRADAXA 40 MG PELLET PACK                                       | T4        | PA QL(4 PACKS/DAY) SP            |
| PRADAXA 50 MG PELLET PACK                                       | T4        | PA QL(4 PACKS/DAY) SP            |
| PRADAXA 75 MG CAPSULE ( <i>dabigatran etexilate mesylate</i> )  | T3        | PA HD                            |
| <b>ANTIDOTES (Gastrointestinal/Heartburn)</b>                   |           |                                  |
| <b>MU-OPIOID RECEPTOR ANTAGONISTS, PERIPHERALLY-ACTING</b>      |           |                                  |
| MOVANTIK                                                        | T2        | PA                               |
| RELISTOR                                                        | T3        | PA                               |
| SYMPROIC                                                        | T2        | PA                               |
| <b>ANTIDOTES (Substance Abuse)</b>                              |           |                                  |
| <b>OPIOID ANTAGONISTS</b>                                       |           |                                  |
| KLOXXADO                                                        | T2        | QL(2 UNITS/30 DAYS)              |
| <i>naloxone 0.4 mg/ml carpject</i>                              | T1        |                                  |
| <i>naloxone 0.4 mg/ml vial</i>                                  | T1        |                                  |

T1 – Typically Generics

T2 – Typically Preferred Brands

T3 – Typically Non-Preferred Brands

T4 – Specialty Medications

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QL – Quantity Limit

ST – Step Therapy

AGE – Age Requirement

SP – Specialty Medication

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CSL – Oral cancer medication subject to cost-share limits

## List of Prescription Medications

### ANTIDOTES (Substance Abuse) (cont.)

| Prescription Drug Name                        | Drug Tier | Coverage Requirements and Limits |
|-----------------------------------------------|-----------|----------------------------------|
| <b>OPIOID ANTAGONISTS (cont.)</b>             |           |                                  |
| <i>naloxone 0.4 mg/ml vial</i>                | T1        |                                  |
| <i>naloxone 2 mg/2 ml syringe</i>             | T1        |                                  |
| <i>naloxone 4 mg/10 ml vial</i>               | T1        |                                  |
| <i>naloxone hcl 4 mg nasal spray (Narcan)</i> | T1        | QL(2 UNITS/30 DAYS)              |
| <i>naltrexone hcl</i>                         | T1        | QL(180 TABS/30 DAYS)             |
| NARCAN ( <i>naloxone hcl</i> )                | T2        | QL(2 UNITS/30 DAYS)              |
| OPVEE                                         | T3        | QL(2 UNITS/30 DAYS)              |
| REXTOVY                                       | T2        | QL(2 UNITS/30 DAYS)              |
| ZIMHI                                         | T3        | QL(2 SYRINGES/30 DAYS)           |

### ANTI-FUNGALS (Eye Conditions)

#### OPHTHALMIC ANTI-FUNGAL AGENTS

|         |    |  |
|---------|----|--|
| NATACYN | T2 |  |
|---------|----|--|

### ANTI-FUNGALS (Feminine Products)

#### VAGINAL ANTI-FUNGALS

|                           |    |  |
|---------------------------|----|--|
| GYNAZOLE 1                | T1 |  |
| <i>miconazole nitrate</i> | T1 |  |
| <i>terconazole</i>        | T1 |  |

### ANTI-FUNGALS (Infections)

#### ANTI-FUNGAL AGENTS

|                                                  |    |    |
|--------------------------------------------------|----|----|
| ANCOBON ( <i>flucytosine</i> )                   | T3 |    |
| <i>clotrimazole</i>                              | T1 |    |
| CRESEMBA                                         | T3 | PA |
| DIFLUCAN ( <i>fluconazole</i> )                  | T3 | PA |
| <i>fluconazole</i>                               | T1 |    |
| <i>fluconazole</i> (Diflucan)                    | T1 |    |
| <i>flucytosine</i> (Ancobon)                     | T1 |    |
| <i>itraconazole</i>                              | T1 |    |
| <i>itraconazole</i> (Sporanox)                   | T1 |    |
| <i>ketoconazole</i>                              | T1 |    |
| NOXAFIL 40 MG/ML SUSPENSION                      | T3 |    |
| NOXAFIL DR 100 MG TABLET ( <i>posaconazole</i> ) | T3 | PA |
| ORAVIG                                           | T3 |    |
| <i>posaconazole</i>                              | T1 |    |

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## List of Prescription Medications

| ANTI-FUNGALS (Infections) (cont.)                           |           |                                  |
|-------------------------------------------------------------|-----------|----------------------------------|
| Prescription Drug Name                                      | Drug Tier | Coverage Requirements and Limits |
| <b>ANTI-FUNGAL AGENTS (cont.)</b>                           |           |                                  |
| <i>posaconazole</i> (Noxafil)                               | T1        |                                  |
| SPORANOX ( <i>itraconazole</i> )                            | T3        | PA                               |
| <i>terbinafine hcl</i>                                      | T1        |                                  |
| TOLSURA                                                     | T3        |                                  |
| VFEND ( <i>voriconazole</i> )                               | T3        | PA                               |
| VIVJOA                                                      | T4        | PA SP                            |
| <i>voriconazole</i> (Vfend)                                 | T1        | PA                               |
| <b>ANTI-FUNGAL ANTIBIOTICS</b>                              |           |                                  |
| BREXAFEMME                                                  | T3        | PA                               |
| FULVICIN P-G                                                | T3        | PA QL(4 TABS/DAY)                |
| <i>griseofulvin ultra 125 mg tab</i>                        | T1        |                                  |
| <i>griseofulvin ultra 165 mg tab</i>                        | T1        | QL(4 TABS/DAY)                   |
| <i>griseofulvin ultra 250 mg tab</i>                        | T1        |                                  |
| <i>griseofulvin, microsize</i>                              | T1        |                                  |
| <i>nystatin</i>                                             | T1        |                                  |
| ANTI-FUNGALS (Skin Conditions)                              |           |                                  |
| <b>TOPICAL ANTI-FUNGAL/ANTI-INFLAMMATORY, STEROID AGENT</b> |           |                                  |
| <i>clotrimazole/betamethasone dip</i>                       | T1        |                                  |
| <b>TOPICAL ANTI-FUNGALS</b>                                 |           |                                  |
| <i>ciclodan 0.77% cream</i> (Loprox)                        | T1        |                                  |
| CICLODAN 0.77% CREAM KIT                                    | T3        |                                  |
| CICLODAN 8% KIT                                             | T3        |                                  |
| <i>ciclodan 8% solution</i>                                 | T1        |                                  |
| <i>ciclopirox</i>                                           | T1        |                                  |
| <i>ciclopirox olamine</i> (Loprox)                          | T1        |                                  |
| <i>ciclopirox/urea/camph/men/euc</i>                        | T1        |                                  |
| <i>econazole nitrate 1% cream</i>                           | T1        |                                  |
| ECOZA                                                       | T3        |                                  |
| ERTACZO                                                     | T3        | PA                               |
| EXELDERM                                                    | T3        | PA                               |
| EXODERM                                                     | T1        |                                  |
| EXTINA ( <i>ketoconazole</i> )                              | T3        | PA                               |
| JUBLIA                                                      | T3        | PA                               |

T1 – Typically Generics

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## List of Prescription Medications

### ANTI-FUNGALS (Skin Conditions) (cont.)

| Prescription Drug Name                                  | Drug Tier | Coverage Requirements and Limits |
|---------------------------------------------------------|-----------|----------------------------------|
| <b>TOPICAL ANTI-FUNGALS (cont.)</b>                     |           |                                  |
| <i>ketoconazole</i>                                     | T1        |                                  |
| <i>ketoconazole</i> (Extina)                            | T1        |                                  |
| LOPROX 0.77% CREAM ( <i>ciclopirox</i> )                | T3        | PA                               |
| LOPROX 0.77% SUSPENSION KIT                             | T3        |                                  |
| LOPROX 0.77% TOPICAL SUSP ( <i>ciclopirox olamine</i> ) | T3        |                                  |
| LULICONAZOLE                                            | T1        |                                  |
| LUZU                                                    | T3        | PA                               |
| MICONAZOLE-ZINC OXIDE-PETROLTM                          | T1        | PA                               |
| <i>naftifine hcl</i>                                    | T1        |                                  |
| <i>naftifine hcl</i> (Naftin)                           | T1        |                                  |
| NAFTIN ( <i>naftifine hcl</i> )                         | T2        |                                  |
| <i>nystatin</i>                                         | T1        |                                  |
| <i>nystatin/triamcinolone acet</i>                      | T1        |                                  |
| <i>oxiconazole nitrate</i>                              | T1        | PA                               |
| OXISTAT                                                 | T2        | PA                               |
| SULCONAZOLE NITRATE                                     | T3        | PA                               |
| <i>tavaborole</i>                                       | T1        | PA                               |
| VUSION                                                  | T3        | PA                               |
| XOLEGEL                                                 | T3        | PA                               |

### ANTIHISTAMINE AND DECONGESTANT COMBINATION (Allergy/Nasal Sprays)

|                                                           |    |  |
|-----------------------------------------------------------|----|--|
| <b>1ST GEN ANTIHISTAMINE AND DECONGESTANT COMBINATION</b> |    |  |
| <i>phenylephrine hcl/prometh hcl</i>                      | T1 |  |
| <b>2ND GEN ANTIHISTAMINE AND DECONGESTANT COMBINATION</b> |    |  |
| CLARINEX-D 12 HOUR                                        | T3 |  |

### ANTIHISTAMINES (Allergy/Nasal Sprays)

|                                        |    |    |
|----------------------------------------|----|----|
| <b>ANTIHISTAMINES - 1ST GENERATION</b> |    |    |
| <i>carbinoxamine 4 mg/5 ml liquid</i>  | T1 |    |
| <i>carbinoxamine maleate</i>           | T1 |    |
| <i>carbinoxamine maleate 4 mg tab</i>  | T1 |    |
| <i>carbinoxamine maleate 6 mg tab</i>  | T1 | PA |
| CARBINOXAMINE MALEATE ER               | T3 | PA |
| <i>clemastine 0.5 mg/5 ml syrup</i>    | T1 | PA |
| <i>clemastine fum 2.68 mg tablet</i>   | T1 |    |

T1 – Typically Generics

T2 – Typically Preferred Brands

T3 – Typically Non-Preferred Brands

T4 – Specialty Medications

PA – Prior Authorization

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ST – Step Therapy

AGE – Age Requirement

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HD – May require home delivery pharmacy

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## List of Prescription Medications

### ANTI-HISTAMINES (Allergy/Nasal Sprays) (cont.)

| Prescription Drug Name                                     | Drug Tier | Coverage Requirements and Limits |
|------------------------------------------------------------|-----------|----------------------------------|
| <b>ANTI-HISTAMINES - 1ST GENERATION (cont.)</b>            |           |                                  |
| <i>clemastine fumarate</i>                                 | T1        |                                  |
| <i>cyproheptadine hcl</i>                                  | T1        |                                  |
| <i>dexchlorpheniramine maleate</i> (Ryclora)               | T1        | PA                               |
| <i>hydroxyzine hcl</i>                                     | T1        |                                  |
| <i>hydroxyzine pamoate</i>                                 | T1        |                                  |
| <i>hydroxyzine pamoate</i> (Vistaril)                      | T1        |                                  |
| KARBINAL ER                                                | T3        | PA                               |
| <i>promethazine hcl</i>                                    | T1        |                                  |
| RYCLORA ( <i>dexchlorpheniramine maleate</i> )             | T3        | PA                               |
| RYVENT                                                     | T3        | PA                               |
| VISTARIL ( <i>hydroxyzine pamoate</i> )                    | T3        |                                  |
| <b>ANTI-HISTAMINES - 2ND GENERATION</b>                    |           |                                  |
| <i>cetirizine hcl</i>                                      | T1        | HD                               |
| CLARINEX ( <i>desloratadine</i> )                          | T3        | PA HD                            |
| DESLOTATADINE 0.5 MG/ML SOLN                               | T3        | HD                               |
| <i>desloratadine 2.5 mg odt</i>                            | T1        | QL(1 TAB/DAY) HD                 |
| <i>desloratadine 5 mg odt</i>                              | T1        | HD                               |
| <i>desloratadine 5 mg tablet</i> (Clarinx)                 | T1        | HD                               |
| <i>levocetirizine dihydrochloride</i>                      | T1        | HD                               |
| <b>ANTI-HISTAMINES (Eye Conditions)</b>                    |           |                                  |
| <b>EYE ANTI-HISTAMINES</b>                                 |           |                                  |
| <i>azelastine hcl 0.05% drops</i>                          | T1        |                                  |
| <i>bepotastine besilate</i> (Bepreve)                      | T1        |                                  |
| BEPREVE ( <i>bepotastine besilate</i> )                    | T3        | PA                               |
| <i>epinastine hcl</i>                                      | T1        |                                  |
| <i>olopatadine hcl 0.1% eye drops</i>                      | T1        |                                  |
| <i>olopatadine hcl 0.2% eye drop</i>                       | T1        |                                  |
| ZERVATE                                                    | T3        | PA                               |
| <b>ANTI-HYPERGLYCEMICS (Diabetes)</b>                      |           |                                  |
| <b>ANTIHYPERGLY, DPP-4 ENZYME INHIB.-THIAZOLIDINEDIONE</b> |           |                                  |
| ALOGLIPTIN-PIOGLITAZONE                                    | T3        | PA QL(1 TAB/DAY) HD              |
| OSENI                                                      | T3        | PA QL(1 TAB/DAY) HD              |

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## List of Prescription Medications

### ANTI-HYPERGLYCEMICS (Diabetes) (cont.)

| Prescription Drug Name                                       | Drug Tier | Coverage Requirements and Limits |
|--------------------------------------------------------------|-----------|----------------------------------|
| <b>ANTIHYPERGLY, INCRETIN MIMETIC (GLP-1 RECEPT.AGONIST)</b> |           |                                  |
| BYDUREON                                                     | T2        | PA QL (4 MLS/28 DAYS)            |
| BYETTA                                                       | T3        | PA QL (3 MLS/30 DAYS)            |
| <i>exenatide</i>                                             | T1        | PA QL (3 MLS/30 DAYS)            |
| <i>liraglutide 2-pak 18 mg/3 ml (Victoza 2-Pak)</i>          | T1        | PA QL (3 PENS/30 DAYS)           |
| <i>liraglutide 2-pak 18 mg/3 ml (Victoza 3-Pak)</i>          | T1        | PA QL (3 PENS/30 DAYS)           |
| <i>liraglutide 3-pak 18 mg/3 ml (Victoza 2-Pak)</i>          | T1        | PA QL (3 PENS/30 DAYS)           |
| <i>liraglutide 3-pak 18 mg/3 ml (Victoza 3-Pak)</i>          | T1        | PA QL (3 PENS/30 DAYS)           |
| OZEMPIC                                                      | T2        | PA QL (3 MLS/28 DAYS)            |
| RYBELSUS                                                     | T2        | PA QL (1 TAB/DAY)                |
| TRULICITY                                                    | T2        | PA QL (2 MLS/28 DAYS)            |
| VICTOZA 2-PAK (liraglutide)                                  | T3        | PA QL (3 PENS/30 DAYS)           |
| VICTOZA 3-PAK (liraglutide)                                  | T3        | PA QL (3 PENS/30 DAYS)           |
| <b>ANTI-HYPERGLY, INSULIN, LONG ACT-GLP-1 RECEPT.AGONIST</b> |           |                                  |
| SOLIQUA 100-33                                               | T2        |                                  |
| XULTOPHY 100-3.6                                             | T3        | PA                               |
| <b>ANTIHYPERGLYCEMIC - INCRETIN MIMETICS COMBINATION</b>     |           |                                  |
| MOUNJARO 10 MG/0.5 ML PEN                                    | T2        | PA QL (2 MLS/30 DAYS)            |
| MOUNJARO 12.5 MG/0.5 ML PEN                                  | T2        | PA QL (2 MLS/30 DAYS)            |
| MOUNJARO 15 MG/0.5 ML PEN                                    | T2        | PA QL (2 MLS/30 DAYS)            |
| MOUNJARO 2.5 MG/0.5 ML PEN                                   | T2        | PA QL (2 MLS/365 DAYS)           |
| MOUNJARO 5 MG/0.5 ML PEN                                     | T2        | PA QL (2 MLS/30 DAYS)            |
| MOUNJARO 7.5 MG/0.5 ML PEN                                   | T2        | PA QL (2 MLS/30 DAYS)            |
| <b>ANTI-HYPERGLYCEMIC, ALPHA-GLUCOSIDASE INHIBITORS</b>      |           |                                  |
| <i>acarbose (Precose)</i>                                    | T1        | HD                               |
| <i>miglitol</i>                                              | T1        | HD                               |
| PRECOSE ( <i>acarbose</i> )                                  | T3        | HD                               |
| <b>ANTI-HYPERGLYCEMIC, AMYLIN ANALOG-TYPE</b>                |           |                                  |
| SYMLINPEN 120                                                | T2        | HD                               |
| SYMLINPEN 60                                                 | T2        |                                  |
| <b>ANTI-HYPERGLYCEMIC, BIGUANIDE TYPE</b>                    |           |                                  |
| GLUMETZA ( <i>metformin hcl</i> )                            | T3        | PA                               |
| <i>metformin hcl</i>                                         | T1        | HD                               |
| <i>metformin hcl</i>                                         | T1        | PA HD                            |
| <i>metformin hcl (Glumetza)</i>                              | T1        | PA HD                            |

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AGE – Age Requirement  
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HD – May require home delivery pharmacy  
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## List of Prescription Medications

### ANTI-HYPERGLYCEMICS (Diabetes) (cont.)

| Prescription Drug Name                                    | Drug Tier | Coverage Requirements and Limits |
|-----------------------------------------------------------|-----------|----------------------------------|
| <b>ANTI-HYPERGLYCEMIC, BIGUANIDE TYPE (cont.)</b>         |           |                                  |
| <i>metformin hcl 1,000 mg tablet</i>                      | T1        | HD                               |
| <i>metformin hcl 500 mg tablet</i>                        | T1        | HD                               |
| <i>metformin hcl 500 mg/5 ml cup (Riomet)</i>             | T1        | HD                               |
| <i>metformin hcl 500 mg/5 ml soln (Riomet)</i>            | T1        | HD                               |
| METFORMIN HCL 625 MG TABLET                               | T3        | PA HD                            |
| <i>metformin hcl 750 mg tablet</i>                        | T1        | HD                               |
| METFORMIN HCL 750 MG TABLET                               | T3        | PA HD                            |
| <i>metformin hcl 850 mg tablet</i>                        | T1        | HD                               |
| RIOMET ( <i>metformin hcl</i> )                           | T3        | HD                               |
| <b>ANTI-HYPERGLYCEMIC, DPP-4 INHIBITORS</b>               |           |                                  |
| ALOGLIPTIN                                                | T3        | PA QL (1 TAB/DAY) HD             |
| JANUVIA                                                   | T2        | ST QL (1 TAB/DAY) HD             |
| NESINA                                                    | T3        | PA QL (1 TAB/DAY) HD             |
| ONGLYZA ( <i>saxagliptin hcl</i> )                        | T3        | PA QL (1 TAB/DAY) HD             |
| <i>saxagliptin hcl (Onglyza)</i>                          | T1        | QL (1 TAB/DAY) HD                |
| SITAGLIPTIN                                               | T3        | PA QL (1 TAB/DAY) HD             |
| TRADJENTA                                                 | T3        | PA QL (1 TAB/DAY) HD             |
| ZITUVIO                                                   | T3        | PA QL (1 TAB/DAY) HD             |
| <b>ANTI-HYPERGLYCEMIC, INSULIN-RELEASE STIMULANT TYPE</b> |           |                                  |
| <i>glimepiride 1 mg tablet</i>                            | T1        | HD                               |
| <i>glimepiride 2 mg tablet</i>                            | T1        | HD                               |
| GLIMEPIRIDE 3 MG TABLET                                   | T3        | HD                               |
| <i>glimepiride 4 mg tablet</i>                            | T1        | HD                               |
| <i>glipizide (Glucotrol XL)</i>                           | T1        | HD                               |
| <i>glipizide 10 mg tablet</i>                             | T1        | HD                               |
| GLIPIZIDE 2.5 MG TABLET                                   | T3        | HD                               |
| <i>glipizide 5 mg tablet</i>                              | T1        | HD                               |
| GLUCOTROL XL ( <i>glipizide</i> )                         | T3        | HD                               |
| <i>glyburide</i>                                          | T1        | HD                               |
| <i>glyburide, micronized</i>                              | T1        | HD                               |
| <i>glyburide, micronized (Glynase)</i>                    | T1        | HD                               |
| GLYNASE ( <i>glyburide micronized</i> )                   | T3        | HD                               |
| <i>nateglinide</i>                                        | T1        | HD                               |
| <i>repaglinide</i>                                        | T1        | HD                               |

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## List of Prescription Medications

### ANTI-HYPERGLYCEMICS (Diabetes) (cont.)

| Prescription Drug Name                                                  | Drug Tier | Coverage Requirements and Limits |
|-------------------------------------------------------------------------|-----------|----------------------------------|
| <b>ANTI-HYPERGLYCEMIC, SGLT-2 AND DPP-4 INHIBITOR COMB</b>              |           |                                  |
| GLYXAMBI                                                                | T2        | ST QL (1 TAB/DAY) HD             |
| QTERN                                                                   | T3        | ST QL (1 TAB/DAY) HD             |
| STEGLUJAN                                                               | T3        | ST QL (1 TAB/DAY) HD             |
| <b>ANTI-HYPERGLYCEMIC, THIAZOLIDINEDIONE AND BIGUANIDE</b>              |           |                                  |
| ACTOPLUS MET ( <i>pioglitazone-metformin</i> )                          | T3        | HD                               |
| <i>pioglitazone hcl/metformin hcl</i>                                   | T1        | HD                               |
| <i>pioglitazone hcl/metformin hcl</i> (Actoplus Met)                    | T1        | HD                               |
| <b>ANTI-HYPERGLYCEMIC, THIAZOLIDINEDIONE-SULFONYLUREA</b>               |           |                                  |
| DUETACT ( <i>pioglitazone hcl/glimepiride</i> )                         | T3        | HD                               |
| <i>pioglitazone hcl/glimepiride</i> (Duetact)                           | T1        | HD                               |
| <b>ANTI-HYPERGLYCEMIC, DPP-4 INHIBITOR-BIGUANIDE COMBS.</b>             |           |                                  |
| ALOGLIPTIN-METFORMIN                                                    | T3        | PA QL (2 tabs/day) HD            |
| JANUMET                                                                 | T2        | QL (2 tabs/day) ST HD            |
| JANUMET XR 100-1,000 MG TABLET                                          | T2        | QL (1 tab/day) ST HD             |
| JANUMET XR 50-1,000 MG TABLET                                           | T2        | QL (2 tabs/day) ST HD            |
| JANUMET XR 50-500 MG TABLET                                             | T2        | QL (1 tab/day) ST HD             |
| JENTADUETO                                                              | T3        | PA QL (4 tabs/day) HD            |
| JENTADUETO XR 2.5 MG-1,000 MG                                           | T3        | PA QL (2 tabs/day) HD            |
| JENTADUETO XR 5 MG-1,000 MG TB                                          | T3        | PA QL (1 tab/day) HD             |
| KAZANO                                                                  | T3        | PA QL (2 tabs/day) HD            |
| KOMBIGLYZE XR 2.5-1,000 MG TAB ( <i>saxagliptin hcl/metformin hcl</i> ) | T3        | PA QL (2 TABS/DAY) HD            |
| KOMBIGLYZE XR 5-1,000 MG TAB ( <i>saxagliptin hcl/metformin hcl</i> )   | T3        | PA QL (1 TAB/DAY) HD             |
| KOMBIGLYZE XR 5-500 MG TABLET ( <i>saxagliptin hcl/metformin hcl</i> )  | T3        | PA QL (1 TAB/DAY) HD             |
| <i>linagliptin/metformin hcl</i>                                        | T1        | QL (2 TABS/DAY) HD               |
| <i>saxagliptin-metformin er 5-500</i> (Kombiglyze Xr)                   | T1        | QL (1 TAB/DAY) HD                |
| <i>saxagliptin-metformin er 5-1000</i> (Kombiglyze Xr)                  | T1        | QL (1 TAB/DAY) HD                |
| <i>saxagliptin-metformin er 2.5-1000</i> (Kombiglyze Xr)                | T1        | QL (2 TABS/DAY) HD               |
| SITAGLIPTIN-METFORMIN                                                   | T3        | PA QL (2 TABS/DAY) HD            |
| SITAGLIPTIN-METFO ER 50-500, 100-1,000                                  | T3        | PA QL (1 TAB/DAY) HD             |
| SITAGLIPTIN-METFOR ER 50-1,000                                          | T3        | PA QL (2 TABS/DAY) HD            |
| ZITUVIMET                                                               | T3        | PA QL (2 TABS/DAY) HD            |
| ZITUVIMET XR 100-1,000 MG TAB                                           | T3        | PA QL (1 TAB/DAY) HD             |
| ZITUVIMET XR 50-1000 MG TABLET                                          | T3        | PA QL (2 TABS/DAY) HD            |
| ZITUVIMET XR 50-500 MG TABLET                                           | T3        | PA QL (1 TAB/DAY) HD             |

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## List of Prescription Medications

### ANTI-HYPERGLYCEMICS (Diabetes) (cont.)

| Prescription Drug Name                                       | Drug Tier | Coverage Requirements and Limits |
|--------------------------------------------------------------|-----------|----------------------------------|
| <b>ANTI-HYPERGLYCEMIC, INSULIN-RELEASE STIM.-BIGUANIDE</b>   |           |                                  |
| <i>glipizide/metformin hcl</i>                               | T1        | HD                               |
| <i>glyburide/metformin hcl</i>                               | T1        | HD                               |
| <b>ANTI-HYPERGLYCEMIC, THIAZOLIDINEDIONE (PPARG AGONIST)</b> |           |                                  |
| ACTOS ( <i>pioglitazone hcl</i> )                            | T3        | PA HD                            |
| <i>pioglitazone hcl</i> (Actos)                              | T1        | HD                               |
| <b>ANTI-HYPERGLYCEMIC-GLUCOCORTICOID RECEPTOR BLOCKER</b>    |           |                                  |
| KORLYM ( <i>mifepristone</i> )                               | T4        | PA SP                            |
| <i>mifepristone 300 mg tablet</i> (Korlym)                   | T4        | PA SP                            |
| <b>ANTI-HYPERGLYCEMIC-SGLT2 INHIBITOR-BIGUANIDE COMBS.</b>   |           |                                  |
| DAPAGLIFLOZIN-METFO ER 10-1000                               | T3        | PA QL (1 TAB/DAY) HD             |
| DAPAGLIFLOZIN-METFOR ER 5-1000                               | T3        | PA QL (2 TABS/DAY) HD            |
| INVOKAMET                                                    | T3        | PA QL (2 TABS/DAY) HD            |
| INVOKAMET XR                                                 | T3        | PA QL (2 TABS/DAY) HD            |
| SEGLUROMET                                                   | T3        | PA QL (2 TABS/DAY) HD            |
| SYNJARDY                                                     | T2        | ST QL (2 TABS/DAY) HD            |
| SYNJARDY XR 10-1,000 MG TABLET                               | T2        | ST QL (2 TABS/DAY) HD            |
| SYNJARDY XR 12.5-1,000 MG TAB                                | T2        | ST QL (2 TABS/DAY) HD            |
| SYNJARDY XR 25-1,000 MG TABLET                               | T2        | ST QL (1 TAB/DAY) HD             |
| SYNJARDY XR 5-1,000 MG TABLET                                | T2        | ST QL (2 TABS/DAY) HD            |
| XIGDUO XR 10 MG-1,000 MG TAB                                 | T2        | ST QL (1 TAB/DAY) HD             |
| XIGDUO XR 10 MG-500 MG TABLET                                | T2        | ST QL (1 TAB/DAY) HD             |
| XIGDUO XR 2.5 MG-1,000 MG TAB                                | T2        | ST QL (2 TABS/DAY) HD            |
| XIGDUO XR 5 MG-1,000 MG TABLET                               | T2        | ST QL (2 TABS/DAY) HD            |
| XIGDUO XR 5 MG-500 MG TABLET                                 | T2        | ST QL (1 TAB/DAY) HD             |
| <b>ANTIHYPERGLY-SGLT-2 INHIB, DPP-4 INHIB, BIGUANIDE CB</b>  |           |                                  |
| BRENZAVVY                                                    | T3        | PA QL (1 TAB/DAY) HD             |
| DAPAGLIFLOZIN                                                | T3        | PA QL (1 TAB/DAY) HD             |
| FARXIGA                                                      | T2        | ST QL (1 TAB/DAY)                |
| INVOKANA                                                     | T3        | PA QL (1 TAB/DAY) HD             |
| JARDIANCE                                                    | T2        | ST QL (1 TAB/DAY) HD             |
| STEGLATRO                                                    | T3        | PA QL (1 TAB/DAY) HD             |

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## List of Prescription Medications

### ANTI-HYPERGLYCEMICS (Diabetes) (cont.)

| Prescription Drug Name                                    | Drug Tier | Coverage Requirements and Limits |
|-----------------------------------------------------------|-----------|----------------------------------|
| <b>ANTIHYPERGLY-SGLT-2 INHIB,DPP-4 INHIB,BIGUANIDE CB</b> |           |                                  |
| TRIJARDY XR 10-5-1,000 MG TAB                             | T2        | ST QL (1 TAB/DAY) HD             |
| TRIJARDY XR 12.5-2.5-1,000 MG                             | T2        | ST QL (2 TABS/DAY) HD            |
| TRIJARDY XR 25-5-1,000 MG TAB                             | T2        | ST QL (1 TAB/DAY) HD             |
| TRIJARDY XR 5-2.5-1,000 MG TAB                            | T2        | ST QL (2 TABS/DAY) HD            |
| <b>INSULINS</b>                                           |           |                                  |
| ADMELOG                                                   | T3        | PA QL (1.5 MLS/DAY) HD           |
| ADMELOG SOLOSTAR                                          | T3        | PA QL (1.5 MLS/DAY) HD           |
| AFREZZA 12 UNIT CARTRIDGE                                 | T3        | PA QL (12 CRTGS/DAY) HD          |
| AFREZZA 4 UNIT CARTRIDGE                                  | T3        | PA QL (36 CRTGS/DAY) HD          |
| AFREZZA 4 UNIT/8 UNIT/12 UNIT                             | T3        | PA QL (6 CRTGS/DAY) HD           |
| AFREZZA 8 UNIT CARTRIDGE                                  | T3        | PA QL (18 CRTGS/DAY) HD          |
| AFREZZA 90-4 UNIT / 90-8 UNIT                             | T3        | PA QL (12 CRTGS/DAY) HD          |
| AFREZZA 90-8 UNIT / 90-12 UNIT                            | T3        | PA QL (6 CRTGS/DAY) HD           |
| APIDRA                                                    | T3        | PA QL (1.5 MLS/DAY) HD           |
| APIDRA SOLOSTAR                                           | T3        | PA QL (1.5 MLS/DAY) HD           |
| BASAGLAR KWIKPEN U-100                                    | T2        | QL (1.5 MLS/DAY) HD              |
| BASAGLAR TEMPO PEN U-100                                  | T2        | QL (1.5 MLS/DAY) HD              |
| FIASP                                                     | T3        | PA QL (1.5 MLS/DAY) HD           |
| FIASP FLEXTOUCH                                           | T3        | PA QL (1.5 MLS/DAY) HD           |
| FIASP PENFILL                                             | T3        | PA QL (1.5 MLS/DAY) HD           |
| HUMALOG                                                   | T2        | QL (1.5 MLS/DAY) HD              |
| HUMALOG JUNIOR KWIKPEN                                    | T2        | QL (1.5 MLS/DAY) HD              |
| HUMALOG KWIKPEN U-100                                     | T2        | QL (1.5 MLS/DAY) HD              |
| HUMALOG KWIKPEN U-200                                     | T2        | QL (1 ML/DAY) HD                 |
| HUMALOG MIX 50-50 KWIKPEN                                 | T2        | QL (2 MLS/DAY) HD                |
| HUMALOG MIX 75-25                                         | T2        | QL (2 MLS/DAY) HD                |
| HUMALOG MIX 75-25 KWIKPEN                                 | T2        | QL (2 MLS/DAY) HD                |
| HUMALOG TEMPO PEN U-100                                   | T2        | QL (1.5 MLS/DAY) HD              |
| HUMULIN 70/30 KWIKPEN                                     | T2        | QL (2 MLS/DAY) HD                |
| HUMULIN 70-30                                             | T2        | QL (2 MLS/DAY) HD                |
| HUMULIN N                                                 | T2        | QL (1.5 MLS/DAY) HD              |
| HUMULIN N KWIKPEN                                         | T2        | QL (1.5 MLS/DAY) HD              |
| HUMULIN R                                                 | T2        | QL (1.5 MLS/DAY) HD              |

T1 – Typically Generics

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T4 – Specialty Medications

PA – Prior Authorization

QL – Quantity Limit

ST – Step Therapy

AGE – Age Requirement

SP – Specialty Medication

HD – May require home delivery pharmacy

PPACA – No Cost-Share Preventive Medication

CSL – Oral cancer medication subject to cost-share limits

## List of Prescription Medications

### ANTI-HYPERGLYCEMICS (Diabetes) (cont.)

| Prescription Drug Name         | Drug Tier | Coverage Requirements and Limits |
|--------------------------------|-----------|----------------------------------|
| <b>INSULINS (cont.)</b>        |           |                                  |
| HUMULIN R U-500                | T2        | QL(1 ML/DAY) HD                  |
| HUMULIN R U-500 KWIKPEN        | T2        | QL(1 ML/DAY) HD                  |
| INSULIN ASPART                 | T3        | PA QL(1.5 MLS/DAY) HD            |
| INSULIN ASPART FLEXPEN         | T3        | PA QL(1.5 MLS/DAY) HD            |
| INSULIN ASPART PENFILL         | T3        | PA QL(1.5 MLS/DAY) HD            |
| INSULIN ASPART PROT MIX 70-30  | T3        | PA QL(2 MLS/DAY) HD              |
| INSULIN DEGLUDEC               | T3        | PA QL(1.5 MLS/DAY) HD            |
| INSULIN DEGLUDEC PEN (U-100)   | T3        | PA QL(1.5 MLS/DAY) HD            |
| INSULIN DEGLUDEC PEN (U-200)   | T3        | PA QL(0.9 MLS/DAY) HD            |
| INSULIN GLARGINE               | T3        | PA QL(1.5 MLS/DAY) HD            |
| INSULIN GLARGINE MAX SOLOSTAR  | T3        | PA QL(0.6 MLS/DAY) HD            |
| INSULIN GLARGINE SOLOSTAR U100 | T3        | PA QL(1.5 MLS/DAY) HD            |
| INSULIN GLARGINE SOLOSTAR U300 | T3        | PA QL(0.6 MLS/DAY) HD            |
| INSULIN GLARGINE-YFGN          | T3        | PA QL(1.5 MLS/DAY) HD            |
| INSULIN LISPRO                 | T2        | QL(1.5 MLS/DAY) HD               |
| INSULIN LISPRO JUNIOR KWIKPEN  | T2        | QL(1.5 MLS/DAY) HD               |
| INSULIN LISPRO KWIKPEN U-100   | T2        | QL(1.5 MLS/DAY) HD               |
| INSULIN LISPRO PROTAMINE MIX   | T2        | QL(2 MLS/DAY) HD                 |
| KIRSTY                         | T3        | PA QL(1.5 MLS/DAY) HD            |
| KIRSTY PEN                     | T3        | PA QL(1.5 MLS/DAY) HD            |
| LANTUS                         | T3        | PA QL(1.5 MLS/DAY) HD            |
| LANTUS SOLOSTAR                | T3        | PA QL(1.5 MLS/DAY) HD            |
| LEVEMIR                        | T3        | PA QL(1.5 MLS/DAY) HD            |
| LEVEMIR FLEXTOUCH              | T3        | PA QL(1.5 MLS/DAY) HD            |
| LYUMJEV                        | T2        | QL(1.5 MLS/DAY) HD               |
| LYUMJEV KWIKPEN U-100          | T2        | QL(1.5 MLS/DAY) HD               |
| LYUMJEV KWIKPEN U-200          | T2        | QL(1 ML/DAY) HD                  |
| LYUMJEV TEMPO PEN U-100        | T2        | QL(1.5 MLS/DAY) HD               |
| MERIOLOG                       | T3        | PA QL(1.5 MLS/DAY) HD            |
| MERIOLOG SOLOSTAR              | T3        | PA QL(1.5 MLS/DAY) HD            |
| NOVOLOG MIX 70-30              | T2        | QL(2 MLS/DAY) HD                 |
| NOVOLOG MIX 70-30 FLEXPEN      | T2        | QL(2 MLS/DAY) HD                 |
| NOVOLIN N                      | T2        | QL(1.5 MLS/DAY) HD               |
| NOVOLIN N FLEXPEN              | T2        | QL(1.5 MLS/DAY) HD               |

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## List of Prescription Medications

### ANTI-HYPERGLYCEMICS (Diabetes) (cont.)

| Prescription Drug Name    | Drug Tier | Coverage Requirements and Limits |
|---------------------------|-----------|----------------------------------|
| <b>INSULINS (cont.)</b>   |           |                                  |
| NOVOLIN R                 | T2        | QL(1.5 MLS/DAY) HD               |
| NOVOLIN R FLEXPEN         | T2        | QL(1.5 MLS/DAY) HD               |
| NOVOLOG                   | T3        | PA QL(1.5 MLS/DAY) HD            |
| NOVOLOG FLEXPEN           | T3        | PA QL(1.5 MLS/DAY) HD            |
| NOVOLOG MIX 70-30         | T3        | PA QL(2 MLS/DAY) HD              |
| NOVOLOG MIX 70-30 FLEXPEN | T3        | PA QL(2 MLS/DAY) HD              |
| NOVOLOG PENFILL           | T3        | PA QL(1.5 MLS/DAY) HD            |
| REZVOGLAR KWIKPEN         | T2        | QL(1.5 MLS/DAY) HD               |
| SEMGLEE (YFGN)            | T3        | PA QL(1.5 MLS/DAY) HD            |
| SEMGLEE (YFGN) PEN        | T3        | PA QL(1.5 MLS/DAY) HD            |
| TOUJEO MAX SOLOSTAR       | T3        | PA QL(0.6 MLS/DAY) HD            |
| TOUJEO SOLOSTAR           | T3        | PA QL(0.6 MLS/DAY) HD            |
| TRESIBA                   | T2        | QL(1.5 MLS/DAY) HD               |
| TRESIBA FLEXTOUCH U-100   | T2        | QL(1.5 MLS/DAY) HD               |
| TRESIBA FLEXTOUCH U-200   | T2        | QL(0.9 MLS/DAY) HD               |

### ANTI-INFECTIVES/MISCELLANEOUS (Feminine Products)

|                                              |    |  |
|----------------------------------------------|----|--|
| <b>VAGINAL ANTISEPTICS</b>                   |    |  |
| <i>acetic acid/oxyquinoline</i> (Relagard)   | T1 |  |
| RELAGARD ( <i>acetic acid/oxyquinoline</i> ) | T3 |  |
| TRIMO-SAN                                    | T3 |  |

### ANTI-INFECTIVES/MISCELLANEOUS (Infections)

|                                                        |    |    |
|--------------------------------------------------------|----|----|
| <b>2ND GEN. ANAEROBIC ANTI-PROTOZOAL-ANTIBACTERIAL</b> |    |    |
| <i>tinidazole</i>                                      | T1 |    |
| <b>AMEBICIDES</b>                                      |    |    |
| HUMATIN                                                | T3 | PA |
| <b>ANTHELMINTICS</b>                                   |    |    |
| <i>albendazole</i>                                     | T1 |    |
| BILTRICIDE ( <i>praziquantel</i> )                     | T3 |    |
| EMVERM                                                 | T1 |    |
| <i>ivermectin 3 mg tablet</i> (Stromectol)             | T1 | PA |
| <i>ivermectin 6 mg tablet</i>                          | T1 | PA |
| <i>praziquantel</i> (Biltricide)                       | T1 |    |
| STROMECTOL ( <i>ivermectin</i> )                       | T3 | PA |

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CSL – Oral cancer medication subject to cost-share limits

## List of Prescription Medications

### ANTI-INFECTIVES/MISCELLANEOUS (Infections) (cont.)

| Prescription Drug Name                     | Drug Tier | Coverage Requirements and Limits |
|--------------------------------------------|-----------|----------------------------------|
| <b>ANTI-MALARIAL DRUGS</b>                 |           |                                  |
| ARAKODA                                    | T3        | PA                               |
| atovaquone/proguanil hcl (Malarone)        | T1        |                                  |
| chloroquine phosphate                      | T1        |                                  |
| COARTEM                                    | T3        | PA QL(24 TABS/30 DAYS)           |
| DARAPRIM (pyrimethamine)                   | T4        | PA SP                            |
| hydroxychloroquine sulfate                 | T1        |                                  |
| hydroxychloroquine sulfate (Plaquenil)     | T1        |                                  |
| KRINTAFEL                                  | T3        | PA QL(2 TABS/30 DAYS)            |
| MALARONE (atovaquone-proguanil hcl)        | T3        | PA                               |
| mefloquine hcl                             | T1        |                                  |
| PLAQUENIL (hydroxychloroquine sulfate)     | T3        | PA                               |
| PRIMAQUINE (primaquine phosphate)          | T1        |                                  |
| primaquine phosphate (Primaquine)          | T1        |                                  |
| pyrimethamine 25 mg tablet (Daraprim)      | T4        | PA SP                            |
| quinine sulfate                            | T1        |                                  |
| SOVUNA                                     | T3        | PA                               |
| <b>ANTI-PROTOZOAL DRUGS, MISCELLANEOUS</b> |           |                                  |
| atovaquone (Mepron)                        | T1        |                                  |
| BENZNIDAZOLE                               | T3        |                                  |
| IMPAVIDO                                   | T3        | PA                               |
| LAMPIT                                     | T3        |                                  |
| MEPRON (atovaquone)                        | T3        | PA                               |
| NEBUPENT (pentamidine isethionate)         | T3        |                                  |
| pentamidine isethionate (Nebupent)         | T1        |                                  |
| glycine urologic solution                  | T1        |                                  |
| glycine urologic solution                  | T3        |                                  |
| <b>ANTISEPTICS, GENERAL</b>                |           |                                  |
| ALCOHOL SWABSTICK                          | T3        |                                  |
| CVS ISOPROPYL ALCOHOL 91% SPRY             | T1        |                                  |
| GS ISOPROPYL ALCOHOL 70% SPRAY             | T1        |                                  |
| ISOPROPYL ALCOHOL 70% SPRAY                | T1        |                                  |
| MEDI-FIRST ISOPROPYL ALCOHOL               | T3        |                                  |

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## List of Prescription Medications

### ANTI-INFLAM.TUMOR NECROSIS FACTOR INHIBITING AGENTS (Pain Relief And Inflammatory Disease)

| Prescription Drug Name                                   | Drug Tier | Coverage Requirements and Limits      |
|----------------------------------------------------------|-----------|---------------------------------------|
| <b>ANTI-INFLAMMATORY TUMOR NECROSIS FACTOR INHIBITOR</b> |           |                                       |
| ABRILADA(CF) 20 MG/0.4 ML SYRN                           | T4        | PA QL (2 PENS/SYRINGES/28 DAYS) SP    |
| ABRILADA(CF) 40 MG/0.8 ML SYRN                           | T4        | PA QL (4 SRNGE KITS/28 DAYS) SP       |
| ABRILADA(CF) PEN                                         | T4        | PA QL (4 KITS/28 DAYS) SP             |
| ABRILADA(CF) PEN (2 PACK)                                | T4        | PA QL (4 KITS/28 DAYS) SP             |
| ADALIMUMAB-AACF(CF) (2 PK)                               | T4        | PA QL (4 SRNGE KITS/28 DAYS) SP HD    |
| ADALIMUMAB-AACF(CF) PEN (2 PK)                           | T4        | PA QL (4 KITS/28 DAYS) SP HD          |
| ADALIMUMAB-AACF(CF) PEN CROHNS                           | T4        | PA QL (1 STARTER KIT/365 DAYS) SP HD  |
| ADALIMUMAB-AACF(CF) PEN PS-UV                            | T4        | PA QL (2 KITS/365 DAYS) SP HD         |
| ADALIMUMAB-AATY(CF) 20MG/0.2ML                           | T4        | PA QL (2 PENS/SYRINGES/28 DAYS) SP    |
| ADALIMUMAB-AATY(CF) 40MG/0.4ML                           | T4        | PA QL (4 SRNGE KITS/28 DAYS) SP       |
| ADALIMUMAB-AATY(CF) 80MG/0.8ML                           | T4        | PA QL (2 AUTO-INJS/28 DAYS) SP        |
| ADALIMUMAB-AATY(CF) AI CROHNS                            | T4        | PA QL (3 PENS/365 DAYS) SP            |
| ADALIMUMAB-ADAZ(CF) 10MG/0.1ML                           | T4        | PA QL (2 SYRINGES/28 DAYS) SP         |
| ADALIMUMAB-ADAZ(CF) 20MG/0.2ML                           | T4        | PA QL (2 SYRINGES/28 DAYS) SP         |
| ADALIMUMAB-ADAZ(CF) 40 MG SYRG                           | T4        | PA QL (4 SYRINGES/28 DAYS) SP         |
| ADALIMUMAB-ADAZ(CF) PEN 40 MG                            | T4        | PA QL (4 PENS/28 DAYS) SP             |
| ADALIMUMAB-ADAZ(CF) PEN 80 MG                            | T4        | PA QL (2 PENS/28 DAYS) SP             |
| ADALIMUMAB-ADB(CF) 10 MG SYRG                            | T4        | PA QL (2 PENS/SYRINGES/28 DAYS) SP HD |
| ADALIMUMAB-ADB(CF) 20 MG SYRG                            | T4        | PA QL (2 PENS/SYRINGES/28 DAYS) SP HD |
| ADALIMUMAB-ADB(CF) 40 MG SYRG                            | T4        | PA QL (4 SRNGE KITS/28 DAYS) SP HD    |
| ADALIMUMAB-ADB(CF) PEN                                   | T4        | PA QL (4 KITS/28 DAYS) SP HD          |
| ADALIMUMAB-ADB(CF)PEN                                    | T4        | PA QL (4 KITS/28 DAYS) SP HD          |
| ADALIMUMAB-FKJP(CF) 20 MG SYRG                           | T4        | PA QL (2 PENS/SYRINGES/28 DAYS) SP    |
| ADALIMUMAB-FKJP(CF) 40 MG SYRG                           | T4        | PA QL (4 SRNGE KITS/28 DAYS) SP       |
| ADALIMUMAB-FKJP(CF) PEN                                  | T4        | PA QL (4 KITS/28 DAYS) SP             |
| ADALIMUMAB-RYVK(CF)                                      | T4        | PA QL (4 SRNGE KITS/28 DAYS) SP HD    |
| ADALIMUMAB-RYVK(CF) AUTOINJECT                           | T4        | PA QL SP HD                           |
| AMJEVITA(CF) 10MG/0.2ML SYRING                           | T4        | PA QL (2 SYRINGES/28 DAYS) SP HD      |
| AMJEVITA(CF) 20MG/0.2ML SYRING                           | T4        | PA QL (2 SYRINGES/28 DAYS) SP HD      |
| AMJEVITA(CF) 40MG/0.4ML AUTOIN                           | T4        | PA QL (4 AUTO-INJS/28 DAYS) SP HD     |
| AMJEVITA(CF) 40MG/0.4ML SYRING                           | T4        | PA QL (4 SYRINGES/28 DAYS) SP HD      |
| AMJEVITA(CF) 40MG/0.8ML AUTOIN                           | T4        | PA QL (4 AUTO-INJS/28 DAYS) SP HD     |
| AMJEVITA(CF) 40MG/0.8ML SYRING                           | T4        | PA QL (4 SYRINGES/28 DAYS) SP HD      |

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## List of Prescription Medications

### ANTI-INFLAM.TUMOR NECROSIS FACTOR INHIBITING AGENTS (Pain Relief And Inflammatory Disease) (cont.)

| Prescription Drug Name                                           | Drug Tier | Coverage Requirements and Limits     |
|------------------------------------------------------------------|-----------|--------------------------------------|
| <b>ANTI-INFLAMMATORY TUMOR NECROSIS FACTOR INHIBITOR (cont.)</b> |           |                                      |
| AMJEVITA(CF) 80MG/0.8ML AUTOIN                                   | T4        | PA QL(2 AUTO-INJS/28 DAYS) SP HD     |
| AVSOLA                                                           | T4        | PA SP HD                             |
| CIMZIA (2 PACK)                                                  | T4        | PA QL(1 KIT/28 DAYS) SP HD           |
| CIMZIA 200 MG/ML SYRINGE KIT                                     | T4        | PA QL(2 PENS/SYRINGES/28 DAYS) SP    |
| CIMZIA 2X200 MG/ML(X3)START KT                                   | T4        | PA QL(1 STARTER KIT/365 DAYS) SP HD  |
| CYLTEZO(CF) 10 MG/0.2 ML SYRNG                                   | T4        | PA QL(2 PENS/SYRINGES/28 DAYS) SP HD |
| CYLTEZO(CF) 20 MG/0.4 ML SYRNG                                   | T4        | PA QL(2 PENS/SYRINGES/28 DAYS) SP HD |
| CYLTEZO(CF) 40 MG/0.4 ML SYRNG                                   | T4        | PA QL(4 SRNGE KITS/28 DAYS) SP HD    |
| CYLTEZO(CF) 40 MG/0.8 ML SYRNG                                   | T4        | PA QL(4 SRNGE KITS/28 DAYS) SP HD    |
| CYLTEZO(CF) PEN                                                  | T4        | PA QL(4 KITS/28 DAYS) SP HD          |
| CYLTEZO(CF) PEN CROHN'S-UC-HS                                    | T4        | PA QL(1 STARTER KIT/365 DAYS) SP HD  |
| CYLTEZO(CF) PEN PSORIASIS-UV                                     | T4        | PA QL(1 STARTER KIT/365 DAYS) SP HD  |
| ENBREL 25 MG/0.5 ML SYRINGE                                      | T4        | PA QL(8 MLS/28 DAYS) SP HD           |
| ENBREL 25 MG/0.5 ML VIAL                                         | T4        | PA QL(8 MLS/28 DAYS) SP HD           |
| ENBREL 50 MG/ML SYRINGE                                          | T4        | PA QL(4 MLS/28 DAYS) SP HD           |
| ENBREL MINI                                                      | T4        | PA QL(4 MLS/28 DAYS) SP HD           |
| ENBREL SURECLICK                                                 | T4        | PA QL(4 MLS/28 DAYS) SP HD           |
| HADLIMA                                                          | T4        | PA QL(4 SYRINGES/28 DAYS) SP HD      |
| HADLIMA PUSHTOUCH                                                | T4        | PA QL(4 AUTO-INJS/28 DAYS) SP HD     |
| HULIO(CF)                                                        | T4        | PA QL(4 SYRINGES/28 DAYS) SP HD      |
| HADLIMA(CF) PUSHTOUCH                                            | T4        | PA QL(4 AUTO-INJS/28 DAYS) SP HD     |
| HULIO(CF) 20 MG/0.4 ML SYRINGE                                   | T4        | PA QL(2 PENS/SYRINGES/28 DAYS) SP    |
| HULIO(CF) 40 MG/0.8 ML SYRINGE                                   | T4        | PA QL(4 SRNGE KITS/28 DAYS) SP       |
| HULIO(CF) PEN                                                    | T4        | PA QL(4 KITS/28 DAYS) SP             |
| HUMIRA                                                           | T4        | PA QL(4 SRNGE KITS/28 DAYS) SP HD    |
| HUMIRA PEN                                                       | T4        | PA QL(4 KITS/28 DAYS) SP HD          |
| HUMIRA(CF) 10 MG/0.1 ML SYRING                                   | T4        | PA QL(2 PENS/SYRINGES/28 DAYS) SP HD |
| HUMIRA(CF) 20 MG/0.2 ML SYRING                                   | T4        | PA QL(2 PENS/SYRINGES/28 DAYS) SP HD |
| HUMIRA(CF) 40 MG/0.4 ML SYRING                                   | T4        | PA QL(4 SRNGE KITS/28 DAYS) SP HD    |
| HUMIRA(CF) PEN 40 MG/0.4 ML                                      | T4        | PA QL(4 KITS/28 DAYS) SP HD          |
| HUMIRA(CF) PEN 80 MG/0.8 ML                                      | T4        | PA QL(2 PENS/28 DAYS) SP HD          |
| HUMIRA(CF) PEN CROHN'S-UC-HS                                     | T4        | PA QL(1 STARTER KIT/365 DAYS) SP HD  |
| HYRIMOZ(CF) 10 MG/0.1 ML SYRNG                                   | T4        | PA QL(2 SYRINGES/28 DAYS) SP HD      |
| HYRIMOZ(CF) 20 MG/0.2 ML SYRNG                                   | T4        | PA QL(2 SYRINGES/28 DAYS) SP HD      |

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### ANTI-INFLAM.TUMOR NECROSIS FACTOR INHIBITING AGENTS (Pain Relief And Inflammatory Disease) (cont.)

| Prescription Drug Name                                           | Drug Tier | Coverage Requirements and Limits     |
|------------------------------------------------------------------|-----------|--------------------------------------|
| <b>ANTI-INFLAMMATORY TUMOR NECROSIS FACTOR INHIBITOR (cont.)</b> |           |                                      |
| HYRIMOZ(CF) 40 MG/0.4 ML SYRNG                                   | T4        | PA QL(4 SYRINGES/28 DAYS) SP HD      |
| HYRIMOZ(CF) PEDI CROHN 80 MG                                     | T4        | PA QL(3 SYRINGES/365 DAYS) SP HD     |
| HYRIMOZ(CF) PEDI CROHN 80-40MG                                   | T4        | PA QL(1 SYRINGE/365 DAYS) SP HD      |
| HYRIMOZ(CF) PEN 40 MG/0.4 ML                                     | T4        | PA QL(4 PENS/28 DAYS) SP HD          |
| HYRIMOZ(CF) PEN 80 MG/0.8 ML                                     | T4        | PA QL(2 PENS/28 DAYS) SP HD          |
| HYRIMOZ(CF) PEN CROHN-UC START                                   | T4        | PA QL(3 PENS/365 DAYS) SP HD         |
| HYRIMOZ(CF) PEN PSORIASIS                                        | T4        | PA QL(1 PEN/365 DAYS) SP HD          |
| IDACIO(CF) PEN CROHN'S-UC(6PK)                                   | T4        | PA QL(1 STARTER KIT/365 DAYS) SP HD  |
| IDACIO(CF) PEN PSORIASIS (4PK)                                   | T4        | PA QL(2 KITS/365 DAYS) SP HD         |
| INFLECTRA                                                        | T4        | PA SP HD                             |
| INFLIXIMAB                                                       | T4        | PA SP HD                             |
| REMICADE                                                         | T4        | PA SP HD                             |
| SIMLANDI(CF) 20 MG/0.2 ML SYRG                                   | T4        | PA QL(2 PENS/SYRINGES/28 DAYS) SP HD |
| SIMLANDI(CF) 40 MG/0.4 ML SYRG                                   | T4        | PA QL(4 SRNGE KITS/28 DAYS) SP HD    |
| SIMLANDI(CF) 80 MG/0.8 ML SYRG                                   | T4        | PA QL(2 PENS/SYRINGES/28 DAYS) SP HD |
| SIMLANDI(CF) AI 40 MG/0.4 ML                                     | T4        | PA QL SP HD                          |
| SIMLANDI(CF) AI 80 MG/0.8 ML                                     | T4        | PA QL(2 AUTO-INJS/28 DAYS) SP HD     |
| SIMPONI 100 MG/ML PEN INJECTOR                                   | T4        | PA QL(1 PEN/28 DAYS) SP HD           |
| SIMPONI 100 MG/ML SYRINGE                                        | T4        | PA QL(1 SYRINGE/28 DAYS) SP HD       |
| SIMPONI 50 MG/0.5 ML PEN INJEC                                   | T4        | PA QL(1 PEN/28 DAYS) SP HD           |
| SIMPONI 50 MG/0.5 ML SYRINGE                                     | T4        | PA QL(1 SYRINGE/28 DAYS) SP HD       |
| SIMPONI ARIA                                                     | T4        | PA SP HD                             |
| YUFLYMA(CF) 20 MG/0.2 ML SYRNG                                   | T4        | PA QL(2 PENS/SYRINGES/28 DAYS) SP    |
| YUFLYMA(CF) 40 MG/0.4 ML SYRNG                                   | T4        | PA QL(4 SRNGE KITS/28 DAYS) SP       |
| YUFLYMA(CF) 40MG/0.4ML AUTOINJ                                   | T4        | PA QL SP                             |
| YUFLYMA(CF) 80MG/0.8ML AUTOINJ                                   | T4        | PA QL(2 AUTO-INJS/28 DAYS) SP        |
| YUFLYMA(CF) AI CROHN'S-UC-HS                                     | T4        | PA QL(3 PENS/365 DAYS) SP            |
| YUSIMRY(CF) PEN                                                  | T4        | PA QL(4 PENS/28 DAYS) SP             |
| <b>ANTI-NEOPLASTICS (Cancer)</b>                                 |           |                                      |
| <b>ANP - SELECTIVE RETINOID X RECEPTOR AGONISTS (RXR)</b>        |           |                                      |
| <i>bexarotene 75 mg capsule (Targretin)</i>                      | T4        | PA SP HD CSL                         |
| TARGRETIN 75 MG CAPSULE ( <i>bexarotene</i> )                    | T4        | PA SP HD CSL                         |
| <b>ANTI-NEOPLAST, HISTONE DEACETYLASE (HDAC) INHIBITORS</b>      |           |                                      |
| ZOLINZA                                                          | T4        | PA SP HD                             |

T1 – Typically Generics

T2 – Typically Preferred Brands

T3 – Typically Non-Preferred Brands

T4 – Specialty Medications

PA – Prior Authorization

QL – Quantity Limit

ST – Step Therapy

AGE – Age Requirement

SP – Specialty Medication

HD – May require home delivery pharmacy

PPACA – No Cost-Share Preventive Medication

CSL – Oral cancer medication subject to cost-share limits

## List of Prescription Medications

### ANTI-NEOPLASTICS (Cancer) (cont.)

| Prescription Drug Name                          | Drug Tier | Coverage Requirements and Limits |
|-------------------------------------------------|-----------|----------------------------------|
| <b>ANTINEOPLASTIC - ALKYLATING AGENTS</b>       |           |                                  |
| ALKERAN ( <i>melphalan</i> )                    | T4        | SP CSL                           |
| <i>cyclophosphamide 25 mg capsule</i>           | T4        | SP HD CSL                        |
| <i>cyclophosphamide 50 mg capsule</i>           | T4        | SP HD CSL                        |
| CYCLOPHOSPHAMIDE 50 MG TABLET                   | T4        | PA SP HD CSL                     |
| GLEOSTINE                                       | T2        | CSL                              |
| HYDREA ( <i>hydroxyurea</i> )                   | T3        | CSL                              |
| <i>hydroxyurea</i> (Hydrea)                     | T1        | CSL                              |
| LEUKERAN                                        | T2        | CSL                              |
| <i>lomustine</i>                                | T1        | CSL                              |
| MYLERAN                                         | T2        | CSL                              |
| <i>temozolomide</i>                             | T4        | PA SP HD CSL                     |
| <b>ANTI-NEOPLASTIC - ANTI-ANDROGENIC AGENTS</b> |           |                                  |
| <i>abiraterone acetate</i> (Zytiga)             | T1        | PA CSL                           |
| <i>abiraterone acetate 250 mg tab</i> (Zytiga)  | T4        | PA SP HD CSL                     |
| <i>abiraterone acetate 500 mg tab</i> (Zytiga)  | T4        | PA SP HD CSL                     |
| <i>bicalutamide</i> (Casodex)                   | T1        | CSL                              |
| CASODEX ( <i>bicalutamide</i> )                 | T3        | CSL                              |
| EULEXIN ( <i>flutamide</i> )                    | T3        | CSL                              |
| <i>flutamide</i> (Eulexin)                      | T1        | CSL                              |
| NILANDRON ( <i>nilutamide</i> )                 | T3        | PA QL (4 TABS/DAY) CSL           |
| <i>nilutamide</i> (Nilandron)                   | T1        | QL (4 TABS/DAY) CSL              |
| NUBEQA                                          | T4        | PA SP HD CSL                     |
| XTANDI                                          | T4        | PA SP HD CSL                     |
| YONSA                                           | T4        | PA SP HD CSL                     |
| ZYTIGA ( <i>abiraterone acetate</i> )           | T4        | PA SP HD CSL                     |
| <b>ANTI-NEOPLASTIC - ANTI-METABOLITES</b>       |           |                                  |
| <i>capecitabine 150 mg tablet</i> (Xeloda)      | T4        | PA SP HD CSL                     |
| <i>capecitabine 500 mg tablet</i> (Xeloda)      | T4        | PA SP HD CSL                     |
| INQOVI                                          | T4        | PA SP HD CSL                     |
| JYLAMVO                                         | T3        | CSL                              |
| LONSURF                                         | T4        | PA SP HD CSL                     |

T1 – Typically Generics

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T4 – Specialty Medications

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ST – Step Therapy

AGE – Age Requirement

SP – Specialty Medication

HD – May require home delivery pharmacy

PPACA – No Cost-Share Preventive Medication

CSL – Oral cancer medication subject to cost-share limits

## List of Prescription Medications

### ANTI-NEOPLASTICS (Cancer) (cont.)

| Prescription Drug Name                                   | Drug Tier | Coverage Requirements and Limits |
|----------------------------------------------------------|-----------|----------------------------------|
| <b>ANTI-NEOPLASTIC - ANTI-METABOLITES (cont.)</b>        |           |                                  |
| <i>mercaptopurine 20 mg/ml suspen (Purixan)</i>          | T4        | SP CSL                           |
| <i>mercaptopurine 50 mg tablet</i>                       | T1        | CSL                              |
| <i>methotrexate 2.5 mg tablet</i>                        | T1        | CSL                              |
| <i>methotrexate 250 mg/10 ml vial</i>                    | T1        |                                  |
| <i>methotrexate 50 mg/2 ml vial</i>                      | T1        |                                  |
| <i>methotrexate sodium/pf</i>                            | T1        |                                  |
| ONUREG                                                   | T4        | PA QL (14 TABS/28 DAYS) SP CSL   |
| PURIXAN ( <i>mercaptopurine</i> )                        | T4        | SP CSL                           |
| TABLOID                                                  | T3        | CSL                              |
| TREXALL                                                  | T2        | CSL                              |
| XATMEP                                                   | T3        | CSL                              |
| XELODA ( <i>capecitabine</i> )                           | T4        | PA SP HD CSL                     |
| <b>ANTI-NEOPLASTIC - AROMATASE INHIBITORS</b>            |           |                                  |
| <i>anastrozole (Arimidex)</i>                            | T1        | HD PPACA CSL                     |
| ARIMIDEX ( <i>anastrozole</i> )                          | T3        | HD CSL                           |
| AROMASIN ( <i>exemestane</i> )                           | T3        | HD CSL                           |
| <i>exemestane (Aromasin)</i>                             | T1        | HD PPACA CSL                     |
| FEMARA ( <i>letrozole</i> )                              | T3        | PA HD CSL                        |
| <i>letrozole (Femara)</i>                                | T1        | HD CSL                           |
| <b>ANTI-NEOPLASTIC - BRAF KINASE INHIBITORS</b>          |           |                                  |
| BRAFTOVI                                                 | T4        | PA SP HD CSL                     |
| OJEMDA 100 MG TAB (400MG DOSE)                           | T4        | PA QL (1 PACKET/28 Days) SP CSL  |
| OJEMDA 100 MG TAB (500MG DOSE)                           | T4        | PA QL (1 PACKET/28 Days) SP CSL  |
| OJEMDA 100 MG TAB (600MG DOSE)                           | T4        | PA QL (1 PACKET/28 Days) SP CSL  |
| OJEMDA 25 MG/ML ORAL SUSP                                | T4        | PA QL (8 BOTTLES/28 DAYS) SP CSL |
| TAFINLAR 10 MG TABLET FOR SUSP                           | T4        | PA QL (30 TABS/DAY) SP HD CSL    |
| TAFINLAR 50 MG CAPSULE                                   | T4        | PA QL (4 CAPS/DAY) SP HD CSL     |
| TAFINLAR 75 MG CAPSULE                                   | T4        | PA QL (4 CAPS/DAY) SP HD CSL     |
| ZELBORAF                                                 | T4        | PA SP HD CSL                     |
| <b>ANTINEOPLASTIC - EGFR AND MET RECEPTOR INHIB, MAB</b> |           |                                  |
| RYBREVENT                                                | T4        | PA SP                            |
| <b>ANTI-NEOPLASTIC - HEDGEHOG PATHWAY INHIBITOR</b>      |           |                                  |
| DAURISMO                                                 | T4        | PA SP HD CSL                     |
| ERIVEDGE                                                 | T4        | PA SP HD CSL                     |
| ODOMZO                                                   | T4        | PA SP HD CSL                     |

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CSL – Oral cancer medication subject to cost-share limits

## List of Prescription Medications

| ANTI-NEOPLASTICS (Cancer) (cont.)                          |           |                                  |
|------------------------------------------------------------|-----------|----------------------------------|
| Prescription Drug Name                                     | Drug Tier | Coverage Requirements and Limits |
| <b>ANTI-NEOPLASTIC - JANUS KINASE (JAK) INHIBITORS</b>     |           |                                  |
| JAKAFI                                                     | T4        | PA QL (2 TABS/DAY) SP HD CSL     |
| <b>ANTI-NEOPLASTIC - KRAS PROTEIN INHIBITOR</b>            |           |                                  |
| KRAZATI                                                    | T4        | PA QL (6 TABS/DAY) SP CSL        |
| LUMAKRAS 120 MG TABLET                                     | T4        | PA QL (8 TABS/DAY) SP HD CSL     |
| LUMAKRAS 240 MG TABLET                                     | T4        | PA QL (4 TABS/DAY) SP HD CSL     |
| LUMAKRAS 320 MG TABLET                                     | T4        | PA QL (3 TABS/DAY) SP HD CSL     |
| <b>ANTI-NEOPLASTIC - MEKI AND MEK2 KINASE INHIBITORS</b>   |           |                                  |
| COTELLIC                                                   | T4        | PA SP HD CSL                     |
| GOMEKLI                                                    | T4        | PA SP CSL                        |
| KOSELUGO 10 MG CAPSULE                                     | T4        | PA QL (10 CAPS/DAY) SP CSL       |
| KOSELUGO 25 MG CAPSULE                                     | T4        | PA QL (4 CAPS/DAY) SP CSL        |
| KOSELUGO 5 MG SPRINKLE CAPSULE                             | T4        | PA QL (20 CAPS/DAY) SP CSL       |
| KOSELUGO 7.5 MG SPRINKLE CAP                               | T4        | PA QL (12 CAPS/DAY) SP CSL       |
| MEKINIST 0.05 MG/ML SOLUTION                               | T4        | PA QL (40 MLS/DAY) SP HD CSL     |
| MEKINIST 0.5 MG TABLET                                     | T4        | PA QL (3 TABS/DAY) SP HD CSL     |
| MEKINIST 2 MG TABLET                                       | T4        | PA QL (1 TAB/DAY) SP HD CSL      |
| MEKTOVI                                                    | T4        | PA QL (6 TABS/DAY) SP HD CSL     |
| <b>ANTI-NEOPLASTIC - MTOR KINASE INHIBITORS</b>            |           |                                  |
| AFINITOR ( <i>everolimus</i> )                             | T4        | PA SP HD                         |
| AFINITOR DISPERZ ( <i>everolimus</i> )                     | T4        | PA QL (1 TAB/DAY) SP CSL         |
| <i>everolimus</i> (Afinitor)                               | T4        | PA QL (1 tab/day) SP HD CSL      |
| <i>everolimus 10 mg tablet</i> (Afinitor)                  | T4        | PA QL (1 TAB/DAY) SP HD CSL      |
| <i>everolimus 2 mg tab for susp</i> (Afinitor Disperz)     | T4        | PA QL (1 TAB/DAY) SP CSL         |
| <i>everolimus 2.5 mg tablet</i> (Afinitor)                 | T4        | PA QL (1 TAB/DAY) SP HD CSL      |
| <i>everolimus 3 mg tab for susp</i> (Afinitor Disperz)     | T4        | PA QL (1 TAB/DAY) SP CSL         |
| <i>everolimus 5 mg tab for susp</i> (Afinitor Disperz)     | T4        | PA QL (1 TAB/DAY) SP CSL         |
| <i>everolimus 5 mg tablet</i> (Afinitor)                   | T4        | PA QL (1 TAB/DAY) SP HD CSL      |
| <i>everolimus 7.5 mg tablet</i> (Afinitor)                 | T4        | PA QL (1 TAB/DAY) SP HD CSL      |
| FYARRO                                                     | T4        | PA SP                            |
| <b>ANTI-NEOPLASTIC - PROTEIN METHYLTRANSFERASE INHIBIT</b> |           |                                  |
| TAZVERIK                                                   | T4        | PA SP CSL                        |
| <b>ANTINEOPLASTIC - SYSTEMIC ENZYME INHIBITORS COMBS</b>   |           |                                  |
| AVMAPKI-FAKZYNJA                                           | T4        | PA SP CSL                        |

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CSL – Oral cancer medication subject to cost-share limits

## List of Prescription Medications

| ANTI-NEOPLASTICS (Cancer) (cont.)                            |           |                                  |
|--------------------------------------------------------------|-----------|----------------------------------|
| Prescription Drug Name                                       | Drug Tier | Coverage Requirements and Limits |
| <b>ANTI-NEOPLASTIC - TOPOISOMERASE I INHIBITORS</b>          |           |                                  |
| HYCAMTIN                                                     | T4        | PA SP HD CSL                     |
| <b>ANTI-NEOPLASTIC COMB - KINASE AND AROMATASE INHIBIT</b>   |           |                                  |
| KISQALI FEMARA CO-PACK                                       | T4        | PA QL(1 TAB/28 DAYS) SP CSL      |
| <b>ANTI-NEOPLASTIC EGF RECEPTOR BLOCKER MCLON ANTIBODY</b>   |           |                                  |
| PHEGO                                                        | T4        | PA SP HD                         |
| <b>ANTI-NEOPLASTIC IMMUNOMODULATOR AGENTS</b>                |           |                                  |
| lenalidomide                                                 | T4        | PA QL(1 CAP/DAY) SP HD CSL       |
| POMALYST                                                     | T4        | PA QL(21 CAPS/28 DAYS) SP HD CSL |
| REVLIMID                                                     | T4        | PA QL(1 CAP/DAY) SP HD CSL       |
| <b>ANTI-NEOPLASTIC LHRH (GNRH) AGONIST, PITUITARY SUPPR.</b> |           |                                  |
| <i>leuprolide acetate</i>                                    | T4        | PA SP HD                         |
| LEUPROLIDE DEPOT                                             | T4        | PA SP                            |
| LUPRON DEPOT 22.5 MG 3MO KIT                                 | T4        | PA SP HD                         |
| LUPRON DEPOT 45 MG 6MO KIT                                   | T4        | PA SP HD                         |
| LUPRON DEPOT 7.5 MG KIT                                      | T4        | PA SP HD                         |
| LUPRON DEPOT-4 MONTH KIT                                     | T4        | PA SP HD                         |
| LUPRON DEPOT                                                 | T4        | PA SP                            |
| ZOLADEX                                                      | T4        | PA SP HD                         |
| <b>ANTI-NEOPLASTIC LHRH (GNRH) ANTAGONIST, PITUIT.SUPPRS</b> |           |                                  |
| FIRMAGON                                                     | T4        | PA SP HD                         |
| ORGOVYX                                                      | T4        | PA SP CSL                        |
| <b>ANTI-NEOPLASTIC SYSTEMIC ENZYME INHIBITORS</b>            |           |                                  |
| ALECENSA                                                     | T4        | PA QL(8 CAPS/DAY) SP HD CSL      |
| ALUNBRIG 180 MG TABLET                                       | T4        | PA QL(1 TAB/DAY) SP CSL          |
| ALUNBRIG 30 MG TABLET                                        | T4        | PA QL(2 TABS/DAY) SP CSL         |
| ALUNBRIG 90 MG TABLET                                        | T4        | PA QL(1 TAB/DAY) SP CSL          |
| ALUNBRIG 90 MG-180 MG TAB PACK                               | T4        | PA QL(1 TAB/DAY) SP CSL          |
| AUGTYRO 160 MG CAPSULE                                       | T4        | PA QL(2 CAPS/DAY) SP CSL         |
| AUGTYRO 40 MG CAPSULE                                        | T4        | PA QL(8 CAPS/DAY) SP CSL         |
| AYVAKIT                                                      | T4        | PA QL(1 TAB/DAY) SP CSL          |
| BALVERSA                                                     | T4        | PA SP CSL                        |
| BOSULIF 100 MG CAPSULE                                       | T4        | PA QL(3 CAPS/DAY) SP HD CSL      |
| BOSULIF 100 MG TABLET                                        | T4        | PA QL(3 TABS/DAY) SP HD CSL      |

T1 – Typically Generics  
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T4 – Specialty Medications  
PA – Prior Authorization  
QL – Quantity Limit

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AGE – Age Requirement  
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HD – May require home delivery pharmacy  
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## List of Prescription Medications

### ANTI-NEOPLASTICS (Cancer) (cont.)

| Prescription Drug Name                            | Drug Tier | Coverage Requirements and Limits   |
|---------------------------------------------------|-----------|------------------------------------|
| <b>ANTI-NEOPLASTIC SYSTEMIC ENZYME INHIBITORS</b> |           |                                    |
| BOSULIF 400 MG TABLET                             | T4        | PA QL (1 TAB/DAY) SP HD CSL        |
| BOSULIF 50 MG CAPSULE                             | T4        | PA QL (3 CAPS/DAY) SP HD CSL       |
| BOSULIF 500 MG TABLET                             | T4        | PA QL (1 TAB/DAY) SP HD CSL        |
| BRUKINSA 160 MG TABLET                            | T4        | PA QL (2 TABS/DAY) SP CSL          |
| BRUKINSA 80 MG CAPSULE                            | T4        | PA QL (4 CAPS/DAY) SP CSL          |
| CABOMETYX                                         | T4        | PA SP HD CSL                       |
| CALQUENCE                                         | T4        | PA SP CSL                          |
| CAPRELSA 100 MG TABLET                            | T4        | PA QL (2 TABS/DAY) SP CSL          |
| CAPRELSA 300 MG TABLET                            | T4        | PA QL (1 TAB/DAY) SP CSL           |
| COMETRIQ 100 MG DAILY-DOSE PK                     | T4        | PA QL (56 CAPS/28 DAYS) SP HD CSL  |
| COMETRIQ 140 MG DAILY-DOSE PK                     | T4        | PA QL (112 CAPS/28 DAYS) SP HD CSL |
| COMETRIQ 60 MG DAILY-DOSE PACK                    | T4        | PA QL (84 CAPS/28 DAYS) SP HD CSL  |
| COPIKTRA                                          | T4        | PA SP CSL                          |
| DANZITEN                                          | T4        | PA SP CSL                          |
| <i>dasatinib 100 mg tablet (Sprycel)</i>          | T4        | QL (1 TAB/DAY) SP CSL              |
| <i>dasatinib 100 mg tablet (Sprycel)</i>          | T4        | QL (1 TAB/DAY) SP HD CSL           |
| <i>dasatinib 140 mg tablet (Sprycel)</i>          | T4        | QL (1 TAB/DAY) SP CSL              |
| <i>dasatinib 140 mg tablet (Sprycel)</i>          | T4        | QL (1 TAB/DAY) SP HD CSL           |
| <i>dasatinib 20 mg tablet (Sprycel)</i>           | T4        | QL (3 TABS/DAY) SP CSL             |
| <i>dasatinib 20 mg tablet (Sprycel)</i>           | T4        | QL (3 TABS/DAY) SP HD CSL          |
| <i>dasatinib 50 mg tablet (Sprycel)</i>           | T4        | QL (1 TAB/DAY) SP CSL              |
| <i>dasatinib 50 mg tablet (Sprycel)</i>           | T4        | QL (1 TAB/DAY) SP HD CSL           |
| <i>dasatinib 70 mg tablet (Sprycel)</i>           | T4        | QL (2 TABS/DAY) SP CSL             |
| <i>dasatinib 70 mg tablet (Sprycel)</i>           | T4        | QL (2 TABS/DAY) SP HD CSL          |
| <i>dasatinib 80 mg tablet (Sprycel)</i>           | T4        | QL (1 TAB/DAY) SP CSL              |
| <i>dasatinib 80 mg tablet (Sprycel)</i>           | T4        | QL (1 TAB/DAY) SP HD CSL           |
| ENSACOVE 25 MG CAPSULE                            | T4        | PA QL (9 CAPS/DAY) SP CSL          |
| ENSACOVE 100 MG CAPSULE                           | T4        | PA QL (2 CAPS/DAY) SP CSL          |
| <i>erlotinib hcl</i>                              | T4        | PA SP HD CSL                       |
| FOTIVDA                                           | T4        | PA QL (21 CAPS/28 DAYS) SP CSL     |
| FRUZAQLA 1 MG CAPSULE                             | T4        | PA QL (84 CAPS/28 DAYS) SP CSL     |
| FRUZAQLA 5 MG CAPSULE                             | T4        | PA QL (21 CAPS/28 DAYS) SP CSL     |
| GAVRETO                                           | T4        | PA QL (4 CAPS/DAY) SP CSL          |
| gefitinib ( <i>Iressa</i> )                       | T4        | PA SP HD CSL                       |

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## List of Prescription Medications

### ANTI-NEOPLASTICS (Cancer) (cont.)

| Prescription Drug Name                                    | Drug Tier | Coverage Requirements and Limits  |
|-----------------------------------------------------------|-----------|-----------------------------------|
| <b>ANTI-NEOPLASTIC SYSTEMIC ENZYME INHIBITORS (cont.)</b> |           |                                   |
| GILOTRIF                                                  | T4        | PA SP HD CSL                      |
| GLEEVEC 100 MG TABLET ( <i>imatinib mesylate</i> )        | T4        | PA QL (6 TABS/DAY) SP HD CSL      |
| GLEEVEC 400 MG TABLET ( <i>imatinib mesylate</i> )        | T4        | PA QL (2 TABS/DAY) SP HD CSL      |
| IBRANCE 100 MG CAPSULE                                    | T4        | PA QL (21 CAPS/28 DAYS) SP HD CSL |
| IBRANCE 100 MG TABLET                                     | T4        | PA QL (21 TABS/28 DAYS) SP HD CSL |
| IBRANCE 125 MG CAPSULE                                    | T4        | PA QL (21 CAPS/28 DAYS) SP HD CSL |
| IBRANCE 125 MG TABLET                                     | T4        | PA QL (21 TABS/28 DAYS) SP HD CSL |
| IBRANCE 75 MG CAPSULE                                     | T4        | PA QL (21 CAPS/28 DAYS) SP HD CSL |
| IBRANCE 75 MG TABLET                                      | T4        | PA QL (21 TABS/28 DAYS) SP HD CSL |
| IBTROZI                                                   | T4        | PA SP CSL                         |
| ICLUSIG                                                   | T4        | PA QL (1 TAB/DAY) SP CSL          |
| <i>imatinib mesylate 100 mg tab</i> (Gleevec)             | T4        | QL (6 TABS/DAY) SP HD CSL         |
| <i>imatinib mesylate 400 mg tab</i> (Gleevec)             | T4        | QL (2 TABS/DAY) SP HD CSL         |
| IMBRUVICA 140 MG CAPSULE                                  | T4        | PA QL (4 CAPS/DAY) SP CSL         |
| IMBRUVICA 140 MG TABLET                                   | T4        | PA QL (1 TAB/DAY) SP CSL          |
| IMBRUVICA 280 MG TABLET                                   | T4        | PA QL (1 TAB/DAY) SP CSL          |
| IMBRUVICA 420 MG TABLET                                   | T4        | PA QL (1 TAB/DAY) SP CSL          |
| IMBRUVICA 70 MG CAPSULE                                   | T4        | PA QL (1 CAP/DAY) SP CSL          |
| IMBRUVICA 70 MG/ML SUSPENSION                             | T4        | PA QL (8 MLS/DAY) SP CSL          |
| IMKELDI                                                   | T4        | PA SP CSL                         |
| INLYTA                                                    | T4        | PA SP HD CSL                      |
| INREBIC                                                   | T4        | PA SP HD CSL                      |
| IRESSA ( <i>gefitinib</i> )                               | T4        | PA SP HD CSL                      |
| ITOVEBI                                                   | T4        | PA SP HD CSL                      |
| IWILFIN                                                   | T4        | PA QL (8 TABS/DAY) SP CSL         |
| JAYPIRCA 100 MG TABLET                                    | T4        | PA QL (2 TABS/DAY) SP CSL         |
| JAYPIRCA 50 MG TABLET                                     | T4        | PA QL (1 TAB/DAY) SP CSL          |
| KISQALI 200 MG DAILY DOSE                                 | T4        | PA QL (21 TABS/28 DAYS) SP HD CSL |
| KISQALI 400 MG DAILY DOSE                                 | T4        | PA QL (42 TABS/28 DAYS) SP HD CSL |
| KISQALI 600 MG DAILY DOSE                                 | T4        | PA QL (63 TABS/28 DAYS) SP HD CSL |
| <i>lapatinib ditosylate</i> (Tykerb)                      | T4        | PA QL (6 TABS/DAY) SP HD CSL      |
| LAZCLUZE                                                  | T4        | PA SP CSL                         |
| LENVIMA                                                   | T4        | PA SP HD CSL                      |
| LORBRENA 100 MG TABLET                                    | T4        | PA QL (1 TAB/DAY) SP HD CSL       |
| LORBRENA 25 MG TABLET                                     | T4        | PA QL (3 TABS/DAY) SP HD CSL      |

T1 – Typically Generics

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## List of Prescription Medications

### ANTI-NEOPLASTICS (Cancer) (cont.)

| Prescription Drug Name                                    | Drug Tier | Coverage Requirements and Limits |
|-----------------------------------------------------------|-----------|----------------------------------|
| <b>ANTI-NEOPLASTIC SYSTEMIC ENZYME INHIBITORS (cont.)</b> |           |                                  |
| LYNPARZA                                                  | T4        | PA QL(4 TABS/DAY) SP HD CSL      |
| LYTGOBI 12 MG DOSE (3X 4MG TB)                            | T4        | PA QL(3 TABS/DAY) SP CSL         |
| LYTGOBI 16 MG DOSE (4X 4MG TB)                            | T4        | PA QL(4 TABS/DAY) SP CSL         |
| LYTGOBI 20 MG DOSE (5X 4MG TB)                            | T4        | PA QL(5 TABS/DAY) SP CSL         |
| NERLYNX                                                   | T4        | PA SP HD CSL                     |
| NEXAVAR ( <i>sorafenib tosylate</i> )                     | T4        | PA QL(4 TABS/DAY) SP HD CSL      |
| <i>nilotinib hcl</i> (Tasigna)                            | T4        | PA SP CSL                        |
| NILOTINIB D-TARTRATE                                      | T4        | PA QL(4 CAPS/DAY) SP HD CSL      |
| NINLARO                                                   | T4        | PA QL(3 CAPS/28 DAYS) SP HD CSL  |
| OGSIVEO 100 MG TABLET                                     | T4        | PA QL(2 TABS/DAY) SP CSL         |
| OGSIVEO 150 MG TABLET                                     | T4        | PA QL(2 TABS/DAY) SP CSL         |
| OGSIVEO 50 MG TABLET                                      | T4        | PA QL(6 TABS/DAY) SP CSL         |
| OJJAARA                                                   | T4        | PA QL(1 TAB/DAY) SP CSL          |
| <i>pazopanib 200 mg tablet</i> (Votrient)                 | T4        | PA QL(4 TABS/DAY) SP CSL         |
| PEMAZYRE                                                  | T4        | PA QL(14 TABS/21 DAYS) SP CSL    |
| PIQRAY                                                    | T4        | PA SP CSL                        |
| QINLOCK                                                   | T4        | PA QL(3 TABS/DAY) SP CSL         |
| RETEVMO 120 MG TABLET                                     | T4        | PA QL(2 TABS/DAY) SP HD CSL      |
| RETEVMO 160 MG TABLET                                     | T4        | PA QL(2 TABS/DAY) SP HD CSL      |
| RETEVMO 40 MG CAPSULE                                     | T4        | PA QL(6 CAPS/DAY) SP HD CSL      |
| RETEVMO 40 MG TABLET                                      | T4        | PA QL(3 TABS/DAY) SP HD CSL      |
| RETEVMO 80 MG CAPSULE                                     | T4        | PA QL(4 CAPS/DAY) SP HD CSL      |
| RETEVMO 80 MG TABLET                                      | T4        | PA QL(2 TABS/DAY) SP HD CSL      |
| REVUFORJ 25 MG TABLET                                     | T4        | PA QL(8 TABS/DAY) SP CSL         |
| REVUFORJ 110 MG TABLET                                    | T4        | PA QL(4 TABS/DAY) SP CSL         |
| REVUFORJ 160 MG TABLET                                    | T4        | PA QL(2 TABS/DAY) SP CSL         |
| ROMVIMZA                                                  | T4        | PA QL(8 CAPS/28 DAYS) SP CSL     |
| ROZLYTREK                                                 | T4        | PA SP HD CSL                     |
| RUBRACA                                                   | T4        | PA QL(4 TABS/DAY) SP CSL         |
| RYDAPT                                                    | T4        | PA SP HD CSL                     |
| SCEMBLIX 100 MG TABLET                                    | T4        | PA SP CSL                        |
| SCEMBLIX 20 MG TABLET                                     | T4        | PA QL(2 TABS/DAY) SP CSL         |
| SCEMBLIX 40 MG TABLET                                     | T4        | PA SP CSL                        |
| <i>sorafenib tosylate</i> (Nexavar)                       | T4        | PA QL(4 TABS/DAY) SP HD CSL      |
| SPRYCEL 100 MG TABLET ( <i>dasatinib</i> )                | T4        | PA QL(1 TAB/DAY) SP HD CSL       |

T1 – Typically Generics

T2 – Typically Preferred Brands

T3 – Typically Non-Preferred Brands

T4 – Specialty Medications

PA – Prior Authorization

QL – Quantity Limit

ST – Step Therapy

AGE – Age Requirement

SP – Specialty Medication

HD – May require home delivery pharmacy

PPACA – No Cost-Share Preventive Medication

CSL – Oral cancer medication subject to cost-share limits

## List of Prescription Medications

### ANTI-NEOPLASTICS (Cancer) (cont.)

| Prescription Drug Name                                    | Drug Tier | Coverage Requirements and Limits  |
|-----------------------------------------------------------|-----------|-----------------------------------|
| <b>ANTI-NEOPLASTIC SYSTEMIC ENZYME INHIBITORS (cont.)</b> |           |                                   |
| SPRYCEL 140 MG TABLET ( <i>dasatinib</i> )                | T4        | PA QL (1 TAB/DAY) SP HD CSL       |
| SPRYCEL 20 MG TABLET ( <i>dasatinib</i> )                 | T4        | PA QL (3 TABS/DAY) SP HD CSL      |
| SPRYCEL 50 MG TABLET ( <i>dasatinib</i> )                 | T4        | PA QL (1 TAB/DAY) SP HD CSL       |
| SPRYCEL 70 MG TABLET ( <i>dasatinib</i> )                 | T4        | PA QL (2 TABS/DAY) SP HD CSL      |
| SPRYCEL 80 MG TABLET ( <i>dasatinib</i> )                 | T4        | PA QL (1 TAB/DAY) SP HD CSL       |
| STIVARGA                                                  | T4        | PA QL (84 TABS/28 DAYS) SP HD CSL |
| <i>sunitinib malate</i> (Sutent)                          | T4        | PA QL (1 CAP/DAY) SP HD CSL       |
| SUTENT ( <i>sunitinib malate</i> )                        | T4        | PA QL (1 CAP/DAY) SP HD CSL       |
| TABRECTA                                                  | T4        | PA QL (4 TABS/DAY) SP HD CSL      |
| TAGRISSO                                                  | T4        | PA SP HD CSL                      |
| TALZENNA 0.1 MG CAPSULE                                   | T4        | PA QL (1 CAP/DAY) SP CSL          |
| TALZENNA 0.1 MG SOFTGEL                                   | T4        | PA QL (1 CAP/DAY) SP CSL          |
| TALZENNA 0.25 MG CAPSULE                                  | T4        | PA QL (1 CAP/DAY) SP CSL          |
| TALZENNA 0.25 MG SOFTGEL                                  | T4        | PA QL (1 CAP/DAY) SP CSL          |
| TALZENNA 0.35 MG SOFTGEL                                  | T4        | PA QL (1 CAP/DAY) SP CSL          |
| TALZENNA 0.5 MG CAPSULE                                   | T4        | PA SP CSL                         |
| TALZENNA 0.5 MG SOFTGEL                                   | T4        | PA SP CSL                         |
| TALZENNA 0.75 MG SOFTGEL                                  | T4        | PA SP CSL                         |
| TALZENNA 1 MG CAPSULE                                     | T4        | PA QL (1 CAP/DAY) SP CSL          |
| TALZENNA 1 MG SOFTGEL                                     | T4        | PA QL (1 CAP/DAY) SP CSL          |
| TASIGNA ( <i>nilotinib hcl</i> )                          | T4        | PA QL (4 CAPS/DAY) SP HD CSL      |
| TEPMETKO                                                  | T4        | PA QL (2 TABS/DAY) SP CSL         |
| TRUQAP                                                    | T4        | PA QL (64 TABS/28 DAYS) SP CSL    |
| TUKYSA                                                    | T4        | PA SP CSL                         |
| TURALIO                                                   | T4        | PA QL (4 CAPS/DAY) SP CSL         |
| TYKERB ( <i>lapatinib ditosylate</i> )                    | T4        | PA QL (6 TABS/DAY) SP HD CSL      |
| UKONIQ                                                    | T4        | PA QL (4 tabs/day) SP             |
| VANFLYTA                                                  | T4        | PA QL (2 TABS/DAY) SP CSL         |
| VERZENIO                                                  | T4        | PA QL (2 TABS/DAY) SP HD CSL      |
| VITRAKVI                                                  | T4        | PA SP HD CSL                      |
| VIZIMPRO                                                  | T4        | PA SP HD CSL                      |
| VONJO                                                     | T4        | PA QL (4 CAPS/DAY) SP CSL         |
| VOTRIENT ( <i>pazopanib hcl</i> )                         | T4        | PA QL (4 TABS/DAY) SP HD CSL      |
| XALKORI 150 MG PELLET                                     | T4        | PA QL (6 PELLETS/DAY) SP HD CSL   |

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CSL – Oral cancer medication subject to cost-share limits

## List of Prescription Medications

### ANTI-NEOPLASTICS (Cancer) (cont.)

| Prescription Drug Name                                     | Drug Tier | Coverage Requirements and Limits |
|------------------------------------------------------------|-----------|----------------------------------|
| <b>ANTI-NEOPLASTIC SYSTEMIC ENZYME INHIBITORS (cont.)</b>  |           |                                  |
| XALKORI 20 MG PELLET                                       | T4        | PA QL (4 PELLETS/DAY) SP HD CSL  |
| XALKORI 200 MG CAPSULE                                     | T4        | PA QL (4 CAPS/DAY) SP HD CSL     |
| XALKORI 250 MG CAPSULE                                     | T4        | PA QL (4 CAPS/DAY) SP HD CSL     |
| XALKORI 50 MG PELLET                                       | T4        | PA QL (4 PELLETS/DAY) SP HD CSL  |
| XOSPATA                                                    | T4        | PA SP CSL                        |
| ZEJULA                                                     | T4        | PA QL (1 TAB/DAY) SP CSL         |
| ZYDELIG                                                    | T4        | PA QL (2 TABS/DAY) SP HD CSL     |
| ZYKADIA                                                    | T4        | PA QL (3 TABS/DAY) SP HD CSL     |
| <b>ANTI-NEOPLASTIC, ANTI-PROGRAMMED DEATH-1 (PD-1) MAB</b> |           |                                  |
| LIBTAYO                                                    | T4        | PA SP                            |
| OPDIVO                                                     | T4        | PA SP HD                         |
| <b>ANTI-NEOPLASTIC-B CELL LYMPHOMA-2(BCL-2) INHIBITORS</b> |           |                                  |
| VENCLEXTA                                                  | T4        | PA SP CSL                        |
| VENCLEXTA STARTING PACK                                    | T4        | PA SP CSL                        |
| <b>ANTINEOPLASTIC-ENZYME INHIB, ANTIANDROGEN COMB.</b>     |           |                                  |
| AKEEGA                                                     | T4        | PA QL (2 TABS/DAY) SP CSL        |
| <b>ANTINEOPLASTIC-HYPOXIA INDUCIBLE FACTOR (HIF) INH</b>   |           |                                  |
| WELIREG                                                    | T4        | PA QL (3 TABS/DAY) SP CSL        |
| <b>ANTINEOPLASTIC-IMMUNOTHERAPY CHECKPOINT INHIB COMB</b>  |           |                                  |
| OPDUALAG                                                   | T4        | PA SP HD                         |
| <b>ANTI-NEOPLASTIC-ISOCITRATE DEHYDROGENASE INHIBITORS</b> |           |                                  |
| IDHIFA                                                     | T4        | PA SP HD CSL                     |
| REZLIDHIA                                                  | T4        | PA QL (2 CAPS/DAY) SP CSL        |
| TIBSOVO                                                    | T4        | PA SP CSL                        |
| VORANIGO                                                   | T4        | PA SP CSL                        |
| <b>ANTI-NEOPLASTICS ANTIBODY/ANTIBODY-DRUG COMPLEXES</b>   |           |                                  |
| ENHERTU                                                    | T4        | PA SP HD                         |
| TIVDAK                                                     | T4        | PA SP HD                         |
| VYLOY                                                      | T4        | PA SP                            |
| <b>ANTI-NEOPLASTICS, MISCELLANEOUS</b>                     |           |                                  |
| <i>etoposide</i>                                           | T4        | SP HD CSL                        |
| LYSODREN                                                   | T2        | CSL                              |
| MATULANE                                                   | T4        | SP CSL                           |
| <i>tretinoin 10 mg capsule</i>                             | T1        | PA CSL                           |

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## List of Prescription Medications

| ANTI-NEOPLASTICS (Cancer) (cont.)                            |           |                                  |
|--------------------------------------------------------------|-----------|----------------------------------|
| Prescription Drug Name                                       | Drug Tier | Coverage Requirements and Limits |
| <b>ANTI-NEOPLASTIC-SELECT INHIB OF NUCLEAR EXP (SINE)</b>    |           |                                  |
| XPOVIO                                                       | T4        | PA SP CSL                        |
| <b>CYTOTOXIC T-LYMPHOCYTE ANTIGEN (CTLA-4) RMC ANTIBODY</b>  |           |                                  |
| YERVOY                                                       | T4        | PA SP HD                         |
| <b>IMMUNOMODULATORS</b>                                      |           |                                  |
| ACTIMMUNE                                                    | T4        | PA SP HD                         |
| BESREMI                                                      | T4        | PA QL(2 SYRINGES/28 DAYS) SP     |
| <b>SELECTIVE ESTROGEN RECEPTOR MODULATORS (SERMS)</b>        |           |                                  |
| FARESTON ( <i>toremifene citrate</i> )                       | T3        | QL(2 TABS/DAY) HD CSL            |
| ORSERDU 345 MG TABLET                                        | T4        | PA QL(1 TAB/DAY) SP CSL          |
| ORSERDU 86 MG TABLET                                         | T4        | PA QL(3 TABS/DAY) SP CSL         |
| SOLTAMOX                                                     | T3        | HD CSL                           |
| <i>tamoxifen citrate</i>                                     | T1        | HD PPACA CSL                     |
| <i>toremifene citrate</i> (Fareston)                         | T1        | QL(2 TABS/DAY) HD CSL            |
| <b>STERIOD ANTI-NEOPLASTICS</b>                              |           |                                  |
| <i>megestrol 20 mg tablet</i>                                | T1        | CSL                              |
| <i>megestrol 40 mg tablet</i>                                | T1        | CSL                              |
| ANTI-NEOPLASTICS (Skin Conditions)                           |           |                                  |
| <b>PHOTOACT, TOPICAL ANTI-NEOPLAST, PREMALIGNANT LESIONS</b> |           |                                  |
| LEVULAN                                                      | T4        | SP                               |
| <b>TOPICAL ANTI-NEOPLASTIC PREMALIGNANT LESION AGENTS</b>    |           |                                  |
| <i>bexarotene 1% gel</i> (Targretin)                         | T4        | SP HD                            |
| CARAC                                                        | T3        | PA                               |
| <i>diclofenac sodium 3% gel</i>                              | T1        | PA                               |
| EFUDEX ( <i>fluorouracil</i> )                               | T3        |                                  |
| FLUOROPLEX                                                   | T2        |                                  |
| <i>fluorouracil</i>                                          | T1        |                                  |
| FLUOROURACIL                                                 | T1        |                                  |
| <i>fluorouracil</i> (Efudex)                                 | T1        |                                  |
| KLISYRI                                                      | T3        | PA QL(5 PACKS/30 DAYS)           |
| PANRETIN                                                     | T4        | SP HD                            |
| TARGRETIN 1% GEL ( <i>bexarotene</i> )                       | T4        | PA SP HD                         |
| VALCHLOR                                                     | T4        | SP HD                            |

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## List of Prescription Medications

| ANTI-OBESITY DRUGS (Weight Management)                             |           |                                  |
|--------------------------------------------------------------------|-----------|----------------------------------|
| Prescription Drug Name                                             | Drug Tier | Coverage Requirements and Limits |
| <b>ANTI-OBESITY - ANOREXIC AGENTS</b>                              |           |                                  |
| <i>benzphetamine hcl</i>                                           | T1        |                                  |
| <i>diethylpropion hcl</i>                                          | T1        |                                  |
| LOMAIRA                                                            | T3        | PA                               |
| <i>phendimetrazine tartrate</i>                                    | T1        |                                  |
| <i>phentermine 15 mg capsule</i>                                   | T1        |                                  |
| <i>phentermine 30 mg capsule</i>                                   | T1        |                                  |
| <i>phentermine 37.5 mg capsule</i>                                 | T1        |                                  |
| <i>phentermine 37.5 mg tablet</i>                                  | T1        |                                  |
| <i>phentermine 8 mg tablet</i>                                     | T1        | PA                               |
| <i>phentermine/topiramate (Qsymia)</i>                             | T1        |                                  |
| QSYMIA ( <i>phentermine/topiramate</i> )                           | T3        | PA                               |
| <b>ANTI-OBESITY - INCRETIN MIMETICS COMBINATION</b>                |           |                                  |
| ZEPBOUND 2.5 MG/0.5 ML PEN                                         | T2        | PA QL(2 MLS/365 DAYS)            |
| ZEPBOUND 10 MG/0.5 ML PEN                                          | T2        | PA QL(2 MLS/30 DAYS)             |
| ZEPBOUND 7.5 MG/0.5 ML PEN                                         | T3        | PA QL(9 MLS/30 DAYS) SP          |
| ZEPBOUND 10 MG/0.5 ML PEN                                          | T2        | PA QL(2 MLS/30 DAYS)             |
| ZEPBOUND 12.5 MG/0.5 ML PEN                                        | T2        | PA QL(2 MLS/30 DAYS)             |
| ZEPBOUND 15 MG/0.5 ML PEN                                          | T2        | PA QL(2 MLS/30 DAYS)             |
| <b>ANTI-OBESITY - MELANOCORTIN 4 RECEPTOR AGONISTS</b>             |           |                                  |
| IMCIVREE                                                           | T4        | PA QL(9 MLS/30 DAYS) SP          |
| <b>ANTI-OBESITY GLUCAGON-LIKE PEPTIDE-1 RECEPTOR AGONIST</b>       |           |                                  |
| <i>liraglutide 18 mg/3 ml pen (Saxenda)</i>                        | T1        | PA                               |
| <i>liraglutide 5-pak 18 mg/3 ml (Saxenda)</i>                      | T1        | PA                               |
| SAXENDA                                                            | T3        | PA                               |
| WEGOVY                                                             | T2        | PA QL(4 PENS/28 DAYS)            |
| <b>ANTI-OBESITY - OPIOID ANTAG-NOREPI, DOPAMINE RECEPTOR INHIB</b> |           |                                  |
| CONTRAVE                                                           | T3        | PA                               |
| <b>FAT ABSORPTION DECREASING AGENTS</b>                            |           |                                  |
| ORLISTAT                                                           | T3        | PA                               |
| XENICAL                                                            | T3        | PA                               |
| <b>ANTIPARASITICS (Eye Conditions)</b>                             |           |                                  |
| <b>OPHTHALMIC (EYE) ANTIPARASITICS</b>                             |           |                                  |
| XDEMIVY                                                            | T4        | PA QL(10 MLS/56 DAYS) SP         |

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## List of Prescription Medications

| ANTI-PARASITICS (Infections)                         |           |                                  |
|------------------------------------------------------|-----------|----------------------------------|
| Prescription Drug Name                               | Drug Tier | Coverage Requirements and Limits |
| <b>ANTI-PARASITICS</b>                               |           |                                  |
| ALINIA 100 MG/5 ML SUSPENSION                        | T3        |                                  |
| ALINIA 500 MG TABLET ( <i>nitazoxanide</i> )         | T3        | PA                               |
| <i>nitazoxanide</i> (Alinia)                         | T1        |                                  |
| <b>TOPICAL ANTI-PARASITICS</b>                       |           |                                  |
| <i>crotamiton</i> (Eurax)                            | T1        |                                  |
| ELIMITE ( <i>permethrin</i> )                        | T3        |                                  |
| EURAX 10% CREAM                                      | T2        |                                  |
| EURAX 10% LOTION                                     | T3        |                                  |
| <i>lindane</i>                                       | T1        |                                  |
| <i>malathion</i> (Ovide)                             | T1        |                                  |
| NATROBA ( <i>spinosad</i> )                          | T3        | PA                               |
| OVIDE ( <i>malathion</i> )                           | T3        |                                  |
| <i>permethrin</i> (Elimite)                          | T1        |                                  |
| <i>spinosad</i> (Natroba)                            | T1        |                                  |
| ULESFIA                                              | T3        |                                  |
| ANTIPARASITICS (Skin Conditions)                     |           |                                  |
| <b>TOPICAL ANTIPARASITICS</b>                        |           |                                  |
| <i>lindane</i>                                       | T1        |                                  |
| <i>malathion</i> (Ovide)                             | T1        |                                  |
| OVIDE ( <i>malathion</i> )                           | T3        |                                  |
| ANTI-PARKINSON DRUGS (Parkinson's Disease)           |           |                                  |
| <b>ANTI-PARKINSONISM DRUGS, ANTI-CHOLINERGIC</b>     |           |                                  |
| <i>benztropine mesylate</i>                          | T1        | HD                               |
| <i>trihexyphenidyl hcl</i>                           | T1        | HD                               |
| <b>ANTI-PARKINSONISM DRUGS, OTHER</b>                |           |                                  |
| <i>amantadine hcl</i>                                | T1        | HD                               |
| APOKYN                                               | T4        | PA SP HD                         |
| <i>apomorphine hcl</i>                               | T4        | PA SP                            |
| AZILECT 0.5 MG TABLET ( <i>rasagiline mesylate</i> ) | T3        | PA QL (1 TAB/DAY) HD             |
| AZILECT 1 MG TABLET ( <i>rasagiline mesylate</i> )   | T3        | PA HD                            |
| <i>bromocriptine mesylate</i>                        | T1        | HD                               |
| <i>carbidopa/levodopa</i> (Sinemet)                  | T1        | HD                               |
| <i>carbidopa/levodopa/entacapone</i>                 | T1        | HD                               |
| <i>carbidopa/levodopa/entacapone</i> (Stalevo 75)    | T1        | HD                               |

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## List of Prescription Medications

### ANTI-PARKINSON DRUGS (Parkinson's Disease) (cont.)

| Prescription Drug Name                               | Drug Tier | Coverage Requirements and Limits |
|------------------------------------------------------|-----------|----------------------------------|
| <b>ANTI-PARKINSONISM DRUGS, OTHER (cont.)</b>        |           |                                  |
| <i>carbidopa/levodopa/entacapone</i> (Stalevo 100)   | T1        | HD                               |
| <i>carbidopa-levo er 25-100 tab</i>                  | T1        | HD                               |
| <i>carbidopa-levo er 50-200 tab</i>                  | T1        | HD                               |
| CREXONT                                              | T3        | ST HD                            |
| DHIVY                                                | T3        | PA HD                            |
| DUOPA                                                | T3        | SP HD                            |
| <i>entacapone</i>                                    | T1        | HD                               |
| GOCOVRI                                              | T3        |                                  |
| INBRIJA                                              | T3        | PA SP HD                         |
| NEUPRO                                               | T3        | HD                               |
| NOURIANZ                                             | T4        | PA QL (1 TAB/DAY) SP HD          |
| ONAPGO                                               | T4        | PA QL (20 MLS/DAY) SP            |
| ONGENTYS                                             | T3        | PA QL (1 CAP/DAY) HD             |
| <i>pramipexole di-hcl</i>                            | T1        | HD                               |
| <i>pramipexole er 0.375 mg tablet</i>                | T1        | QL (1 TAB/DAY) HD                |
| <i>pramipexole er 0.75 mg tablet</i>                 | T1        | HD                               |
| <i>pramipexole er 1.5 mg tablet</i>                  | T1        | QL (1 TAB/DAY) HD                |
| <i>pramipexole er 2.25 mg tablet</i>                 | T1        | QL (1 TAB/DAY) HD                |
| <i>pramipexole er 3 mg tablet</i>                    | T1        | HD                               |
| <i>pramipexole er 3.75 mg tablet</i>                 | T1        | HD                               |
| <i>pramipexole er 4.5 mg tablet</i>                  | T1        | HD                               |
| <i>rasagiline mesylate 0.5 mg tab</i> (Azilect)      | T1        | QL (1 TAB/DAY) HD                |
| <i>rasagiline mesylate 1 mg tab</i> (Azilect)        | T1        | HD                               |
| <i>ropinirole hcl</i>                                | T1        | HD                               |
| RYTARY                                               | T3        | ST HD                            |
| <i>selegiline hcl</i>                                | T1        | HD                               |
| SINEMET ( <i>carbidopa-levodopa</i> )                | T3        | HD                               |
| STALEVO 100 ( <i>carbidopa-levodopa-entacapone</i> ) | T3        | HD                               |
| STALEVO 75 ( <i>carbidopa-levodopa-entacapone</i> )  | T3        | HD                               |
| TASMAR ( <i>tolcapone</i> )                          | T3        | HD                               |
| <i>tolcapone</i> (Tasmar)                            | T1        | HD                               |
| XADAGO                                               | T3        | ST HD                            |
| VYALEV                                               | T4        | PA SP HD                         |
| ZELAPAR                                              | T3        | PA HD                            |

T1 – Typically Generics

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T4 – Specialty Medications

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## List of Prescription Medications

| ANTI-PARKINSON DRUGS (Parkinson's Disease) (cont.)        |           |                                  |
|-----------------------------------------------------------|-----------|----------------------------------|
| Prescription Drug Name                                    | Drug Tier | Coverage Requirements and Limits |
| <b>DECARBOXYLASE INHIBITORS</b>                           |           |                                  |
| <i>carbidopa</i> (Lodosyn)                                | T1        |                                  |
| LODOSYN ( <i>carbidopa</i> )                              | T3        | PA                               |
| <b>ANTI-PLATELET DRUGS (Blood Thinners/Anti-Clotting)</b> |           |                                  |
| <b>PLATELET AGGREGATION INHIBITORS</b>                    |           |                                  |
| <i>aspirin/dipyridamole</i>                               | T1        | HD                               |
| ASPIRIN-OMEPRAZOLE                                        | T3        | PA HD                            |
| BRILINTA ( <i>ticagrelor</i> )                            | T3        | PA HD                            |
| <i>cilostazol</i>                                         | T1        | HD                               |
| <i>clopidogrel bisulfate</i>                              | T1        | HD                               |
| <i>clopidogrel bisulfate</i> (Plavix)                     | T1        | HD                               |
| <i>dipyridamole</i>                                       | T1        | HD                               |
| EFFIENT ( <i>prasugrel hcl</i> )                          | T3        | PA HD                            |
| PLAVIX ( <i>clopidogrel</i> )                             | T3        | PA HD                            |
| <i>prasugrel hcl</i> (Effient)                            | T1        | HD                               |
| <i>ticagrelor</i> (Brilinta)                              | T1        | HD                               |
| YOSPRALA DR 325-40 MG TABLET                              | T3        | PA                               |
| YOSPRALA DR 81-40 MG TABLET                               | T3        | PA HD                            |
| ZONTIVITY                                                 | T3        | HD                               |
| <b>PLATELET REDUCING AGENTS</b>                           |           |                                  |
| AGRYLIN ( <i>anagrelide hcl</i> )                         | T3        |                                  |
| <i>anagrelide hcl</i>                                     | T1        |                                  |
| <i>anagrelide hcl</i> (Agrylin)                           | T1        |                                  |
| <b>ANTIVIRALS (AIDS/HIV)</b>                              |           |                                  |
| <b>ANTI-RETROVIRAL - CAPSID INHIBITORS</b>                |           |                                  |
| SUNLENCA 300 MG TABLET                                    | T4        | PA QL(5 TABS/180 DAYS) SP        |
| SUNLENCA 4- 300 MG TABLET                                 | T4        | PA QL(5 TABS/180 DAYS) SP        |
| SUNLENCA 463.5 MG/1.5 ML VIAL                             | T4        | PA SP                            |
| SUNLENCA 5- 300 MG TABLET                                 | T4        | PA QL(5 TABS/180 DAYS) SP        |
| <b>ANTIRETROVIRAL - CAPSID INHIBITORS (PREP)</b>          |           |                                  |
| YEZTUGO 463.5 MG/1.5 ML VIAL                              | T4        | SP PPACA                         |

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## List of Prescription Medications

| ANTIVIRALS (AIDS/HIV) (cont.)                                  |           |                                  |
|----------------------------------------------------------------|-----------|----------------------------------|
| Prescription Drug Name                                         | Drug Tier | Coverage Requirements and Limits |
| <b>ANTI-RETROVIRAL - INTEGRASE INHIBITOR AND NNRTI COMB.</b>   |           |                                  |
| CABENUVA                                                       | T4        | PA SP                            |
| JULUCA                                                         | T4        | QL(1 TAB/DAY) SP                 |
| <b>ANTI-RETROVIRAL - INTEGRASE INHIBITOR AND NRTI COMB.</b>    |           |                                  |
| DOVATO                                                         | T4        | QL(1 TAB/DAY) SP                 |
| <b>ANTI-RETROVIRAL - NRTIS AND INTEGRASE INHIBITORS COMB</b>   |           |                                  |
| TRIUMEQ                                                        | T4        | QL(1 TAB/DAY) SP                 |
| TRIUMEQ PD                                                     | T4        | QL(6 TABS/DAY) SP                |
| <b>ANTI-RETROVIRAL - NUCLEOSIDE, NUCLEOTIDE, PROTEASE INH.</b> |           |                                  |
| SYMITUZA                                                       | T4        | QL(1 TAB/DAY) SP                 |
| <b>ANTIVIRALS - HIV-SPEC, NON-PEPTIDIC PROTEASE INHIB</b>      |           |                                  |
| APTIVUS                                                        | T4        | PA SP                            |
| <i>darunavir</i> (Prezista)                                    | T4        | SP                               |
| PREZCOBIX                                                      | T4        | PA SP                            |
| PREZISTA 100 MG/ML SUSPENSION                                  | T4        | SP                               |
| PREZISTA 150 MG TABLET                                         | T4        | SP                               |
| PREZISTA 600 MG TABLET ( <i>darunavir</i> )                    | T4        | PA SP                            |
| PREZISTA 75 MG TABLET                                          | T4        | SP                               |
| PREZISTA 800 MG TABLET ( <i>darunavir</i> )                    | T4        | PA SP                            |
| <b>ANTIVIRALS - HIV-SPEC, NUCLEOSIDE-NUCLEOTIDE ANALOG</b>     |           |                                  |
| CIMDUO                                                         | T4        | PA SP                            |
| DESCOVY 120-15 MG TABLET                                       | T4        | SP                               |
| DESCOVY 200-25 MG TABLET                                       | T4        | SP PPACA                         |
| <i>emtricitabine-tenofv 100-150mg</i> (Truvada)                | T4        | SP                               |
| <i>emtricitabine-tenofv 133-200mg</i> (Truvada)                | T4        | SP                               |
| <i>emtricitabine-tenofv 167-250mg</i> (Truvada)                | T4        | SP                               |
| <i>emtricitabine-tenofv 200-300mg</i> (Truvada)                | T4        | SP PPACA                         |
| TRUVADA ( <i>emtricitabine/tenofovir</i> (tdf))                | T4        | PA SP                            |
| <b>ANTIVIRALS - HIV-SPEC, NUCLEOSIDE ANALOG, RTI COMB</b>      |           |                                  |
| <i>abacavir sulfate/lamivudine</i> (Epzicom)                   | T4        | PA SP                            |
| COMBIVIR ( <i>lamivudine-zidovudine</i> )                      | T4        | PA SP                            |
| EPZICOM ( <i>abacavir sulfate/lamivudine</i> )                 | T4        | PA SP                            |
| <i>lamivudine/zidovudine</i> (Combivir)                        | T4        | SP                               |

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## List of Prescription Medications

### ANTIVIRALS (AIDS/HIV) (cont.)

| Prescription Drug Name                                     | Drug Tier | Coverage Requirements and Limits |
|------------------------------------------------------------|-----------|----------------------------------|
| <b>ANTIVIRALS - HIV-SPECIFIC, CCR5 CO-RECEPTOR ANTAG.</b>  |           |                                  |
| <i>maraviroc</i> (Selzentry)                               | T4        | PA SP                            |
| SELZENTRY 150 MG TABLET ( <i>maraviroc</i> )               | T4        | PA SP                            |
| SELZENTRY 20 MG/ML ORAL SOLN                               | T4        | PA SP                            |
| SELZENTRY 300 MG TABLET ( <i>maraviroc</i> )               | T4        | PA SP                            |
| <b>ANTIVIRALS - HIV-SPECIFIC, CD4 ATTACHMENT INHIBITOR</b> |           |                                  |
| RUKOBIA                                                    | T4        | PA QL (2 TABS/DAY) SP            |
| <b>ANTIVIRALS - HIV-SPECIFIC, FUSION INHIBITORS</b>        |           |                                  |
| FUZEON                                                     | T4        | PA SP                            |
| <b>ANTIVIRALS - HIV-SPECIFIC, NON-NUCLEOSIDE, RTI</b>      |           |                                  |
| EDURANT                                                    | T4        | PA SP                            |
| EDURANT PED                                                | T4        | PA SP                            |
| <i>efavirenz</i>                                           | T4        | PA SP                            |
| <i>etravirine</i> (Intelence)                              | T4        | SP                               |
| INTELENCE                                                  | T4        | PA SP                            |
| INTELENCE ( <i>etravirine</i> )                            | T4        | PA SP                            |
| <i>nevirapine</i>                                          | T4        | PA SP                            |
| PIFELTRO                                                   | T4        | PA SP                            |
| <b>ANTIVIRALS, HIV-SPECIFIC, NUCLEOSIDE ANALOG, RTI</b>    |           |                                  |
| <i>abacavir sulfate</i>                                    | T4        | PA SP                            |
| <i>abacavir sulfate</i> (Ziagen)                           | T4        | PA SP                            |
| <i>didanosine</i>                                          | T4        | PA SP                            |
| <i>emtricitabine</i> (Emtriva)                             | T4        | SP                               |
| EMTRIVA 10 MG/ML SOLUTION                                  | T4        | PA SP                            |
| EMTRIVA 200 MG CAPSULE ( <i>emtricitabine</i> )            | T4        | PA SP                            |
| EPIVIR ( <i>lamivudine</i> )                               | T4        | PA SP                            |
| <i>lamivudine 10 mg/ml oral soln</i> (Epivir)              | T4        | SP                               |
| <i>lamivudine 150 mg tablet</i> (Epivir)                   | T4        | SP                               |
| <i>lamivudine 300 mg tablet</i> (Epivir)                   | T4        | PA SP                            |
| <i>lamivudine 300 mg/30ml sol cup</i> (Epivir)             | T4        | SP                               |
| RETROVIR ( <i>zidovudine</i> )                             | T4        | PA SP                            |
| <i>stavudine</i>                                           | T4        | PA SP                            |
| ZIAGEN ( <i>abacavir sulfate</i> )                         | T4        | PA SP                            |
| <i>zidovudine</i>                                          | T4        | SP                               |
| <i>zidovudine</i> (Retrovir)                               | T4        | SP                               |

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## List of Prescription Medications

### ANTIVIRALS (AIDS/HIV) (cont.)

| Prescription Drug Name                                          | Drug Tier | Coverage Requirements and Limits |
|-----------------------------------------------------------------|-----------|----------------------------------|
| <b>ANTIVIRALS, HIV-SPECIFIC, NUCLEOSIDE ANALOG, RTI (cont.)</b> |           |                                  |
| <i>tenofovir disoproxil fumarate</i> (Viread)                   | T4        | PA SP                            |
| VIREAD 150 MG TABLET                                            | T4        | PA SP                            |
| VIREAD 200 MG TABLET                                            | T4        | PA SP                            |
| VIREAD 250 MG TABLET                                            | T4        | PA SP                            |
| VIREAD 300 MG TABLET ( <i>tenofovir disoproxil fumarate</i> )   | T4        | PA SP                            |
| VIREAD POWDER                                                   | T4        | PA SP                            |
| <b>ANTIVIRALS - HIV-SPECIFIC, PROTEASE INHIBITOR COMB</b>       |           |                                  |
| KALETRA                                                         | T4        | PA SP                            |
| KALETRA ( <i>lopinavir/ritonavir</i> )                          | T4        | PA SP                            |
| <i>lopinavir/ritonavir</i>                                      | T4        | SP                               |
| <i>lopinavir/ritonavir</i> (Kaletra)                            | T4        | SP                               |
| <b>ANTIVIRALS - HIV-SPECIFIC, PROTEASE INHIBITORS</b>           |           |                                  |
| <i>atazanavir sulfate</i>                                       | T4        | PA SP                            |
| <i>atazanavir sulfate</i> (Reyataz)                             | T4        | PA SP                            |
| EVOTAZ                                                          | T4        | PA SP                            |
| <i>fosamprenavir calcium</i>                                    | T4        | PA SP                            |
| NORVIR 100 MG POWDER PACKET                                     | T4        | SP                               |
| NORVIR 100 MG TABLET ( <i>ritonavir</i> )                       | T4        | PA SP                            |
| REYATAZ 200 MG CAPSULE ( <i>atazanavir sulfate</i> )            | T4        | PA SP                            |
| REYATAZ 300 MG CAPSULE ( <i>atazanavir sulfate</i> )            | T4        | PA SP                            |
| REYATAZ 50 MG POWDER PACKET                                     | T4        | PA SP                            |
| <i>ritonavir</i> (Norvir)                                       | T4        | SP                               |
| VIRACEPT                                                        | T4        | PA SP                            |
| <b>ANTIVIRALS - HIV-I INTEGRASE STRAND TRANSFER INHIBTR</b>     |           |                                  |
| APRETUDE                                                        | T4        | SP PPACA                         |
| ISENTRESS                                                       | T4        | SP                               |
| ISENTRESS HD                                                    | T4        | PA SP                            |
| TIVICAY                                                         | T4        | SP                               |
| TIVICAY PD                                                      | T4        | SP                               |
| <b>ARTV NUCLEOSIDE, NUCLEOTIDE, NON-NUCLEOSIDE RTI COMB</b>     |           |                                  |
| COMPLERA ( <i>emtricit/ rilpivirine/tenof df</i> )              | T4        | PA QL (1 TAB/DAY) SP             |
| DELSTRIGO                                                       | T4        | PA QL (1 TAB/DAY) SP             |
| <i>efavirenz/emtricit/tenofvr df</i>                            | T4        | QL (1 TAB/DAY) SP                |
| <i>efavirenz/emtricit/tenofvr df</i> (Complera)                 | T4        | QL (1 TAB/DAY) SP                |

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## List of Prescription Medications

| ANTIVIRALS (AIDS/HIV) (cont.)                                       |           |                                  |
|---------------------------------------------------------------------|-----------|----------------------------------|
| Prescription Drug Name                                              | Drug Tier | Coverage Requirements and Limits |
| <b>ARTV NUCLEOSIDE, NUCLEOTIDE, NON-NUCLEOSIDE RTI COMB (cont.)</b> |           |                                  |
| <i>efavirenz/lamivu/tenofov disop (Symfi Lo)</i>                    | T4        | QL(1 TAB/DAY) SP                 |
| <i>efavirenz/lamivu/tenofov disop (Symfi)</i>                       | T4        | QL(1 TAB/DAY) SP                 |
| ODEFSEY                                                             | T4        | PA QL(1 TAB/DAY) SP              |
| SYMFI ( <i>efavirenz-lamivu-tenofov disop</i> )                     | T4        | PA QL(1 TAB/DAY) SP              |
| SYMFI LO ( <i>efavirenz-lamivu-tenofov disop</i> )                  | T4        | PA QL(1 TAB/DAY) SP              |
| <b>ARV-NUCLEOSIDE, NUCLEOTIDE RTI, INTEGRASE INHIBITORS</b>         |           |                                  |
| BIKTARVY                                                            | T4        | QL(1 TAB/DAY) SP                 |
| GENVOYA                                                             | T4        | QL(1 TAB/DAY) SP                 |
| STRIBILD                                                            | T4        | PA QL(1 TAB/DAY) SP              |
| ANTIVIRALS (Eye Conditions)                                         |           |                                  |
| <b>EYE ANTIVIRALS</b>                                               |           |                                  |
| <i>trifluridine</i>                                                 | T1        |                                  |
| ZIRGAN                                                              | T3        |                                  |
| ANTIVIRALS (Infections)                                             |           |                                  |
| <b>ANTIVIRAL - MAIN PROTEASE (MPRO) INHIBITOR</b>                   |           |                                  |
| PAXLOVID                                                            | T2        | QL(1 TAB/120 DAYS)               |
| <b>ANTIVIRAL - RNA POLYMERASE INHIBITOR</b>                         |           |                                  |
| LAGEVRIO (EUA)                                                      | T2        | QL(1 PACK/120 DAYS)              |
| <b>ANTIVIRAL MONOCLONAL ANTIBODIES</b>                              |           |                                  |
| BEYFORTUS                                                           | T3        | PPACA                            |
| <b>ANTIVIRALS, GENERAL</b>                                          |           |                                  |
| <i>acyclovir 200 mg capsule</i>                                     | T1        |                                  |
| <i>acyclovir 200 mg/5 ml susp</i>                                   | T1        |                                  |
| <i>acyclovir 200 mg/5 ml susp cup</i>                               | T1        |                                  |
| <i>acyclovir 400 mg tablet</i>                                      | T1        |                                  |
| <i>acyclovir 800 mg tablet</i>                                      | T1        |                                  |
| <i>acyclovir 800 mg/20ml susp cup</i>                               | T1        |                                  |
| <i>famciclovir</i>                                                  | T1        |                                  |
| FLUMADINE ( <i>rimantadine hcl</i> )                                | T3        |                                  |
| LIVTENCITY                                                          | T4        | PA QL(4 TABS/DAY) SP             |
| <i>oseltamivir 6 mg/ml suspension (Tamiflu)</i>                     | T1        | QL(180 MLS/30 DAYS)              |
| <i>oseltamivir phos 30 mg capsule (Tamiflu)</i>                     | T1        | QL(20 CAPS/30 DAYS)              |
| <i>oseltamivir phos 45 mg capsule (Tamiflu)</i>                     | T1        | QL(10 CAPS/30 DAYS)              |

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## List of Prescription Medications

### ANTIVIRALS (Infections) (cont.)

| Prescription Drug Name                                      | Drug Tier | Coverage Requirements and Limits |
|-------------------------------------------------------------|-----------|----------------------------------|
| <b>ANTIVIRALS, GENERAL (cont.)</b>                          |           |                                  |
| <i>oseltamivir phos 75 mg capsule</i> (Tamiflu)             | T1        | QL(10 CAPS/30 DAYS)              |
| PREVMIS 20 MG PELLET PACKET                                 | T4        | SP                               |
| PREVMIS 120 MG PELLET PACKET                                | T4        | SP                               |
| PREVMIS 240 MG TABLET                                       | T4        | SP HD                            |
| PREVMIS 480 MG TABLET                                       | T4        | SP HD                            |
| RELENZA                                                     | T3        | QL(20 BLISTERS/30 DAYS)          |
| <i>rimantadine hcl</i> (Flumadine)                          | T1        |                                  |
| SITAVIG                                                     | T3        | PA QL(2 TABS/30 DAYS)            |
| TAMIFLU 30 MG CAPSULE ( <i>oseltamivir phosphate</i> )      | T3        | QL(20 CAPS/30 DAYS)              |
| TAMIFLU 45 MG CAPSULE ( <i>oseltamivir phosphate</i> )      | T3        | QL(10 CAPS/30 DAYS)              |
| TAMIFLU 6 MG/ML SUSPENSION ( <i>oseltamivir phosphate</i> ) | T3        | QL(180 MLS/30 DAYS)              |
| TAMIFLU 75 MG CAPSULE ( <i>oseltamivir phosphate</i> )      | T3        | QL(10 CAPS/30 DAYS)              |
| TEMBEXA                                                     | T3        |                                  |
| <i>valacyclovir hcl</i> (Valtrex)                           | T1        |                                  |
| VALCYTE ( <i>valganciclovir hcl</i> )                       | T3        | PA                               |
| <i>valganciclovir hcl</i> (Valcyte)                         | T1        |                                  |
| VALTREX ( <i>valacyclovir hcl</i> )                         | T3        |                                  |
| XOFLUZA                                                     | T3        | QL(2 TABS/30 DAYS)               |
| <b>HEP C - NS5A, NS3/4A, NUCLEOTIDE NS5B INHIB COMBO</b>    |           |                                  |
| VOSEVI                                                      | T4        | PA QL(1 TAB/DAY) SP HD           |
| <b>HEP C VIRUS, NUCLEOTIDE ANALOG NS5B POLYMERASE INH</b>   |           |                                  |
| SOVALDI 200 MG TABLET                                       | T4        | PA QL(1 TAB/DAY) SP HD           |
| SOVALDI 400 MG TABLET                                       | T4        | PA QL(1 TAB/DAY) SP HD           |
| SOVALDI 150 MG, 200 MG PELLET PACKET                        | T4        | PA QL(1 PACK/DAY) SP HD          |
| <b>HEP C VIRUS-NS5B POLYMERASE AND NS5A INHIB. COMBO.</b>   |           |                                  |
| EPCLUSA 150-37.5 MG PELLET PKT                              | T4        | PA QL(1 PACK/DAY) SP HD          |
| EPCLUSA 200 MG-50 MG TABLET                                 | T4        | PA QL(1 TAB/DAY) SP HD           |
| EPCLUSA 200 MG-50 MG TABLET                                 | T4        | PA QL(1 PACK/DAY) SP HD          |
| EPCLUSA 400 MG-100 MG TABLET                                | T4        | PA QL(1 TAB/DAY) SP HD           |
| HARVONI 33.75-150 MG PELLET PK                              | T4        | PA QL(1 PACK/DAY) SP HD          |
| HARVONI 45-200 MG PELLET PACKET                             | T4        | PA QL(1 PACK/DAY) SP HD          |
| HARVONI 45-200 MG TABLET                                    | T4        | PA QL(1 TAB/DAY) SP HD           |
| HARVONI 90-400 MG TABLET                                    | T4        | PA QL(1 TAB/DAY) SP HD           |
| LEDIPASVIR-SOFOSBUVIR                                       | T4        | PA QL(1 TAB/DAY) SP HD           |
| SOFOSBUVIR-VELPATASVIR                                      | T4        | PA QL(1 TAB/DAY) SP HD           |

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| ANTIVIRALS (Infections) (cont.)                          |           |                                  |
|----------------------------------------------------------|-----------|----------------------------------|
| Prescription Drug Name                                   | Drug Tier | Coverage Requirements and Limits |
| <b>HEPATITIS B TREATMENT AGENTS</b>                      |           |                                  |
| <i>adefovir dipivoxil</i>                                | T4        | SP HD                            |
| BARACLUDE 0.05 MG/ML SOLUTION                            | T4        | SP HD                            |
| BARACLUDE 0.5 MG TABLET ( <i>entecavir</i> )             | T4        | PA QL(1 TAB/DAY) SP HD           |
| BARACLUDE 1 MG TABLET ( <i>entecavir</i> )               | T4        | PA SP HD                         |
| <i>entecavir 0.5 mg tablet</i> (Baraclude)               | T4        | QL(1 TAB/DAY) SP HD              |
| <i>entecavir 1 mg tablet</i> (Baraclude)                 | T4        | SP HD                            |
| <i>lamivudine</i>                                        | T4        | SP                               |
| VELMIDY                                                  | T4        | SP HD                            |
| <b>HEPATITIS C TREATMENT AGENTS</b>                      |           |                                  |
| PEGASYS                                                  | T4        | PA SP HD                         |
| <i>ribavirin</i>                                         | T4        | SP HD                            |
| <b>HEPATITIS C VIRUS- NS5A AND NS3/4A INHIBITOR COMB</b> |           |                                  |
| MAVYRET 100-40 MG TABLET                                 | T4        | PA QL(3 TABS/DAY) SP HD          |
| MAVYRET 50-20 MG PELLETT PACKET                          | T4        | PA QL(5 PACKS/DAY) SP HD         |
| ZEPATIER                                                 | T4        | PA QL(1 TAB/DAY) SP HD           |
| ANTIVIRALS (Skin Conditions)                             |           |                                  |
| <b>TOPICAL ANTIVIRAL AND ANTI-INFLAMMATORY STEROID</b>   |           |                                  |
| XERESE                                                   | T3        | PA QL (5gm/30 days)              |
| <b>TOPICAL ANTIVIRALS</b>                                |           |                                  |
| <i>acyclovir 5% cream</i> (Zovirax)                      | T1        | PA QL(5 GMS/30 DAYS)             |
| <i>acyclovir 5% ointment</i> (Zovirax)                   | T1        | PA QL(15 GMS/30 DAYS)            |
| DENAVIR ( <i>penciclovir</i> )                           | T3        | QL(5 GMS/30 DAYS)                |
| <i>penciclovir</i> (Denavir)                             | T1        | QL(5 GMS/30 DAYS)                |
| ZOVIRAX 5% CREAM ( <i>acyclovir</i> )                    | T3        | PA QL(5 GMS/30 DAYS)             |
| ZOVIRAX 5% OINTMENT ( <i>acyclovir</i> )                 | T3        | PA QL(15 GMS/30 DAYS)            |
| <b>TOPICAL GENITAL WART-HPV TREATMENT AGENTS</b>         |           |                                  |
| VEREGEN                                                  | T3        | PA                               |
| AUTONOMIC DRUGS (Allergy/Nasal Sprays)                   |           |                                  |
| <b>ANAPHYLAXIS THERAPY AGENTS</b>                        |           |                                  |
| AUVI-Q                                                   | T3        | PA QL(4 UNITS/30 DAYS)           |
| EPINEPHRINE 0.15 MG AUTO-INJECT                          | T3        | PA QL(4 UNITS/30 DAYS)           |
| <i>epinephrine 0.15 mg auto-inject</i> (Epipen Jr 2-Pak) | T1        | QL(4 UNITS/30 DAYS)              |
| <i>epinephrine 0.15 mg auto-inject</i> (Epipen Jr)       | T1        | QL(4 UNITS/30 DAYS)              |

T1 – Typically Generics  
T2 – Typically Preferred Brands  
T3 – Typically Non-Preferred Brands

T4 – Specialty Medications  
PA – Prior Authorization  
QL – Quantity Limit

ST – Step Therapy  
AGE – Age Requirement  
SP – Specialty Medication

HD – May require home delivery pharmacy  
PPACA – No Cost-Share Preventive Medication  
CSL – Oral cancer medication subject to cost-share limits

## List of Prescription Medications

### AUTONOMIC DRUGS (Allergy/Nasal Sprays) (cont.)

| Prescription Drug Name                               | Drug Tier | Coverage Requirements and Limits |
|------------------------------------------------------|-----------|----------------------------------|
| <b>ANAPHYLAXIS THERAPY AGENTS (cont.)</b>            |           |                                  |
| EPINEPHRINE 0.3 MG AUTO-INJECT                       | T3        | PA QL (4 UNITS/30 DAYS)          |
| <i>epinephrine 0.3 mg auto-inject</i> (Epipen 2-Pak) | T1        | QL (4 UNITS/30 DAYS)             |
| <i>epinephrine 0.3 mg auto-inject</i> (Epipen)       | T1        | QL (4 UNITS/30 DAYS)             |
| EPIPEN ( <i>epinephrine</i> )                        | T3        | PA QL (4 UNITS/30 DAYS)          |
| EPIPEN 2-PAK ( <i>epinephrine</i> )                  | T3        | PA QL (4 UNITS/30 DAYS)          |
| EPIPEN JR ( <i>epinephrine</i> )                     | T3        | PA QL (4 UNITS/30 DAYS)          |
| EPIPEN JR 2-PAK ( <i>epinephrine</i> )               | T3        | PA QL (4 UNITS/30 DAYS)          |
| NEFFY                                                | T2        | QL (4 UNITS/30 DAYS)             |

### AUTONOMIC DRUGS (Alzheimer's Disease)

|                                                  |    |                              |
|--------------------------------------------------|----|------------------------------|
| <b>CHOLINESTERASE INHIBITORS</b>                 |    |                              |
| ADLARITY                                         | T2 | PA QL (4 PATCHES/28 DAYS) HD |
| ARICEPT ( <i>donepezil hcl</i> )                 | T3 | PA HD                        |
| <i>donepezil hcl</i>                             | T1 | HD                           |
| <i>donepezil hcl</i> (Aricept)                   | T1 | HD                           |
| EXELON ( <i>rivastigmine</i> )                   | T3 | HD                           |
| <i>galantamine er 16 mg capsule</i>              | T1 | HD                           |
| <i>galantamine er 24 mg capsule</i>              | T1 | HD                           |
| <i>galantamine er 8 mg capsule</i>               | T1 | QL (1 CAP/DAY) HD            |
| <i>galantamine hbr</i>                           | T1 | HD                           |
| MESTINON ( <i>pyridostigmine bromide</i> )       | T3 | HD                           |
| <i>pyridostigmine 60 mg/5 ml cup</i> (Mestinon)  | T1 | HD                           |
| <i>pyridostigmine 60 mg/5 ml soln</i> (Mestinon) | T1 | HD                           |
| PYRIDOSTIGMINE BR 30 MG TABLET                   | T3 | PA QL (20 TABS/DAY) HD       |
| <i>pyridostigmine br 60 mg tablet</i> (Mestinon) | T1 | HD                           |
| <i>pyridostigmine bromide</i> (Mestinon)         | T1 | HD                           |
| <i>rivastigmine</i> (Exelon)                     | T1 | HD                           |
| <i>rivastigmine tartrate</i>                     | T1 | HD                           |
| ZUNVEYL                                          | T3 | PA QL (2 TABS/DAY) HD        |

### AUTONOMIC DRUGS (Attention Deficit Hyperactivity Disorder)<sup>9</sup>

|                                                    |    |                      |
|----------------------------------------------------|----|----------------------|
| <b>ADRENERGICS, AROMATIC, NON-CATECHOLAMINE</b>    |    |                      |
| ADDERALL ( <i>dextroamphetamine-amphetamine</i> )  | T3 | PA                   |
| ADDERALL XR ( <i>dextroamphetamine-amphet er</i> ) | T3 | PA ST QL (1 CAP/DAY) |
| ADZENYS XR-ODT                                     | T3 | PA QL (1 TAB/DAY)    |

T1 – Typically Generics

T2 – Typically Preferred Brands

T3 – Typically Non-Preferred Brands

T4 – Specialty Medications

PA – Prior Authorization

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AGE – Age Requirement

SP – Specialty Medication

HD – May require home delivery pharmacy

PPACA – No Cost-Share Preventive Medication

CSL – Oral cancer medication subject to cost-share limits

## List of Prescription Medications

### AUTONOMIC DRUGS (Attention Deficit Hyperactivity Disorder)<sup>9</sup> (cont.)

| Prescription Drug Name                                            | Drug Tier | Coverage Requirements and Limits |
|-------------------------------------------------------------------|-----------|----------------------------------|
| <b>ADRENERGICS, AROMATIC, NON-CATECHOLAMINE (cont.)</b>           |           |                                  |
| <i>amphetamine sulfate</i> (Evekeo)                               | T1        | PA                               |
| DESOXYN ( <i>methamphetamine hcl</i> )                            | T3        | PA                               |
| DEXEDRINE SPANSULE 10 MG ( <i>dextroamphetamine sulfate</i> )     | T3        | PA QL(1 CAP/DAY)                 |
| DEXEDRINE SPANSULE 15 MG CAP ( <i>dextroamphetamine sulfate</i> ) | T3        | PA QL(3 CAPS/DAY)                |
| <i>dextroamphetamine er 10 mg cap</i> (Dexedrine)                 | T1        | PA QL(1 CAP/DAY)                 |
| <i>dextroamphetamine er 15 mg cap</i> (Dexedrine)                 | T1        | PA QL(3 CAPS/DAY)                |
| <i>dextroamphetamine er 5 mg cap</i>                              | T1        | PA QL(1 CAP/DAY)                 |
| <i>dextroamphetamine sulfate</i>                                  | T1        | PA                               |
| <i>dextroamphetamine sulfate</i>                                  | T3        | PA ST                            |
| <i>dextroamphetamine sulfate</i> (Zenzedi)                        | T1        | PA                               |
| <i>dextroamphetamine/amphetamine</i> (Adderall Xr)                | T1        | PA QL(1 CAP/DAY)                 |
| <i>dextroamphetamine/amphetamine</i> (Adderall)                   | T1        | PA                               |
| <i>dextroamphetamine/amphetamine</i> (Mydayis)                    | T1        | PA QL(1 CAP/DAY)                 |
| DYANAVAL XR 10 MG TABLET                                          | T3        | PA QL(1 TAB/DAY)                 |
| DYANAVAL XR 15 MG TABLET                                          | T3        | PA QL(1 TAB/DAY)                 |
| DYANAVAL XR 2.5 MG/ML SUSP                                        | T3        | PA QL(8 MLS/DAY)                 |
| DYANAVAL XR 20 MG TABLET                                          | T3        | PA QL(1 TAB/DAY)                 |
| DYANAVAL XR 5 MG TABLET                                           | T3        | PA QL(1 TAB/DAY)                 |
| EVEKEO ( <i>amphetamine sulfate</i> )                             | T3        | PA                               |
| EVEKEO ODT                                                        | T3        | PA                               |
| <i>methamphetamine hcl</i> (Desoxyn)                              | T1        | PA                               |
| MYDAYIS ( <i>dextroamphetamine/amphetamine</i> )                  | T3        | PA QL(1 CAP/DAY)                 |
| XELSTRYM                                                          | T3        | PA QL(1 PATCH/DAY)               |
| ZENZEDI                                                           | T3        | PA ST                            |
| ZENZEDI ( <i>dextroamphetamine sulfate</i> )                      | T3        | PA ST                            |

### AUTONOMIC DRUGS (Blood Pressure/Heart Medications)

|                                            |    |       |
|--------------------------------------------|----|-------|
| <b>ADRENERGIC VASOPRESSOR AGENTS</b>       |    |       |
| <i>droxidopa 100 mg capsule</i> (Northera) | T4 | SP HD |
| <i>droxidopa 200 mg capsule</i> (Northera) | T4 | SP HD |
| <i>droxidopa 300 mg capsule</i> (Northera) | T4 | SP HD |

T1 – Typically Generics

T2 – Typically Preferred Brands

T3 – Typically Non-Preferred Brands

T4 – Specialty Medications

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QL – Quantity Limit

ST – Step Therapy

AGE – Age Requirement

SP – Specialty Medication

HD – May require home delivery pharmacy

PPACA – No Cost-Share Preventive Medication

CSL – Oral cancer medication subject to cost-share limits

## List of Prescription Medications

### AUTONOMIC DRUGS (Blood Pressure/Heart Medications) (cont.)

| Prescription Drug Name                       | Drug Tier | Coverage Requirements and Limits |
|----------------------------------------------|-----------|----------------------------------|
| <b>ADRENERGIC VASOPRESSOR AGENTS (cont.)</b> |           |                                  |
| midodrine hcl                                | T1        |                                  |
| NORTHERA (droxidopa)                         | T4        | PA SP HD                         |
| <b>ALPHA-ADRENERGIC BLOCKING AGENTS</b>      |           |                                  |
| DIBENZYLINE (phenoxybenzamine hcl)           | T3        | HD                               |
| phenoxybenzamine hcl (Dibenzylamine)         | T1        | HD                               |

### AUTONOMIC DRUGS (Urinary Tract Conditions)

|                                         |    |       |
|-----------------------------------------|----|-------|
| <b>PARASYMPATHETIC AGENTS</b>           |    |       |
| bethanechol chloride                    | T1 | HD    |
| cevimeline hcl (Evoxac)                 | T1 | HD    |
| EVOXAC (cevimeline hcl)                 | T3 | PA HD |
| pilocarpine hcl 5 mg tablet (Salagen)   | T1 | HD    |
| pilocarpine hcl 7.5 mg tablet (Salagen) | T1 | HD    |
| SALAGEN (pilocarpine hcl)               | T3 | HD    |

### BIOLOGICALS (Allergy/Nasal Sprays)

|                                         |    |                  |
|-----------------------------------------|----|------------------|
| <b>ALLERGENIC EXTRACTS, THERAPEUTIC</b> |    |                  |
| GRASTEK                                 | T3 | PA QL(1 TAB/DAY) |
| ODACTRA                                 | T3 | PA QL(1 TAB/DAY) |
| ORALAIR                                 | T3 | PA QL(1 TAB/DAY) |
| PALFORZIA                               | T4 | PA SP            |
| RAGWITEK                                | T3 | PA QL(1 TAB/DAY) |

### BIOLOGICALS (Blood Pressure/Heart Medications)

|                                     |    |          |
|-------------------------------------|----|----------|
| <b>PLASMA KALLIKREIN INHIBITORS</b> |    |          |
| TAKHZYRO                            | T4 | PA SP HD |

### BIOLOGICALS (Miscellaneous)

|                                                           |    |          |
|-----------------------------------------------------------|----|----------|
| <b>PKU TREATMENT AGENTS - PHENYLALANINE AMMONIA LYASE</b> |    |          |
| PALYNZIQ                                                  | T4 | PA SP HD |

### BIOLOGICALS (Vaccines)

|                              |    |       |
|------------------------------|----|-------|
| <b>COVID-19 VACCINES</b>     |    |       |
| COMIRNATY                    | T2 | PPACA |
| COMIRNATY 2023-2024          | T2 | PPACA |
| COMIRNATY 2024-2025          | T2 | PPACA |
| COMIRNATY 2025-2026 (12Y UP) | T2 | PPACA |

T1 – Typically Generics  
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T4 – Specialty Medications  
PA – Prior Authorization  
QL – Quantity Limit

ST – Step Therapy  
AGE – Age Requirement  
SP – Specialty Medication

HD – May require home delivery pharmacy  
PPACA – No Cost-Share Preventive Medication  
CSL – Oral cancer medication subject to cost-share limits

## List of Prescription Medications

### BIOLOGICALS (Vaccines) (cont.)

| Prescription Drug Name           | Drug Tier | Coverage Requirements and Limits |
|----------------------------------|-----------|----------------------------------|
| <b>COVID-19 VACCINES (cont.)</b> |           |                                  |
| COMIRNATY 2025-2026(5-11Y)       | T2        | PPACA                            |
| JANSSEN COVID-19 VACCINE (EUA)   | T2        | PPACA                            |
| MNEXSPIKE 2025-2026 (12Y UP)     | T2        | PPACA                            |
| MODERNA COVID (12Y UP)VAC(EUA)   | T2        | PPACA                            |
| MODERNA COVID 23-24(6M-11Y)EUA   | T2        | PPACA                            |
| MODERNA COVID 24-25(6M-11Y)EUA   | T2        | PPACA                            |
| MODERNA COVID BIVAL(6MO UP)EUA   | T2        | PPACA                            |
| MODERNA COVID BIVAL(6MO-5Y)EUA   | T2        | PPACA                            |
| MODERNA COVID(6M-5Y) VACC(EUA)   | T2        | PPACA                            |
| MODERNA COVID-19 BOOSTER (EUA)   | T2        | PPACA                            |
| NOVAVAX COVID 2023-2024 (EUA)    | T2        | PPACA                            |
| NOVAVAX COVID 2024-2025 (EUA)    | T2        | PPACA                            |
| NOVAVAX COVID-19 VACC,ADJ(EUA)   | T2        | PPACA                            |
| NUVAXOVID 2025-2026              | T2        | PPACA                            |
| PFIZER COVID (12Y UP) VAC(EUA)   | T2        | PPACA                            |
| PFIZER COVID (5-11Y) VAC (EUA)   | T2        | PPACA                            |
| PFIZER COVID (6M-4Y) VACC(EUA)   | T2        | PPACA                            |
| PFIZER COVID 2023-24(5-11Y)EUA   | T2        | PPACA                            |
| PFIZER COVID 2023-24(6M-4Y)EUA   | T2        | PPACA                            |
| PFIZER COVID 2024-25(5-11Y)EUA   | T2        | PPACA                            |
| PFIZER COVID 2024-25(6M-4Y)EUA   | T2        | PPACA                            |
| PFIZER COVID BIVAL (12Y UP)EUA   | T2        | PPACA                            |
| PFIZER COVID BIVAL (5-11YR)EUA   | T2        | PPACA                            |
| PFIZER COVID BIVAL (6MO-4Y)EUA   | T2        | PPACA                            |
| PFIZER COVID-19 VACCINE (EUA)    | T2        | PPACA                            |
| SPIKEVAX 2023-2024               | T2        | PPACA                            |
| SPIKEVAX 2024-2025               | T2        | PPACA                            |
| SPIKEVAX 2025-2026 (12Y UP)      | T2        | PPACA                            |
| SPIKEVAX 2025-2026 (6M-11Y)      | T2        | PPACA                            |
| SPIKEVAX COVID (18Y UP) VACC     | T2        | PPACA                            |
| <b>ENTERIC VIRUS VACCINES</b>    |           |                                  |
| IPOX                             | T2        | PPACA                            |
| ROTARIX                          | T3        | PPACA                            |
| ROTATEQ                          | T3        | PPACA                            |

T1 – Typically Generics

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T4 – Specialty Medications

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HD – May require home delivery pharmacy

PPACA – No Cost-Share Preventive Medication

CSL – Oral cancer medication subject to cost-share limits

## List of Prescription Medications

### BIOLOGICALS (Vaccines) (cont.)

| Prescription Drug Name              | Drug Tier | Coverage Requirements and Limits |
|-------------------------------------|-----------|----------------------------------|
| <b>GRAM NEGATIVE COCCI VACCINES</b> |           |                                  |
| BEXSERO                             | T2        | PPACA                            |
| MENACTRA                            | T2        |                                  |
| MENQUADFI                           | T2        | PPACA                            |
| MENVEO A-C-Y-W-135-DIP              | T2        | PPACA                            |
| PENBRAYA                            | T2        | PPACA                            |
| PENMENVY MEN A-B-C-W-Y              | T2        | PPACA                            |
| TRUMENBA                            | T2        | PPACA                            |
| <b>GRAM POSITIVE COCCI VACCINES</b> |           |                                  |
| CAPVAXIVE                           | T2        | PPACA                            |
| PNEUMOVAX 23                        | T2        | PPACA                            |
| PREVNAR 13                          | T2        |                                  |
| PREVNAR 20                          | T2        | PPACA                            |
| VAXNEUVANCE                         | T2        | PPACA                            |
| <b>INFLUENZA VIRUS VACCINES</b>     |           |                                  |
| AFLURIA 2025-2026                   | T2        |                                  |
| AFLURIA 2025-2026 (3YR UP)          | T2        | PPACA                            |
| AFLURIA QUAD 2022-2023              | T2        | PPACA                            |
| AFLURIA QUAD 2022-23 (3YR UP)       | T2        | PPACA                            |
| AFLURIA QUAD 2023-2024              | T2        | PPACA                            |
| AFLURIA QUAD 2023-24 (3YR UP)       | T2        | PPACA                            |
| AFLURIA TRIV 2024-25 (3YR UP)       | T2        | PPACA                            |
| AFLURIA TRIVALENT 2024-25           | T2        | PPACA                            |
| FLUAD 2025-2026                     | T2        | PPACA                            |
| FLUAD QUAD 2022-2023                | T2        | PPACA                            |
| FLUAD QUAD 2023-2024                | T2        | PPACA                            |
| FLUAD TRIVALENT 2024-2025           | T2        | PPACA                            |
| FLUARIX 2025-2026                   | T2        | PPACA                            |
| FLUARIX QUAD 2022-2023              | T2        | PPACA                            |
| FLUARIX QUAD 2023-2024              | T2        | PPACA                            |
| FLUARIX TRIVALENT 2024-2025         | T2        | PPACA                            |
| FLUBLOK 2025-2026                   | T2        | PPACA                            |
| FLUBLOK QUAD 2022-2023              | T2        | PPACA                            |
| FLUBLOK QUAD 2023-2024              | T2        | PPACA                            |
| FLUBLOK TRIVALENT 2024-2025         | T2        | PPACA                            |

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ST – Step Therapy

AGE – Age Requirement

SP – Specialty Medication

HD – May require home delivery pharmacy

PPACA – No Cost-Share Preventive Medication

CSL – Oral cancer medication subject to cost-share limits

## List of Prescription Medications

### BIOLOGICALS (Vaccines) (cont.)

| Prescription Drug Name                           | Drug Tier | Coverage Requirements and Limits |
|--------------------------------------------------|-----------|----------------------------------|
| <b>INFLUENZA VIRUS VACCINES (cont.)</b>          |           |                                  |
| FLUCELVAX 2025-2026 SYRINGE                      | T2        | PPACA                            |
| FLUCELVAX 2025-2026 VIAL                         | T2        |                                  |
| FLUCELVAX QUAD 2022-2023                         | T2        | PPACA                            |
| FLUCELVAX QUAD 2023-2024                         | T2        | PPACA                            |
| FLUCELVAX TRIVALENT 2024-2025                    | T2        | PPACA                            |
| FLULAVAL 2025-2026                               | T2        | PPACA                            |
| FLULAVAL QUAD 2022-2023                          | T2        | PPACA                            |
| FLULAVAL QUAD 2023-2024                          | T2        | PPACA                            |
| FLULAVAL TRIVALENT 2024-2025                     | T2        | PPACA                            |
| FLUMIST 2025-2026                                | T3        | PPACA                            |
| FLUMIST HOME 2025-2026                           | T3        | PPACA                            |
| FLUMIST QUAD 2022-2023                           | T3        | PPACA                            |
| FLUMIST QUAD 2023-2024                           | T3        | PPACA                            |
| FLUMIST TRIVALENT 2024-2025                      | T3        | PPACA                            |
| FLUZONE 2025-2026 SYRINGE                        | T2        | PPACA                            |
| FLUZONE 2025-2026 VIAL                           | T2        |                                  |
| FLUZONE HIGH-DOSE 2025-2026                      | T2        | PPACA                            |
| FLUZONE HIGH-DOSE QUAD 2022-23                   | T2        | PPACA                            |
| FLUZONE HIGH-DOSE QUAD 2023-24                   | T2        | PPACA                            |
| FLUZONE HIGH-DOSE TRIV 2024-25                   | T2        | PPACA                            |
| FLUZONE QUAD 2022-2023                           | T2        | PPACA                            |
| FLUZONE QUAD 2023-2024                           | T2        | PPACA                            |
| FLUZONE TRIVALENT 2024-2025                      | T2        | PPACA                            |
| <b>NEUROTOXIC VIRUS VACCINES</b>                 |           |                                  |
| DENGVAXIA                                        | T2        | PPACA                            |
| <b>TOXIN-PRODUCING BACILLI VACCINES/TOXOIDS</b>  |           |                                  |
| BCG VACCINE (TICE STRAIN)                        | T4        | SP                               |
| <b>VACCINE/TOXOID PREPARATIONS, COMBINATIONS</b> |           |                                  |
| ACTHIB                                           | T2        | PPACA                            |
| ADACEL TDAP                                      | T2        | PPACA                            |
| BOOSTRIX TDAP                                    | T2        | PPACA                            |
| DAPTACEL DTAP                                    | T2        | PPACA                            |
| DIPHTHERIA-TETANUS TOXOIDS-PED                   | T2        |                                  |
| HIBERIX                                          | T2        | PPACA                            |

T1 – Typically Generics

T2 – Typically Preferred Brands

T3 – Typically Non-Preferred Brands

T4 – Specialty Medications

PA – Prior Authorization

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ST – Step Therapy

AGE – Age Requirement

SP – Specialty Medication

HD – May require home delivery pharmacy

PPACA – No Cost-Share Preventive Medication

CSL – Oral cancer medication subject to cost-share limits

## List of Prescription Medications

### BIOLOGICALS (Vaccines) (cont.)

| Prescription Drug Name                                   | Drug Tier | Coverage Requirements and Limits |
|----------------------------------------------------------|-----------|----------------------------------|
| <b>VACCINE/TOXOID PREPARATIONS, COMBINATIONS (cont.)</b> |           |                                  |
| INFANRIX DTAP                                            | T2        | PPACA                            |
| KINRIX                                                   | T2        | PPACA                            |
| M-M-R II VACCINE                                         | T2        | PPACA                            |
| PEDVAXHIB                                                | T2        | PPACA                            |
| PENTACEL                                                 | T2        | PPACA                            |
| PENTACEL ACTHIB COMPONENT                                | T2        | PPACA                            |
| PRIORIX                                                  | T2        | PPACA                            |
| PROQUAD                                                  | T2        | PPACA                            |
| QUADRACEL DTAP-IPV                                       | T2        | PPACA                            |
| TDVAX                                                    | T2        | PPACA                            |
| TENIVAC                                                  | T2        | PPACA                            |
| VAXELIS                                                  | T2        | PPACA                            |
| <b>VIRAL/TUMORIGENIC VACCINES</b>                        |           |                                  |
| ABRYVO                                                   | T3        | PPACA                            |
| ACAM2000 (NATIONAL STOCKPILE)                            | T3        |                                  |
| AREXVY                                                   | T3        | PPACA                            |
| ENGRIX-B ADULT                                           | T2        | PPACA                            |
| ENGRIX-B PEDIATRIC-ADOLESCENT                            | T2        | PPACA                            |
| ERVEBO (NATIONAL STOCKPILE)                              | T3        |                                  |
| GARDASIL 9                                               | T2        | PPACA                            |
| HEPLISAV-B                                               | T2        | PPACA                            |
| JYNNEOS (NATIONAL STOCKPILE)                             | T3        |                                  |
| JYNNEOS                                                  | T3        | PPACA                            |
| MRESVIA                                                  | T3        | PPACA                            |
| PEDIARIX                                                 | T2        | PPACA                            |
| PREHEVBRIO                                               | T2        | PPACA                            |
| RECOMBIVAX HB                                            | T2        | PPACA                            |
| SHINGRIX                                                 | T2        | QL(2 KITS/720 DAYS) PPACA        |
| TWINRIX                                                  | T2        | PPACA                            |
| VARIVAX VACCINE                                          | T2        | PPACA                            |
| <b>BLOOD (Blood Modifiers/Bleeding Disorders)</b>        |           |                                  |
| <b>AGENTS TO TX THROMBOTIC THROMBOCYTOPENIC PURPURA</b>  |           |                                  |
| CABLIVI                                                  | T4        | PA SP                            |

T1 – Typically Generics  
T2 – Typically Preferred Brands  
T3 – Typically Non-Preferred Brands

T4 – Specialty Medications  
PA – Prior Authorization  
QL – Quantity Limit

ST – Step Therapy  
AGE – Age Requirement  
SP – Specialty Medication

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CSL – Oral cancer medication subject to cost-share limits

## List of Prescription Medications

### BLOOD (Blood Modifiers/Bleeding Disorders) (cont.)

| Prescription Drug Name                                     | Drug Tier | Coverage Requirements and Limits |
|------------------------------------------------------------|-----------|----------------------------------|
| <b>ANTI-FIBRINOLYTIC AGENTS</b>                            |           |                                  |
| AMICAR ( <i>aminocaproic acid</i> )                        | T4        | SP HD                            |
| <i>aminocaproic acid</i> (Amicar)                          | T4        | SP HD                            |
| <i>tranexamic acid</i>                                     | T4        | SP                               |
| <b>ANTI-HEMOPHILIC FACTORS</b>                             |           |                                  |
| ALTUVIIIQ                                                  | T4        | PA SP HD                         |
| ADYNOVATE                                                  | T4        | PA SP HD                         |
| AFSTYLA                                                    | T4        | PA SP HD                         |
| ALPHANATE                                                  | T4        | PA SP HD                         |
| ALTUVIIIQ                                                  | T4        | PA SP HD                         |
| ELOCTATE                                                   | T4        | PA SP HD                         |
| ESPEROCT                                                   | T4        | PA SP HD                         |
| HEMOFIL M                                                  | T4        | PA SP HD                         |
| HUMATE-P                                                   | T4        | PA SP HD                         |
| JIVI                                                       | T4        | PA SP HD                         |
| KOATE                                                      | T4        | PA SP HD                         |
| KOGENATE FS                                                | T4        | PA SP HD                         |
| KOVALTRY                                                   | T4        | PA SP HD                         |
| NOVOEIGHT                                                  | T4        | PA SP HD                         |
| NUWIQ                                                      | T4        | PA SP HD                         |
| RECOMBINATE                                                | T4        | PA SP HD                         |
| WILATE                                                     | T4        | PA SP HD                         |
| XYNTHA                                                     | T4        | PA SP HD                         |
| XYNTHA SOLOFUSE                                            | T4        | PA SP HD                         |
| <b>COMPLEMENT (C3) INHIBITORS</b>                          |           |                                  |
| EMPAVELI                                                   | T4        | PA SP                            |
| FABHALTA                                                   | T4        | PA QL(2 CAPS/DAY) SP             |
| TAVNEOS                                                    | T4        | PA QL(6 CAPS/DAY) SP             |
| VOYDEYA                                                    | T4        | PA QL(1 PACKET/28 Days) SP       |
| <b>HEMOPHILIA TREATMENT AGENTS, NON-FACTOR REPLACEMENT</b> |           |                                  |
| ALHEMO PEN                                                 | T4        | PA SP                            |
| HEMLIBRA                                                   | T4        | PA SP HD                         |
| HYMPAVZI PEN                                               | T4        | PA SP                            |
| QFITLIA                                                    | T4        | PA SP                            |
| QFITLIA PEN                                                | T4        | PA SP                            |

T1 – Typically Generics

T2 – Typically Preferred Brands

T3 – Typically Non-Preferred Brands

T4 – Specialty Medications

PA – Prior Authorization

QL – Quantity Limit

ST – Step Therapy

AGE – Age Requirement

SP – Specialty Medication

HD – May require home delivery pharmacy

PPACA – No Cost-Share Preventive Medication

CSL – Oral cancer medication subject to cost-share limits

## List of Prescription Medications

### BLOOD (Blood Modifiers/Bleeding Disorders) (con't.)

| Prescription Drug Name                                | Drug Tier | Coverage Requirements and Limits |
|-------------------------------------------------------|-----------|----------------------------------|
| <b>SICKLE CELL ANEMIA AGENTS</b>                      |           |                                  |
| PYRUKYND 20 MG TABLET                                 | T4        | PA QL (2 TABS/DAY) SP            |
| PYRUKYND 20-5 MG TAPER PACK                           | T4        | PA QL (2 PACKS/270 DAYS) SP      |
| PYRUKYND 5 MG TABLET                                  | T4        | PA QL (2 TABS/DAY) SP            |
| PYRUKYND 5 MG TAPER PACK                              | T4        | PA QL (2 PACKS/270 DAYS) SP      |
| PYRUKYND 50 MG TABLET                                 | T4        | PA QL (2 TABS/DAY) SP            |
| PYRUKYND 50-20 MG TAPER PACK                          | T4        | PA QL (2 PACKS/270 DAYS) SP      |
| <b>SICKLE CELL ANEMIA AGENTS</b>                      |           |                                  |
| DROXIA                                                | T2        |                                  |
| OXBRYTA 300 MG TABLET                                 | T4        | PA QL (3 TABS/DAY) SP            |
| OXBRYTA 300 MG TABLET FOR SUSP                        | T4        | PA QL (5 TABS/DAY) SP            |
| OXBRYTA 500 MG TABLET                                 | T4        | PA QL (3 TABS/DAY) SP            |
| SIKLOS                                                | T3        | PA                               |
| XROMI                                                 | T3        | PA                               |
| <b>TOPICAL HEMOSTATICS</b>                            |           |                                  |
| ASTRINGYN                                             | T3        |                                  |
| AVITENE                                               | T3        |                                  |
| ENDO-AVITENE                                          | T3        |                                  |
| EVICEL                                                | T3        |                                  |
| <i>gelatin sponge, absorb/porcine</i> (Gelfoam)       | T1        |                                  |
| GELFOAM                                               | T3        |                                  |
| GELFOAM ( <i>gelatin sponge, absorb/porcine</i> )     | T3        |                                  |
| GELFOAM COMPRESSED                                    | T3        |                                  |
| MONSEL's                                              | T3        |                                  |
| RECOTHROM                                             | T3        |                                  |
| SURGICEL                                              | T3        |                                  |
| SURGIFOAM                                             | T1        |                                  |
| SYRINGE AVITENE                                       | T3        |                                  |
| THROMBI-GEL ( <i>thrombin/cal/cmc/gel/dress,hem</i> ) | T3        |                                  |
| THROMBIN-JMI                                          | T3        |                                  |
| THROMBI-PAD                                           | T3        |                                  |
| ULTRAFOAM                                             | T3        |                                  |
| <b>BLOOD (Blood Thinners/Anti-Clotting)</b>           |           |                                  |
| <b>HEMORRHEOLOGIC AGENTS</b>                          |           |                                  |
| <i>pentoxifylline</i>                                 | T1        | HD                               |

T1 – Typically Generics

T2 – Typically Preferred Brands

T3 – Typically Non-Preferred Brands

T4 – Specialty Medications

PA – Prior Authorization

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ST – Step Therapy

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SP – Specialty Medication

HD – May require home delivery pharmacy

PPACA – No Cost-Share Preventive Medication

CSL – Oral cancer medication subject to cost-share limits

## List of Prescription Medications

| CARDIAC DRUGS (Blood Pressure/Heart Medications)           |    |                      |
|------------------------------------------------------------|----|----------------------|
| <b>ANTI-ANGINAL, ANTI-ISCHEMIC AGENTS, NON-HEMODYNAMIC</b> |    |                      |
| RANEXA ( <i>ranolazine</i> )                               | T3 | PA QL(4 TABS/DAY) HD |
| <i>ranolazine</i>                                          | T1 | QL(4 TABS/DAY) HD    |
| <i>ranolazine</i> (Ranexa)                                 | T1 | QL (4 tabs/day) HD   |
| <b>ANTI-ARRHYTHMICS</b>                                    |    |                      |
| <i>amiodarone hcl</i>                                      | T1 | HD                   |
| <i>disopyramide phosphate</i> (Norpace)                    | T1 | HD                   |
| <i>dofetilide 125 mcg capsule</i> (Tikosyn)                | T1 | QL(8 CAPS/DAY) HD    |
| <i>dofetilide 250 mcg capsule</i> (Tikosyn)                | T1 | QL(4 CAPS/DAY) HD    |
| <i>dofetilide 500 mcg capsule</i> (Tikosyn)                | T1 | QL(2 CAPS/DAY) HD    |
| <i>flecainide acetate</i>                                  | T1 | HD                   |
| <i>mexiletine hcl</i>                                      | T1 | HD                   |
| MULTAQ                                                     | T2 | HD                   |
| NORPACE ( <i>disopyramide phosphate</i> )                  | T3 | PA HD                |
| NORPACE CR                                                 | T3 | HD                   |
| <i>pacerone 100 mg tablet</i>                              | T3 | PA HD                |
| <i>pacerone 200 mg tablet</i>                              | T1 | HD                   |
| <i>pacerone 400 mg tablet</i>                              | T3 | PA HD                |
| <i>propafenone hcl</i>                                     | T1 | HD                   |
| <i>quinidine gluconate</i>                                 | T1 | HD                   |
| <i>quinidine sulfate</i>                                   | T1 | HD                   |
| TIKOSYN 125 MCG CAPSULE ( <i>dofetilide</i> )              | T3 | PA QL(8 CAPS/DAY) HD |
| TIKOSYN 250 MCG CAPSULE ( <i>dofetilide</i> )              | T3 | PA QL(4 CAPS/DAY) HD |
| TIKOSYN 500 MCG CAPSULE ( <i>dofetilide</i> )              | T3 | PA QL(2 CAPS/DAY) HD |
| <b>CALCIUM CHANNEL BLOCKER AND NSAID, COX-2 INHIBITOR</b>  |    |                      |
| CONSENSI                                                   | T3 | PA QL(1 TAB/DAY)     |
| <b>CALCIUM CHANNEL BLOCKING AGENTS</b>                     |    |                      |
| <i>amlodipine besylate</i> (Norvasc)                       | T1 | HD                   |
| CALAN SR ( <i>verapamil er</i> )                           | T3 | HD                   |
| CARDIZEM ( <i>diltiazem hcl</i> )                          | T3 | PA HD                |
| CARDIZEM CD ( <i>diltiazem 24hr er (cd)</i> )              | T3 | PA HD                |
| CARDIZEM LA 120 MG TABLET                                  | T3 | PA QL(1 TAB/DAY) HD  |
| CARDIZEM LA 180 MG TABLET ( <i>matzim la</i> )             | T3 | PA HD                |
| CARDIZEM LA 240 MG TABLET ( <i>matzim la</i> )             | T3 | PA HD                |
| CARDIZEM LA 300 MG TABLET ( <i>matzim la</i> )             | T3 | PA HD                |
| CARDIZEM LA 360 MG TABLET ( <i>matzim la</i> )             | T3 | PA HD                |

T1 – Typically Generics

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T4 – Specialty Medications

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ST – Step Therapy

AGE – Age Requirement

SP – Specialty Medication

HD – May require home delivery pharmacy

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CSL – Oral cancer medication subject to cost-share limits

## List of Prescription Medications

### CARDIAC DRUGS (Blood Pressure/Heart Medications) (con't.)

| Prescription Drug Name                              | Drug Tier | Coverage Requirements and Limits |
|-----------------------------------------------------|-----------|----------------------------------|
| <b>CALCIUM CHANNEL BLOCKING AGENTS (con't.)</b>     |           |                                  |
| CARDIZEM LA 420 MG TABLET ( <i>matzim la</i> )      | T3        | PA HD                            |
| CONJUPRI                                            | T3        | PA HD                            |
| <i>diltiazem 24h er(la) 120 mg tb</i> (Cardizem La) | T1        | QL(1 TAB/DAY) HD                 |
| <i>diltiazem 24h er(la) 180 mg tb</i> (Cardizem La) | T1        | HD                               |
| <i>diltiazem 24h er(la) 240 mg tb</i> (Cardizem La) | T1        | HD                               |
| <i>diltiazem 24h er(la) 300 mg tb</i> (Cardizem La) | T1        | HD                               |
| <i>diltiazem 24h er(la) 360 mg tb</i> (Cardizem La) | T1        | HD                               |
| <i>diltiazem 24h er(la) 420 mg tb</i> (Cardizem La) | T1        | HD                               |
| <i>diltiazem hcl</i>                                | T1        | HD                               |
| <i>diltiazem hcl</i> (Cardizem Cd)                  | T1        | HD                               |
| <i>diltiazem hcl</i> (Cardizem La)                  | T1        | HD                               |
| <i>diltiazem hcl</i> (Cardizem)                     | T1        | HD                               |
| <i>diltiazem hcl</i> (Tiazac)                       | T1        | HD                               |
| <i>felodipine</i>                                   | T1        | HD                               |
| <i>isradipine</i>                                   | T1        |                                  |
| KATERZIA                                            | T3        | PA QL(10 MLS/DAY) HD             |
| LEVAMLODIPINE MALEATE                               | T3        | PA HD                            |
| <i>nicardipine hcl</i>                              | T1        | HD                               |
| <i>nifedipine</i>                                   | T1        | HD                               |
| <i>nifedipine</i> (Adalat Cc)                       | T1        | HD                               |
| <i>nifedipine</i> (Procardia XI)                    | T1        | HD                               |
| <i>nimodipine</i>                                   | T1        | HD                               |
| <i>nimodipine 30 mg capsule</i>                     | T1        | HD                               |
| <i>nimodipine 60 mg/20 ml soln</i>                  | T1        |                                  |
| <i>nisoldipine er 17 mg tablet</i> (Sular)          | T1        | HD                               |
| <i>nisoldipine er 20 mg tablet</i>                  | T1        | QL(1 TAB/DAY) HD                 |
| <i>nisoldipine er 25.5 mg tablet</i>                | T1        | HD                               |
| <i>nisoldipine er 30 mg tablet</i>                  | T1        | HD                               |
| <i>nisoldipine er 34 mg tablet</i> (Sular)          | T1        | HD                               |
| <i>nisoldipine er 40 mg tablet</i>                  | T1        | HD                               |
| <i>nisoldipine er 8.5 mg tablet</i> (Sular)         | T1        | HD                               |
| NORLIQVA                                            | T2        | PA QL(10 MLS/DAY) HD             |
| NORVASC ( <i>amlodipine besylate</i> )              | T3        | PA                               |

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## List of Prescription Medications

### CARDIAC DRUGS (Blood Pressure/Heart Medications) (con't.)

| Prescription Drug Name                                     | Drug Tier | Coverage Requirements and Limits |
|------------------------------------------------------------|-----------|----------------------------------|
| <b>CALCIUM CHANNEL BLOCKING AGENTS (con't.)</b>            |           |                                  |
| NYMALIZE                                                   | T3        |                                  |
| PROCARDIA XL ( <i>nifedipine</i> )                         | T3        | PA HD                            |
| SULAR ( <i>nisoldipine</i> )                               | T3        | HD                               |
| TIAZAC ( <i>diltiazem hcl</i> )                            | T3        | HD                               |
| verapamil hcl                                              | T1        | HD                               |
| verapamil hcl (Calan Sr)                                   | T1        | HD                               |
| verapamil hcl (Verelan Pm)                                 | T1        | HD                               |
| verapamil hcl (Verelan)                                    | T1        | HD                               |
| VERELAN ( <i>verapamil hcl</i> )                           | T3        | HD                               |
| VERELAN PM ( <i>verapamil hcl</i> )                        | T3        | HD                               |
| <b>CARDIAC MYOSIN INHIBITOR</b>                            |           |                                  |
| CAMZYOS                                                    | T4        | PA QL (1 CAP/DAY) SP HD          |
| <b>DIGITALIS GLYCOSIDES</b>                                |           |                                  |
| digoxin (Lanoxin)                                          | T1        | HD                               |
| digoxin 0.05 mg/ml solution                                | T1        | HD                               |
| digoxin 0.125 mg tablet (Lanoxin)                          | T1        | HD                               |
| digoxin 0.25 mg tablet (Lanoxin)                           | T1        | HD                               |
| digoxin 125 mcg tablet (Lanoxin)                           | T1        | HD                               |
| digoxin 250 mcg tablet (Lanoxin)                           | T1        | HD                               |
| digoxin 62.5 mcg tablet (Lanoxin)                          | T1        | PA HD                            |
| LANOXIN ( <i>digoxin</i> )                                 | T3        | PA HD                            |
| <b>HEART RATE REDUCING, SA SELECTIVE I(F) CURRENT INH.</b> |           |                                  |
| CORLANOR 5 MG TABLET ( <i>ivabradine hcl</i> )             | T3        | PA HD                            |
| CORLANOR 5 MG/5 ML ORAL SOLN                               | T4        | PA SP HD                         |
| CORLANOR 7.5 MG TABLET ( <i>ivabradine hcl</i> )           | T3        | PA HD                            |
| ivabradine hcl (Corlanor)                                  | T1        | PA HD                            |
| <b>SOLUBLE GUANYLATE CYCLASE (SGC) STIMULATOR</b>          |           |                                  |
| VERQUVO                                                    | T2        | PA QL (1 TAB/DAY)                |
| <b>VASODILATORS, CORONARY</b>                              |           |                                  |
| GONITRO                                                    | T3        | HD                               |
| ISORDIL ( <i>isosorbide dinitrate</i> )                    | T3        | PA HD                            |
| ISORDIL TITRADOSE ( <i>isosorbide dinitrate</i> )          | T3        | PA HD                            |
| isosorbide dinitrate 10 mg tab                             | T1        | HD                               |
| isosorbide dinitrate 20 mg tab                             | T1        | HD                               |

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## List of Prescription Medications

### CARDIAC DRUGS (Blood Pressure/Heart Medications) (con't.)

| Prescription Drug Name                                  | Drug Tier | Coverage Requirements and Limits |
|---------------------------------------------------------|-----------|----------------------------------|
| <b>VASODILATORS, CORONARY (con't.)</b>                  |           |                                  |
| <i>isosorbide dinitrate 30 mg tab</i>                   | T1        | HD                               |
| <i>isosorbide dinitrate 40 mg tab (Isordil)</i>         | T1        | PA HD                            |
| <i>isosorbide dinitrate 5 mg tab (Isordil Titrados)</i> | T1        | HD                               |
| <i>isosorbide mononitrate</i>                           | T1        | HD                               |
| MINITRAN                                                | T1        | HD                               |
| NITRO-DUR 0.1 MG/HR PATCH                               | T3        | HD                               |
| NITRO-DUR 0.2 MG/HR PATCH                               | T3        | HD                               |
| NITRO-DUR 0.3 MG/HR PATCH                               | T2        | HD                               |
| NITRO-DUR 0.4 MG/HR PATCH                               | T3        | HD                               |
| NITRO-DUR 0.6 MG/HR PATCH                               | T3        | HD                               |
| NITRO-DUR 0.8 MG/HR PATCH                               | T2        | HD                               |
| <i>nitroglycerin</i>                                    | T1        | HD                               |
| <i>nitroglycerin 0.3 mg tablet sl (Nitrostat)</i>       | T1        | HD                               |
| <i>nitroglycerin 0.4 mg tablet sl (Nitrostat)</i>       | T1        | HD                               |
| <i>nitroglycerin 0.6 mg tablet sl (Nitrostat)</i>       | T1        | HD                               |
| <i>nitroglycerin 400 mcg spray (Nitrolingual)</i>       | T1        | HD                               |
| NITROLINGUAL ( <i>nitroglycerin</i> )                   | T3        | HD                               |
| NITROMIST ( <i>nitroglycerin</i> )                      | T3        | HD                               |
| NITROSTAT ( <i>nitroglycerin</i> )                      | T3        | HD                               |

### CARDIOVASCULAR (Asthma/COPD/Respiratory)

|                                                           |    |          |
|-----------------------------------------------------------|----|----------|
| <b>PULM ANTI-HTN,SOLUBLE GUANYLATE CYCLASE STIMULATOR</b> |    |          |
| ADEMPAS                                                   | T4 | PA SP HD |
| <b>PULM.ANTI-HTN,SEL.C-GMP PHOSPHODIESTERASE T5 INHIB</b> |    |          |
| ADCIRCA ( <i>tadalafil</i> )                              | T4 | PA SP HD |
| REVATIO ( <i>sildenafil citrate</i> )                     | T4 | PA SP HD |
| <i>sildenafil 10 mg/ml oral susp (Revatio)</i>            | T4 | PA SP HD |
| <i>sildenafil 20 mg tablet (Revatio)</i>                  | T4 | PA SP HD |
| <i>tadalafil (Adcirca)</i>                                | T4 | PA SP HD |
| <i>tadalafil 20 mg tablet (Adcirca)</i>                   | T4 | PA SP HD |
| TADLIQ                                                    | T4 | PA SP HD |
| <b>PULMONARY ANTI-HTN, ENDOTHELIN RECEPTOR ANTAGONIST</b> |    |          |
| <i>ambrisentan (Letairis)</i>                             | T4 | PA SP HD |
| <i>bosentan (Tracleer)</i>                                | T4 | PA SP HD |

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## List of Prescription Medications

### CARDIOVASCULAR (Asthma/COPD/Respiratory) (con't.)

| Prescription Drug Name                                             | Drug Tier | Coverage Requirements and Limits |
|--------------------------------------------------------------------|-----------|----------------------------------|
| <b>PULMONARY ANTI-HTN, ENDOTHELIN RECEPTOR ANTAGONIST (con't.)</b> |           |                                  |
| LETAIRIS ( <i>ambrisentan</i> )                                    | T4        | PA SP HD                         |
| OPSUMIT                                                            | T4        | PA SP HD                         |
| TRACLEER 125 MG TABLET ( <i>bosentan</i> )                         | T4        | PA SP HD                         |
| TRACLEER 32 MG TABLET FOR SUSP                                     | T4        | PA SP HD                         |
| TRACLEER 62.5 MG TABLET ( <i>bosentan</i> )                        | T4        | PA SP HD                         |
| <b>PULMONARY ANTIHYPER AGENT, ACTRIIA-FC</b>                       |           |                                  |
| WINREVAIR                                                          | T4        | PA SP HD                         |
| WINREVAIR (2 PACK)                                                 | T4        | PA SP HD                         |
| <b>PULMONARY ANTIHYPERTENSIVES, PROSTACYCLIN-TYPE</b>              |           |                                  |
| ORENITRAM ER                                                       | T4        | PA SP HD                         |
| ORENITRAM MONTH 1 TITRATION KT                                     | T4        | PA QL (168 TABS/180 DAYS) SP HD  |
| ORENITRAM MONTH 2 TITRATION KT                                     | T4        | PA QL (336 TABS/180 DAYS) SP HD  |
| ORENITRAM MONTH 3 TITRATION KT                                     | T4        | PA QL (252 TABS/180 DAYS) SP HD  |
| TYVASO                                                             | T4        | PA SP HD                         |
| TYVASO DPI                                                         | T4        | PA SP HD                         |
| TYVASO INSTITUTIONAL START KIT                                     | T4        | PA SP HD                         |
| TYVASO REFILL KIT                                                  | T4        | PA SP HD                         |
| TYVASO STARTER KIT                                                 | T4        | PA SP HD                         |
| UPTRAVI                                                            | T4        | PA SP HD                         |
| VENTAVIS                                                           | T4        | PA SP HD                         |
| <b>PULMONARY HTN-ENDOTHELIN RECEPT ANTG-CGMP PDE5 INH</b>          |           |                                  |
| OPSYNVI                                                            | T4        | PA QL (1 TAB/DAY) SP HD          |

### CARDIOVASCULAR (Blood Pressure/Heart Medications)

|                                                          |    |                   |
|----------------------------------------------------------|----|-------------------|
| <b>ACE INHIBITOR-CALCIUM CHANNEL BLOCKER COMBINATION</b> |    |                   |
| <i>amlodipine besylate/benazepril</i>                    | T1 | HD                |
| <i>amlodipine besylate/benazepril</i> (Lotrel)           | T1 | HD                |
| LOTREL ( <i>amlodipine besylate-benazepril</i> )         | T3 | HD                |
| PRESTALIA 14 MG-10 MG TABLET                             | T3 | HD                |
| PRESTALIA 3.5 MG-2.5 MG TABLET                           | T3 | QL (1 tab/day) HD |
| PRESTALIA 7 MG-5 MG TABLET                               | T3 | QL (1 tab/day) HD |
| <i>trandolapril/verapamil hcl</i>                        | T1 | HD                |

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## List of Prescription Medications

### CARDIOVASCULAR (Blood Pressure/Heart Medications) (cont.)

| Prescription Drug Name                                  | Drug Tier | Coverage Requirements and Limits |
|---------------------------------------------------------|-----------|----------------------------------|
| <b>ACE INHIBITOR-THIAZIDE OR THIAZIDE-LIKE DIURETIC</b> |           |                                  |
| ACCURETIC (quinapril-hydrochlorothiazide)               | T3        | ST HD                            |
| benazepril/hydrochlorothiazide                          | T1        | HD                               |
| benazepril/hydrochlorothiazide (Lotensin Hct)           | T1        | HD                               |
| captopril-hctz 25-15 mg tablet                          | T1        | QL(3 TABS/DAY) HD                |
| captopril-hctz 25-25 mg tablet                          | T1        | QL(2 TABS/DAY) HD                |
| captopril-hctz 50-15 mg tablet                          | T1        | QL(3 TABS/DAY) HD                |
| captopril-hctz 50-25 mg tablet                          | T1        | QL(2 TABS/DAY) HD                |
| enalapril/hydrochlorothiazide                           | T1        | HD                               |
| enalapril/hydrochlorothiazide (Vaseretic)               | T1        | HD                               |
| fosinopril/hydrochlorothiazide                          | T1        | HD                               |
| lisinopril/hydrochlorothiazide (Zestoretic)             | T1        | HD                               |
| LOTENSIN HCT (benazepril-hydrochlorothiazide)           | T3        | ST HD                            |
| quinapril/hydrochlorothiazide (Accuretic)               | T1        | HD                               |
| VASERETIC (enalapril-hydrochlorothiazide)               | T3        | ST HD                            |
| ZESTORETIC (lisinopril-hydrochlorothiazide)             | T3        | ST HD                            |
| <b>ALPHA/BETA-ADRENERGIC BLOCKING AGENTS</b>            |           |                                  |
| carvedilol (Coreg)                                      | T1        | HD                               |
| carvedilol er 10 mg capsule (Coreg Cr)                  | T1        | QL(1 CAP/DAY) HD                 |
| carvedilol er 20 mg capsule (Coreg Cr)                  | T1        | QL(1 CAP/DAY) HD                 |
| carvedilol er 40 mg capsule (Coreg Cr)                  | T1        | QL(1 CAP/DAY) HD                 |
| carvedilol er 80 mg capsule (Coreg Cr)                  | T1        | HD                               |
| COREG (carvedilol)                                      | T3        | PA HD                            |
| COREG CR 10 MG CAPSULE (carvedilol phosphate)           | T3        | PA QL(1 CAP/DAY) HD              |
| COREG CR 20 MG CAPSULE (carvedilol phosphate)           | T3        | PA QL(1 CAP/DAY) HD              |
| COREG CR 40 MG CAPSULE (carvedilol phosphate)           | T3        | PA QL(1 CAP/DAY) HD              |
| COREG CR 80 MG CAPSULE (carvedilol phosphate)           | T3        | PA HD                            |
| labetalol hcl 100 mg tablet                             | T1        | HD                               |
| labetalol hcl 200 mg tablet                             | T1        | HD                               |
| labetalol hcl 300 mg tablet                             | T1        | HD                               |
| LABETALOL HCL 400 MG TABLET                             | T3        | HD                               |
| <b>ALPHA-ADRENERGIC BLOCKING AGENTS</b>                 |           |                                  |
| CARDURA (doxazosin mesylate)                            | T3        | HD                               |
| CARDURA XL                                              | T3        | HD                               |
| doxazosin mesylate (Cardura)                            | T1        | HD                               |

T1 – Typically Generics

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T4 – Specialty Medications

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SP – Specialty Medication

HD – May require home delivery pharmacy

PPACA – No Cost-Share Preventive Medication

CSL – Oral cancer medication subject to cost-share limits

## List of Prescription Medications

### CARDIOVASCULAR (Blood Pressure/Heart Medications) (cont.)

| Prescription Drug Name                                                   | Drug Tier | Coverage Requirements and Limits |
|--------------------------------------------------------------------------|-----------|----------------------------------|
| <b>ALPHA-ADRENERGIC BLOCKING AGENTS (con't.)</b>                         |           |                                  |
| MINIPRESS ( <i>prazosin hcl</i> )                                        | T3        | HD                               |
| <i>prazosin hcl</i>                                                      | T1        | HD                               |
| <i>prazosin hcl</i> (Minipress)                                          | T1        | HD                               |
| <i>terazosin hcl</i>                                                     | T1        | HD                               |
| TEZRULY                                                                  | T3        | PA HD                            |
| <b>ANGIOTEN.RECEPTR ANTAG-CALCIUM CHANL BLKR-THIAZIDE</b>                |           |                                  |
| <i>amlodipine/valsartan/hcthiazid</i> (Exforge Hct)                      | T1        | HD                               |
| EXFORGE HCT ( <i>amlodipine/valsartan/hcthiazid</i> )                    | T3        | PA HD                            |
| <i>olmesartan/amlodipin/hcthiazid</i> (Tribenzor)                        | T1        | HD                               |
| TRIBENZOR ( <i>olmesartan-amlodipine-hctz</i> )                          | T3        | PA HD                            |
| <b>ANGIOTENSIN RECEPT-NEPRILYSIN INHIBITOR COMB (ARNI)</b>               |           |                                  |
| ENTRESTO ( <i>sacubitril/valsartan</i> )                                 | T3        | PA QL(2 TABS/DAY)                |
| ENTRESTO SPRINKLE                                                        | T2        | HD                               |
| <i>sacubitril/valsartan</i> (Entresto)                                   | T1        | QL(2 TABS/DAY) HD                |
| <b>ANGIOTENSIN RECEPTOR ANTAG.-THIAZIDE DIURETIC COMB</b>                |           |                                  |
| ATACAND HCT ( <i>candesartan-hydrochlorothiazid</i> )                    | T3        | PA HD                            |
| AVALIDE ( <i>irbesartan-hydrochlorothiazide</i> )                        | T3        | PA HD                            |
| BENICAR HCT 20-12.5 MG TABLET ( <i>olmesartan-hydrochlorothiazide</i> )  | T3        | PA QL(1 TAB/DAY) HD              |
| BENICAR HCT 40-12.5 MG TABLET ( <i>olmesartan-hydrochlorothiazide</i> )  | T3        | PA HD                            |
| BENICAR HCT 40-25 MG TABLET ( <i>olmesartan-hydrochlorothiazide</i> )    | T3        | PA HD                            |
| <i>candesartan/hydrochlorothiazid</i> (Atacand Hct)                      | T1        | HD                               |
| DIOVAN HCT ( <i>valsartan-hydrochlorothiazide</i> )                      | T3        | PA HD                            |
| EDARBYCLOR                                                               | T3        | PA HD                            |
| HYZAAR ( <i>losartan-hydrochlorothiazide</i> )                           | T3        | PA HD                            |
| <i>irbesartan/hydrochlorothiazide</i> (Avalide)                          | T1        | HD                               |
| <i>losartan/hydrochlorothiazide</i> (Hyzaar)                             | T1        | HD                               |
| MICARDIS HCT 40-12.5 MG TABLET ( <i>telmisartan-hydrochlorothiazid</i> ) | T3        | ST QL(1 TAB/DAY) HD              |
| MICARDIS HCT 80-12.5 MG TABLET ( <i>telmisartan-hydrochlorothiazid</i> ) | T3        | ST HD                            |
| MICARDIS HCT 80-25 MG TABLET ( <i>telmisartan-hydrochlorothiazid</i> )   | T3        | ST HD                            |
| <i>olmesartan-hctz 20-12.5 mg tab</i> (Benicar Hct)                      | T1        | QL(1 TAB/DAY) HD                 |
| <i>olmesartan-hctz 40-12.5 mg tab</i> (Benicar Hct)                      | T1        | HD                               |
| <i>olmesartan-hctz 40-25 mg tab</i> (Benicar Hct)                        | T1        | HD                               |
| <i>telmisartan-hctz 40-12.5 mg tb</i> (Micardis Hct)                     | T1        | QL(1 TAB/DAY) HD                 |
| <i>telmisartan-hctz 80-12.5 mg tb</i> (Micardis Hct)                     | T1        | HD                               |

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## List of Prescription Medications

### CARDIOVASCULAR (Blood Pressure/Heart Medications) (cont.)

| Prescription Drug Name                                             | Drug Tier | Coverage Requirements and Limits |
|--------------------------------------------------------------------|-----------|----------------------------------|
| <b>ANGIOTENSIN RECEPTOR ANTAG.-THIAZIDE DIURETIC COMB (con't.)</b> |           |                                  |
| <i>telmisartan-hctz 80-25 mg tab</i> (Micardis Hct)                | T1        | HD                               |
| <i>valsartan/hydrochlorothiazide</i> (Diovan Hct)                  | T1        | HD                               |
| <b>ANGIOTENSIN RECEPTOR BLOCKR-CALCIUM CHANNEL BLOCKR</b>          |           |                                  |
| <i>amlodipine besylate/valsartan</i> (Exforge)                     | T1        | HD                               |
| <i>amlodipine-olmesartan 10-20 mg</i> (Azor)                       | T1        | HD                               |
| <i>amlodipine-olmesartan 10-40 mg</i> (Azor)                       | T1        | HD                               |
| <i>amlodipine-olmesartan 5-20 mg</i> (Azor)                        | T1        | QL(1 TAB/DAY) HD                 |
| <i>amlodipine-olmesartan 5-40 mg</i> (Azor)                        | T1        | HD                               |
| AZOR 10-20 MG TABLET ( <i>amlodipine-olmesartan</i> )              | T3        | PA HD                            |
| AZOR 10-40 MG TABLET ( <i>amlodipine-olmesartan</i> )              | T3        | PA HD                            |
| AZOR 5-20 MG TABLET ( <i>amlodipine-olmesartan</i> )               | T3        | PA QL(1 TAB/DAY) HD              |
| AZOR 5-40 MG TABLET ( <i>amlodipine-olmesartan</i> )               | T3        | PA HD                            |
| EXFORGE ( <i>amlodipine besylate/valsartan</i> )                   | T3        | PA HD                            |
| <i>telmisartan-amlodipine 40-10</i>                                | T1        | HD                               |
| <i>telmisartan-amlodipine 40-5 mg</i>                              | T1        | QL(1 TAB/DAY) HD                 |
| <i>telmisartan-amlodipine 80-10</i>                                | T1        | HD                               |
| <i>telmisartan-amlodipine 80-5 mg</i>                              | T1        | HD                               |
| <b>ANTI-HYPERTENSIVES, ACE INHIBITORS</b>                          |           |                                  |
| ACCUPRIL ( <i>quinapril hcl</i> )                                  | T3        | ST HD                            |
| ALTACE ( <i>ramipril</i> )                                         | T3        | PA HD                            |
| <i>benazepril hcl</i>                                              | T1        | HD                               |
| <i>benazepril hcl</i> (Lotensin)                                   | T1        | HD                               |
| <i>captopril</i>                                                   | T1        | HD                               |
| <i>enalapril maleate</i> (Epaned)                                  | T1        | HD                               |
| <i>enalapril maleate</i> (Vasotec)                                 | T1        | HD                               |
| EPANED ( <i>enalapril maleate</i> )                                | T3        | PA HD                            |
| <i>fosinopril sodium</i>                                           | T1        | HD                               |
| <i>lisinopril</i> (Zestril)                                        | T1        | HD                               |
| LOTENSIN ( <i>benazepril hcl</i> )                                 | T3        | ST HD                            |
| <i>moexipril hcl</i>                                               | T1        | HD                               |
| <i>perindopril erbumine</i>                                        | T1        | HD                               |
| QBRELIS                                                            | T3        | PA HD                            |
| <i>quinapril hcl</i> (Accupril)                                    | T1        | HD                               |
| <i>ramipril</i>                                                    | T1        | HD                               |

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## List of Prescription Medications

### CARDIOVASCULAR (Blood Pressure/Heart Medications) (cont.)

| Prescription Drug Name                                      | Drug Tier | Coverage Requirements and Limits |
|-------------------------------------------------------------|-----------|----------------------------------|
| <b>ANTI-HYPERTENSIVES, ACE INHIBITORS (cont.)</b>           |           |                                  |
| ramipril (Altace)                                           | T1        | HD                               |
| trandolapril                                                | T1        | HD                               |
| VASOTEC (enalapril maleate)                                 | T3        | PA HD                            |
| ZESTRIL (lisinopril)                                        | T3        | PA HD                            |
| <b>ANTIHYPERSENSITIVES, ANGIOTENSIN RECEPTOR ANTAGONIST</b> |           |                                  |
| ARBLI                                                       | T3        | PA HD                            |
| ATACAND (candesartan cilexetil)                             | T3        | PA HD                            |
| AVAPRO (irbesartan)                                         | T3        | PA HD                            |
| BENICAR 5 MG TABLET (olmesartan medoxomil)                  | T3        | PA HD                            |
| BENICAR 20 MG TABLET (olmesartan medoxomil)                 | T3        | PA QL(1 TAB/DAY) HD              |
| BENICAR 40 MG TABLET (olmesartan medoxomil)                 | T3        | PA HD                            |
| candesartan cilexetil (Atacand)                             | T1        | HD                               |
| COZAAR (losartan potassium)                                 | T3        | PA HD                            |
| DIOVAN (valsartan)                                          | T3        | PA HD                            |
| EDARBI 40 MG TABLET                                         | T3        | PA QL(1 TAB/DAY) HD              |
| EDARBI 80 MG TABLET                                         | T3        | PA HD                            |
| eprosartan mesylate                                         | T1        | HD                               |
| irbesartan                                                  | T1        | HD                               |
| irbesartan (Avapro)                                         | T1        | HD                               |
| losartan potassium (Cozaar)                                 | T1        | HD                               |
| MICARDIS 40 MG TABLET (telmisartan)                         | T3        | PA QL(1 TAB/DAY) HD              |
| MICARDIS 80 MG TABLET (telmisartan)                         | T3        | PA HD                            |
| olmesartan medoxomil 20 mg tab (Benicar)                    | T1        | QL(1 TAB/DAY) HD                 |
| olmesartan medoxomil 40 mg tab (Benicar)                    | T1        | HD                               |
| olmesartan medoxomil 5 mg tab (Benicar)                     | T1        | HD                               |
| telmisartan 20 mg tablet (Micardis)                         | T1        | QL(1 TAB/DAY) HD                 |
| telmisartan 40 mg tablet (Micardis)                         | T1        | QL(1 TAB/DAY) HD                 |
| telmisartan 80 mg tablet (Micardis)                         | T1        | HD                               |
| valsartan 160 mg tablet (Diovan)                            | T1        | HD                               |
| valsartan 20 mg/5 ml solution                               | T1        | HD                               |
| VALSARTAN 20 MG/5 ML SOLUTION                               | T3        | ST HD                            |
| valsartan 320 mg tablet (Diovan)                            | T1        | HD                               |
| valsartan 40 mg tablet (Diovan)                             | T1        | HD                               |
| valsartan 80 mg tablet (Diovan)                             | T1        | HD                               |

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## List of Prescription Medications

### CARDIOVASCULAR (Blood Pressure/Heart Medications) (cont.)

| Prescription Drug Name                          | Drug Tier | Coverage Requirements and Limits |
|-------------------------------------------------|-----------|----------------------------------|
| <b>ANTI-HYPERTENSIVES, GANGLIONIC BLOCKERS</b>  |           |                                  |
| VECAMYL                                         | T1        |                                  |
| <b>ANTI-HYPERTENSIVES, MISCELLANEOUS</b>        |           |                                  |
| DEMSEER ( <i>metirosine</i> )                   | T3        | PA HD                            |
| <i>metirosine</i> (Demser)                      | T1        | PA HD                            |
| <b>ANTI-HYPERTENSIVES, SYMPATHOLYTIC</b>        |           |                                  |
| CATAPRES-TTS 1 ( <i>clonidine</i> )             | T3        | PA HD                            |
| CATAPRES-TTS 2 ( <i>clonidine</i> )             | T3        | PA HD                            |
| CATAPRES-TTS 3 ( <i>clonidine</i> )             | T3        | PA HD                            |
| <i>clonidine</i> (Catapres-tts 1)               | T1        | HD                               |
| <i>clonidine</i> (Catapres-tts 2)               | T1        | HD                               |
| <i>clonidine</i> (Catapres-tts 3)               | T1        | HD                               |
| <i>clonidine hcl</i>                            | T1        | HD                               |
| CLONIDINE HCL ER 0.17 MG TAB                    | T3        | PA QL (2 TABS/DAY) HD            |
| <i>guanfacine hcl</i>                           | T1        | HD                               |
| <i>methylodopa</i>                              | T1        | HD                               |
| <i>methylodopa/hydrochlorothiazide</i>          | T1        | HD                               |
| NEXICLON XR                                     | T3        | PA QL (2 TABS/DAY) HD            |
| <b>ANTI-HYPERTENSIVES, VASODILATORS</b>         |           |                                  |
| <i>hydralazine hcl</i>                          | T1        | HD                               |
| <i>minoxidil</i>                                | T1        | HD                               |
| <b>BETA-ADRENERGIC BLOCKING AGENTS</b>          |           |                                  |
| <i>acebutolol hcl</i>                           | T1        | HD                               |
| <i>atenolol</i> (Tenormin)                      | T1        | HD                               |
| BETAPACE ( <i>sotalol af</i> )                  | T3        | PA HD                            |
| BETAPACE AF ( <i>sotalol af</i> )               | T3        | PA HD                            |
| <i>betaxolol hcl</i>                            | T1        | HD                               |
| <i>bisoprolol fumarate 10 mg tab</i>            | T1        | HD                               |
| BISOPROLOL FUMARATE 2.5 MG TAB                  | T3        | PA QL (1 TAB/DAY) HD             |
| <i>bisoprolol fumarate 5 mg tab</i>             | T1        | HD                               |
| BYSTOLIC 10 MG TABLET ( <i>nebivolol hcl</i> )  | T3        | PA QL (1 TAB/DAY) HD             |
| BYSTOLIC 2.5 MG TABLET ( <i>nebivolol hcl</i> ) | T3        | PA QL (1 TAB/DAY) HD             |
| BYSTOLIC 20 MG TABLET ( <i>nebivolol hcl</i> )  | T3        | PA HD                            |
| BYSTOLIC 5 MG TABLET ( <i>nebivolol hcl</i> )   | T3        | PA QL (1 TAB/DAY) HD             |

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## List of Prescription Medications

### CARDIOVASCULAR (Blood Pressure/Heart Medications) (cont.)

| Prescription Drug Name                                     | Drug Tier | Coverage Requirements and Limits |
|------------------------------------------------------------|-----------|----------------------------------|
| <b>BETA-ADRENERGIC BLOCKING AGENTS (cont.)</b>             |           |                                  |
| HEMANGEOL                                                  | T3        | PA                               |
| INDERAL LA ( <i>propranolol hcl er</i> )                   | T3        | PA HD                            |
| INDERAL XL                                                 | T3        | PA HD                            |
| INNOPRAN XL                                                | T3        | PA HD                            |
| KAPSPARGO SPRINKLE                                         | T3        | PA HD                            |
| LOPRESSOR                                                  | T3        | PA HD                            |
| LOPRESSOR ( <i>metoprolol tartrate</i> )                   | T3        | PA HD                            |
| <i>metoprolol succinate</i> (Toprol XL)                    | T1        | HD                               |
| <i>metoprolol tartrate</i>                                 | T1        | HD                               |
| <i>metoprolol tartrate</i> (Lopressor)                     | T1        | HD                               |
| <i>nadolol</i>                                             | T1        | HD                               |
| <i>nebivolol 10 mg tablet</i> (Bystolic)                   | T1        | QL(1 TAB/DAY) HD                 |
| <i>nebivolol 2.5 mg tablet</i> (Bystolic)                  | T1        | QL(1 TAB/DAY) HD                 |
| <i>nebivolol 20 mg tablet</i> (Bystolic)                   | T1        | HD                               |
| <i>nebivolol 5 mg tablet</i> (Bystolic)                    | T1        | QL(1 TAB/DAY) HD                 |
| <i>pindolol</i>                                            | T1        | HD                               |
| <i>propranolol hcl</i>                                     | T1        | HD                               |
| <i>propranolol hcl</i> (Inderal La)                        | T1        | HD                               |
| <i>sotalol hcl</i> (Betapace Af)                           | T1        | HD                               |
| <i>sotalol hcl</i> (Betapace)                              | T1        | HD                               |
| SOTYLIZE                                                   | T3        | HD                               |
| TENORMIN ( <i>atenolol</i> )                               | T3        | PA HD                            |
| <i>timolol maleate</i>                                     | T1        | HD                               |
| TOPROL XL ( <i>metoprolol succinate</i> )                  | T3        | PA HD                            |
| <b>BETA-BLOCKERS AND THIAZIDE, THIAZIDE-LIKE DIURETICS</b> |           |                                  |
| <i>atenolol/chlorthalidone</i> (Tenoretic 100)             | T1        | HD                               |
| <i>atenolol/chlorthalidone</i> (Tenoretic 50)              | T1        | HD                               |
| <i>bisoprolol/hydrochlorothiazide</i>                      | T1        | HD                               |
| <i>metoprolol/hydrochlorothiazide</i>                      | T1        | HD                               |
| <i>propranolol/hydrochlorothiazid</i>                      | T1        | HD                               |
| TENORETIC 100 ( <i>atenolol-chlorthalidone</i> )           | T3        | PA HD                            |
| TENORETIC 50 ( <i>atenolol-chlorthalidone</i> )            | T3        | PA HD                            |

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# List of Prescription Medications

## CARDIOVASCULAR (Blood Pressure/Heart Medications) (cont.)

| Prescription Drug Name                                     | Drug Tier | Coverage Requirements and Limits |
|------------------------------------------------------------|-----------|----------------------------------|
| <b>ENDOTHELIN RECEPTOR ANTAGONISTS</b>                     |           |                                  |
| TRYVIO                                                     | T4        | PA SP                            |
| <b>RENIN INHIBITOR, DIRECT</b>                             |           |                                  |
| <i>aliskiren 150 mg tablet</i> (Tekturna)                  | T1        | QL(1 TAB/DAY) HD                 |
| <i>aliskiren 300 mg tablet</i> (Tekturna)                  | T1        | HD                               |
| TEKTURNA 150 MG TABLET ( <i>aliskiren hemifumarate</i> )   | T3        | PA QL(1 TAB/DAY) HD              |
| TEKTURNA 300 MG TABLET ( <i>aliskiren hemifumarate</i> )   | T3        | PA HD                            |
| <b>RENIN INHIBITOR, DIRECT AND THIAZIDE DIURETIC COMB</b>  |           |                                  |
| TEKTURNA HCT                                               | T2        | HD                               |
| <b>VASODILATORS, COMBINATION</b>                           |           |                                  |
| BIDIL ( <i>isosorbide dinit/hydralazine</i> )              | T3        | PA QL(6 TABS/DAY) HD             |
| <i>isosorbide dinit/hydralazine</i> (Bidil)                | T1        | QL(6 TABS/DAY) HD                |
| <b>VASODILATORS, PERIPHERAL</b>                            |           |                                  |
| <i>ergoloid mesylates</i>                                  | T1        |                                  |
| <i>isoxsuprine hcl</i>                                     | T1        |                                  |
| <b>CARDIOVASCULAR (Cholesterol Medications)</b>            |           |                                  |
| <b>ANTI-HYPERLIP.HMG COA REDUCT INHIB-CHOLEST.AB.INHIB</b> |           |                                  |
| <i>ezetimibe/atorvastatin calcium</i>                      | T1        | PA HD                            |
| <i>ezetimibe/simvastatin</i> (Vytorin)                     | T1        | HD                               |
| ROSUVASTATIN-EZETIMIBE                                     | T3        | PA HD                            |
| ROSZET                                                     | T3        | PA HD                            |
| VYTORIN ( <i>ezetimibe-simvastatin</i> )                   | T3        | PA HD                            |
| <b>ANTI-HYPERLIPID- HMG-COA RI-CALCIUM CHANNEL BLOCKER</b> |           |                                  |
| <i>amlodipine-atorvast 10-10 mg</i> (Caduet)               | T1        | HD                               |
| <i>amlodipine-atorvast 10-20 mg</i> (Caduet)               | T1        | HD                               |
| <i>amlodipine-atorvast 10-40 mg</i> (Caduet)               | T1        | HD                               |
| <i>amlodipine-atorvast 10-80 mg</i> (Caduet)               | T1        | HD                               |
| <i>amlodipine-atorvast 2.5-10 mg</i>                       | T1        | HD                               |
| <i>amlodipine-atorvast 2.5-20 mg</i>                       | T1        | QL(1 TAB/DAY) HD                 |
| <i>amlodipine-atorvast 2.5-40 mg</i>                       | T1        | QL(1 TAB/DAY) HD                 |
| <i>amlodipine-atorvast 5-10 mg</i> (Caduet)                | T1        | HD                               |
| <i>amlodipine-atorvast 5-20 mg</i> (Caduet)                | T1        | QL(1 TAB/DAY) HD                 |
| <i>amlodipine-atorvast 5-40 mg</i> (Caduet)                | T1        | QL(1 TAB/DAY) HD                 |
| <i>amlodipine-atorvast 5-80 mg</i> (Caduet)                | T1        | HD                               |

T1 – Typically Generics

T2 – Typically Preferred Brands

T3 – Typically Non-Preferred Brands

T4 – Specialty Medications

PA – Prior Authorization

QL – Quantity Limit

ST – Step Therapy

AGE – Age Requirement

SP – Specialty Medication

HD – May require home delivery pharmacy

PPACA – No Cost-Share Preventive Medication

CSL – Oral cancer medication subject to cost-share limits

## List of Prescription Medications

### CARDIOVASCULAR (Cholesterol Medications) (cont.)

| Prescription Drug Name                                              | Drug Tier | Coverage Requirements and Limits |
|---------------------------------------------------------------------|-----------|----------------------------------|
| <b>ANTI-HYPERLIPID- HMG-COA RI-CALCIUM CHANNEL BLOCKER (con't.)</b> |           |                                  |
| CADUET 10 MG-10 MG TABLET ( <i>amlodipine-atorvastatin</i> )        | T3        | HD                               |
| CADUET 10 MG-20 MG TABLET ( <i>amlodipine-atorvastatin</i> )        | T3        | HD                               |
| CADUET 10 MG-40 MG TABLET ( <i>amlodipine-atorvastatin</i> )        | T3        | HD                               |
| CADUET 10 MG-80 MG TABLET ( <i>amlodipine-atorvastatin</i> )        | T3        | HD                               |
| CADUET 5 MG-10 MG TABLET ( <i>amlodipine-atorvastatin</i> )         | T3        | HD                               |
| CADUET 5 MG-20 MG TABLET ( <i>amlodipine-atorvastatin</i> )         | T3        | QL(1 TAB/DAY) HD                 |
| CADUET 5 MG-40 MG TABLET ( <i>amlodipine-atorvastatin</i> )         | T3        | QL(1 TAB/DAY) HD                 |
| CADUET 5 MG-80 MG TABLET ( <i>amlodipine-atorvastatin</i> )         | T3        | HD                               |
| <b>ANTI-HYPERLIPIDEMIC - APOLIPOPROTEIN INHIBITOR</b>               |           |                                  |
| TRYNGOLZA                                                           | T4        | PA QL(1 AUTO-INJ/28 DAYS) SP     |
| <b>ANTI-HYPERLIPIDEMIC - ATP CITRATE LYASE INHIBITOR</b>            |           |                                  |
| NEXLETOL                                                            | T2        | PA QL(1 TAB/DAY)                 |
| <b>ANTI-HYPERLIPIDEMIC - MTP INHIBITOR</b>                          |           |                                  |
| JUXTAPID 5 MG CAPSULE                                               | T4        | PA QL(1 CAP/DAY) SP HD           |
| JUXTAPID 10 MG CAPSULE                                              | T4        | PA QL(1 CAP/DAY) SP HD           |
| JUXTAPID 20 MG CAPSULE                                              | T4        | PA QL(2 CAPS/DAY) SP HD          |
| JUXTAPID 30 MG CAPSULE                                              | T4        | PA QL(2 CAPS/DAY) SP HD          |
| <b>ANTI-HYPERLIPIDEMIC - PCSK9 INHIBITORS</b>                       |           |                                  |
| PRALUENT PEN                                                        | T3        | PA                               |
| REPATHA PUSHTRONEX                                                  | T2        |                                  |
| REPATHA SURECLICK                                                   | T2        |                                  |
| REPATHA SYRINGE                                                     | T2        |                                  |
| <b>ANTI-HYPERLIPIDEMIC-ACLY AND CHOLEST ABSORP INHIB</b>            |           |                                  |
| NEXLIZET                                                            | T2        | PA QL(1 TAB/DAY)                 |
| <b>ANTI-HYPERLIPIDEMIC-HMGCOA REDUCTASE INHIB (Statins)</b>         |           |                                  |
| ALTOPREV 20 MG TABLET                                               | T3        | ST QL(1 TAB/DAY) HD              |
| ALTOPREV 40 MG TABLET                                               | T3        | ST HD                            |
| ALTOPREV 60 MG TABLET                                               | T3        | ST HD                            |
| ATORVALIQ                                                           | T3        | ST HD                            |
| <i>atorvastatin 10 mg tablet (Lipitor)</i>                          | T1        | HD PPACA                         |
| <i>atorvastatin 20 mg tablet (Lipitor)</i>                          | T1        | HD PPACA                         |
| <i>atorvastatin 40 mg tablet (Lipitor)</i>                          | T1        | HD                               |
| <i>atorvastatin 80 mg tablet (Lipitor)</i>                          | T1        | HD                               |
| CRESTOR 10 MG TABLET ( <i>rosuvastatin calcium</i> )                | T3        | PA QL(1 TAB/DAY) HD              |

T1 – Typically Generics

T2 – Typically Preferred Brands

T3 – Typically Non-Preferred Brands

T4 – Specialty Medications

PA – Prior Authorization

QL – Quantity Limit

ST – Step Therapy

AGE – Age Requirement

SP – Specialty Medication

HD – May require home delivery pharmacy

PPACA – No Cost-Share Preventive Medication

CSL – Oral cancer medication subject to cost-share limits

## List of Prescription Medications

### CARDIOVASCULAR (Cholesterol Medications) (cont.)

| Prescription Drug Name                                              | Drug Tier | Coverage Requirements and Limits |
|---------------------------------------------------------------------|-----------|----------------------------------|
| <b>ANTI-HYPERLIPIDEMIC-HMGCOA REDUCTASE INHIB (Statins) (cont.)</b> |           |                                  |
| CRESTOR 20 MG TABLET ( <i>rosuvastatin calcium</i> )                | T3        | PA QL (1 TAB/DAY) HD             |
| CRESTOR 40 MG TABLET ( <i>rosuvastatin calcium</i> )                | T3        | PA HD                            |
| CRESTOR 5 MG TABLET ( <i>rosuvastatin calcium</i> )                 | T3        | PA QL (1 TAB/DAY) HD             |
| FLOLIPID                                                            | T3        | ST HD                            |
| <i>fluvastatin sodium</i>                                           | T1        | HD PPACA                         |
| <i>fluvastatin sodium</i> (Lescol XL)                               | T1        | HD PPACA                         |
| LESCOL XL ( <i>fluvastatin er</i> )                                 | T3        | PA HD                            |
| LIPITOR ( <i>atorvastatin calcium</i> )                             | T3        | PA HD                            |
| LIVALO 1 MG TABLET ( <i>pitavastatin calcium</i> )                  | T3        | PA QL (1 TAB/DAY) HD             |
| LIVALO 2 MG TABLET ( <i>pitavastatin calcium</i> )                  | T3        | PA QL (1 TAB/DAY) HD             |
| LIVALO 4 MG TABLET ( <i>pitavastatin calcium</i> )                  | T3        | PA HD                            |
| <i>lovastatin 10 mg tablet</i>                                      | T1        | HD                               |
| <i>lovastatin 20 mg tablet</i>                                      | T1        | HD PPACA                         |
| <i>lovastatin 40 mg tablet</i>                                      | T1        | HD PPACA                         |
| <i>pitavastatin 1 mg tablet</i> (Livalo)                            | T1        | QL (1 TAB/DAY) HD PPACA          |
| <i>pitavastatin 2 mg tablet</i> (Livalo)                            | T1        | QL (1 TAB/DAY) HD PPACA          |
| <i>pitavastatin 4 mg tablet</i> (Livalo)                            | T1        | HD PPACA                         |
| <i>pravastatin sodium</i>                                           | T1        | HD PPACA                         |
| <i>rosuvastatin calcium 10 mg tab</i> (Crestor)                     | T1        | QL (1 TAB/DAY) HD PPACA          |
| <i>rosuvastatin calcium 20 mg tab</i> (Crestor)                     | T1        | QL (1 TAB/DAY) HD                |
| <i>rosuvastatin calcium 40 mg tab</i> (Crestor)                     | T1        | HD                               |
| <i>rosuvastatin calcium 5 mg tab</i> (Crestor)                      | T1        | QL (1 TAB/DAY) HD PPACA          |
| <i>simvastatin 10 mg tablet</i> (Zocor)                             | T1        | HD PPACA                         |
| <i>simvastatin 20 mg tablet</i> (Zocor)                             | T1        | HD PPACA                         |
| <i>simvastatin 40 mg tablet</i> (Zocor)                             | T1        | HD PPACA                         |
| <i>simvastatin 5 mg tablet</i>                                      | T1        | HD                               |
| <i>simvastatin 80 mg tablet</i>                                     | T1        | QL (1 TAB/DAY) HD                |
| ZOCOR                                                               | T3        | PA HD                            |
| ZYPITAMAG                                                           | T3        | ST HD                            |
| <b>BILE SALT SEQUESTRANTS</b>                                       |           |                                  |
| <i>cholestyramine</i>                                               | T1        | HD                               |
| <i>cholestyramine</i> (Questran Light)                              | T1        | HD                               |
| <i>cholestyramine (with sugar)</i> (Questran)                       | T1        | HD                               |
| <i>cholestyramine/aspartame</i>                                     | T1        | HD                               |

T1 – Typically Generics

T2 – Typically Preferred Brands

T3 – Typically Non-Preferred Brands

T4 – Specialty Medications

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ST – Step Therapy

AGE – Age Requirement

SP – Specialty Medication

HD – May require home delivery pharmacy

PPACA – No Cost-Share Preventive Medication

CSL – Oral cancer medication subject to cost-share limits

## List of Prescription Medications

### CARDIOVASCULAR (Cholesterol Medications) (cont.)

| Prescription Drug Name                       | Drug Tier | Coverage Requirements and Limits |
|----------------------------------------------|-----------|----------------------------------|
| <b>BILE SALT SEQUESTRANTS (cont.)</b>        |           |                                  |
| <i>colesevelam hcl</i> (Welchol)             | T1        | HD                               |
| COLESTID                                     | T3        | HD                               |
| COLESTID ( <i>colestipol hcl</i> )           | T3        | HD                               |
| <i>colestipol hcl</i>                        | T1        | HD                               |
| <i>colestipol hcl</i> (Colestid)             | T1        | HD                               |
| QUESTRAN ( <i>cholestyramine</i> )           | T3        | HD                               |
| QUESTRAN LIGHT ( <i>cholestyramine</i> )     | T3        | HD                               |
| WELCHOL ( <i>colesevelam hcl</i> )           | T3        | PA HD                            |
| <b>LIPOTROPICS</b>                           |           |                                  |
| <i>ezetimibe</i> (Zetia)                     | T1        | HD                               |
| <i>fenofibrate 120 mg tablet</i> (Fenoglide) | T1        | HD                               |
| <i>fenofibrate 130 mg capsule</i>            | T1        | HD                               |
| <i>fenofibrate 134 mg capsule</i>            | T1        | HD                               |
| <i>fenofibrate 145 mg tablet</i> (Tricor)    | T1        | HD                               |
| FENOFIBRATE 150 MG CAPSULE                   | T1        | HD                               |
| <i>fenofibrate 160 mg tablet</i>             | T1        | HD                               |
| <i>fenofibrate 200 mg capsule</i>            | T1        | HD                               |
| FENOFIBRATE 30 MG CAPSULE                    | T3        | PA HD                            |
| <i>fenofibrate 40 mg tablet</i> (Fenoglide)  | T1        | HD                               |
| <i>fenofibrate 43 mg capsule</i>             | T1        | HD                               |
| <i>fenofibrate 48 mg tablet</i> (Tricor)     | T1        | HD                               |
| FENOFIBRATE 50 MG CAPSULE                    | T1        | HD                               |
| <i>fenofibrate 54 mg tablet</i>              | T1        | HD                               |
| <i>fenofibrate 67 mg capsule</i>             | T1        | HD                               |
| FENOFIBRATE 90 MG CAPSULE                    | T3        | PA HD                            |
| <i>fenofibric acid</i>                       | T1        | HD                               |
| <i>fenofibric acid (choline)</i>             | T1        | HD                               |
| <i>fenofibric acid</i> (Fibricor)            | T1        | HD                               |
| FENOGLIDE ( <i>fenofibrate</i> )             | T3        | PA HD                            |
| FIBRICOR ( <i>fenofibric acid</i> )          | T3        | ST HD                            |
| <i>gemfibrozil</i> (Lopid)                   | T1        | HD                               |
| LIPOFEN                                      | T3        | ST HD                            |
| LOPID ( <i>gemfibrozil</i> )                 | T3        | HD                               |
| <i>niacin</i>                                | T1        | HD                               |

T1 – Typically Generics

T2 – Typically Preferred Brands

T3 – Typically Non-Preferred Brands

T4 – Specialty Medications

PA – Prior Authorization

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ST – Step Therapy

AGE – Age Requirement

SP – Specialty Medication

HD – May require home delivery pharmacy

PPACA – No Cost-Share Preventive Medication

CSL – Oral cancer medication subject to cost-share limits

## List of Prescription Medications

### CARDIOVASCULAR (Cholesterol Medications) (cont.)

| Prescription Drug Name                         | Drug Tier | Coverage Requirements and Limits |
|------------------------------------------------|-----------|----------------------------------|
| <b>LIPOTROPICS (cont.)</b>                     |           |                                  |
| <i>niacin</i>                                  | T1        | PA HD                            |
| NIACOR                                         | T3        | PA HD                            |
| TRICOR ( <i>fenofibrate nanocrystallized</i> ) | T3        | ST HD                            |
| ZETIA ( <i>ezetimibe</i> )                     | T3        | PA HD                            |

### CARDIOVASCULAR (MISCELLANEOUS)

#### ENDOTHELIN-ANGIOTENSIN RECEPTOR ANTAGONIST

|          |    |                     |
|----------|----|---------------------|
| FILSPARI | T4 | PA QL(1 TAB/DAY) SP |
|----------|----|---------------------|

### CNS DRUGS (Alzheimer's Disease)

#### ALZHEIMER'S THERAPY, NMDA RECEPTOR ANTAGONISTS

|                                                      |    |                          |
|------------------------------------------------------|----|--------------------------|
| <i>memantine hcl</i> (Namenda)                       | T1 | HD                       |
| MEMANTINE HCL                                        | T1 | HD                       |
| <i>memantine hcl er 14 mg capsule</i> (Namenda Xr)   | T1 | QL(1 CAP/DAY) HD         |
| <i>memantine hcl er 21 mg capsule</i> (Namenda Xr)   | T1 | HD                       |
| <i>memantine hcl er 28 mg capsule</i> (Namenda Xr)   | T1 | HD                       |
| <i>memantine hcl er 7 mg capsule</i> (Namenda Xr)    | T1 | QL(1 CAP/DAY) HD         |
| NAMENDA                                              | T2 | HD                       |
| NAMENDA XR 14 MG CAPSULE ( <i>memantine hcl er</i> ) | T3 | PA QL(1 CAP/DAY) HD      |
| NAMENDA XR 28 MG CAPSULE ( <i>memantine hcl er</i> ) | T3 | PA HD                    |
| NAMENDA XR 7 MG CAPSULE ( <i>memantine hcl er</i> )  | T3 | PA QL(1 CAP/DAY) HD      |
| NAMENDA XR TITRATION PACK                            | T3 | QL(112 CAPS/365 DAYS) HD |

#### ALZHEIMER'S THX,NMDA RECEPTOR ANTAG-CHOLINES INHIB

|                                                                     |    |                             |
|---------------------------------------------------------------------|----|-----------------------------|
| <i>memantine hcl/donepezil hcl</i> (Namzaric)                       | T1 | QL(2 CAPS/DAY) HD           |
| NAMZARIC 14 MG-10 MG CAPSULE ( <i>memantine hcl/donepezil hcl</i> ) | T3 | PA QL(2 CAPS/DAY) HD        |
| NAMZARIC 21 MG-10 MG CAPSULE ( <i>memantine hcl/donepezil hcl</i> ) | T3 | PA QL(2 CAPS/DAY) HD        |
| NAMZARIC 28 MG-10 MG CAPSULE ( <i>memantine hcl/donepezil hcl</i> ) | T3 | PA QL(2 CAPS/DAY) HD        |
| NAMZARIC 7 MG-10 MG CAPSULE                                         | T3 | PA QL(2 CAPS/DAY) HD        |
| NAMZARIC TITRATION PACK                                             | T3 | PA QL(112 CAPS/365 DAYS) HD |

#### AMYLOID DIRECTED MONOCLONAL ANTIBODY

|                             |    |       |
|-----------------------------|----|-------|
| LEQEMBI IQLIK 360 MG/1.8 ML | T4 | PA SP |
|-----------------------------|----|-------|

### CNS DRUGS (Miscellaneous)

#### AMYOTROPHIC LATERAL SCLEROSIS AGENTS

|                               |    |                              |
|-------------------------------|----|------------------------------|
| RADICAVA ORS 105 MG/5 ML SUSP | T4 | PA QL(50 MLS/30 DAYS) SP HD  |
| RADICAVA ORS STARTER KIT SUSP | T4 | PA QL(70 MLS/365 DAYS) SP HD |

T1 – Typically Generics

T2 – Typically Preferred Brands

T3 – Typically Non-Preferred Brands

T4 – Specialty Medications

PA – Prior Authorization

QL – Quantity Limit

ST – Step Therapy

AGE – Age Requirement

SP – Specialty Medication

HD – May require home delivery pharmacy

PPACA – No Cost-Share Preventive Medication

CSL – Oral cancer medication subject to cost-share limits

## List of Prescription Medications

| CNS DRUGS (Miscellaneous) (cont.)                         |           |                                  |
|-----------------------------------------------------------|-----------|----------------------------------|
| Prescription Drug Name                                    | Drug Tier | Coverage Requirements and Limits |
| <b>AMYOTROPHIC LATERAL SCLEROSIS AGENTS (cont.)</b>       |           |                                  |
| RILUTEK ( <i>riluzole</i> )                               | T4        | PA SP HD                         |
| <i>riluzole</i> (Rilutek)                                 | T4        | SP HD                            |
| TEGLUTIK                                                  | T4        | PA SP                            |
| TIGLUTIK                                                  | T4        | PA SP                            |
| <b>DRUGS TO TREAT MOVEMENT DISORDERS</b>                  |           |                                  |
| AUSTEDO                                                   | T4        | PA SP HD                         |
| AUSTEDO XR 6 MG TABLET                                    | T4        | PA QL(3 TABS/DAY) SP HD          |
| AUSTEDO XR 12 MG TABLET                                   | T4        | PA QL(1 TAB/DAY) SP HD           |
| AUSTEDO XR 18 MG TABLET                                   | T4        | PA QL(1 TAB/DAY) SP HD           |
| AUSTEDO XR 24 MG TABLET                                   | T4        | PA QL(2 TABS/DAY) SP HD          |
| AUSTEDO XR 30 MG TABLET                                   | T4        | PA QL(1 TAB/DAY) SP HD           |
| AUSTEDO XR 36 MG TABLET                                   | T4        | PA QL(1 TAB/DAY) SP HD           |
| AUSTEDO XR 42 MG TABLET                                   | T4        | PA QL(1 TAB/DAY) SP HD           |
| AUSTEDO XR 48 MG TABLET                                   | T4        | PA QL(1 TAB/DAY) SP HD           |
| AUSTEDO XR TITRATION KIT(WK1-4)                           | T4        | PA QL(1 KIT/180 DAYS) SP HD      |
| HORIZANT                                                  | T3        | PA                               |
| INGREZZA                                                  | T4        | PA QL(1 CAP/DAY) SP              |
| INGREZZA INITIATION PK (TARDIV)                           | T4        | PA QL(28 CAPS/365 DAYS) SP       |
| INGREZZA SPRINKLE                                         | T4        | PA QL(1 CAP/DAY) SP              |
| <i>tetrabenazine</i> (Xenazine)                           | T4        | PA SP HD                         |
| XENAZINE ( <i>tetrabenazine</i> )                         | T4        | PA SP HD                         |
| <b>GLYPROMATE (GPE) ANALOGS</b>                           |           |                                  |
| DAYBUE                                                    | T4        | PA QL(120 MLS/DAY) SP            |
| <b>PSEUDOBULBAR AFFECT (PBA) AGENTS, NMDA ANTAGONISTS</b> |           |                                  |
| NUDEXTA                                                   | T3        | QL(4 CAPS/DAY)                   |
| <b>XANTHINES</b>                                          |           |                                  |
| <i>caffeine citrate</i>                                   | T1        | HD                               |
| <b>CNS DRUGS (Multiple Sclerosis)</b>                     |           |                                  |
| <b>AGENTS TO TREAT MULTIPLE SCLEROSIS</b>                 |           |                                  |
| AUBAGIO ( <i>teriflunomide</i> )                          | T4        | PA SP HD                         |
| AVONEX (4 PACK)                                           | T4        | PA SP HD                         |
| AVONEX PEN (4 PACK)                                       | T4        | PA SP HD                         |
| BAFIERTAM                                                 | T4        | PA SP HD                         |
| BETASERON                                                 | T4        | PA SP HD                         |

T1 – Typically Generics

T2 – Typically Preferred Brands

T3 – Typically Non-Preferred Brands

T4 – Specialty Medications

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AGE – Age Requirement

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CSL – Oral cancer medication subject to cost-share limits

## List of Prescription Medications

### CNS DRUGS (Multiple Sclerosis) (cont.)

| Prescription Drug Name                                   | Drug Tier | Coverage Requirements and Limits |
|----------------------------------------------------------|-----------|----------------------------------|
| <b>AGENTS TO TREAT MULTIPLE SCLEROSIS (cont.)</b>        |           |                                  |
| <i>cladribine</i>                                        | T4        | PA SP HD                         |
| COPAXONE ( <i>glatiramer acetate</i> )                   | T4        | PA SP HD                         |
| <i>dimethyl fumarate 30d start pk</i> (Tecfidera)        | T4        | SP HD                            |
| <i>dimethyl fumarate dr 120 mg cp</i> (Tecfidera)        | T4        | SP HD                            |
| <i>dimethyl fumarate dr 240 mg cp</i> (Tecfidera)        | T4        | SP HD                            |
| <i>fingolimod hcl</i> (Gilenya)                          | T4        | SP HD                            |
| GILENYA 0.25 MG CAPSULE                                  | T4        | PA QL (1 CAP/DAY) SP             |
| GILENYA 0.5 MG CAPSULE ( <i>fingolimod hcl</i> )         | T4        | PA SP HD                         |
| <i>glatiramer acetate</i> (Copaxone)                     | T4        | SP HD                            |
| KESIMPTA PEN                                             | T4        | PA SP HD                         |
| MAVENCLAD                                                | T4        | PA SP HD                         |
| MAYZENT                                                  | T4        | PA SP HD                         |
| PLEGRIDY                                                 | T4        | PA SP HD                         |
| PLEGRIDY PEN                                             | T4        | PA SP HD                         |
| PONVORY                                                  | T4        | PA SP HD                         |
| REBIF                                                    | T4        | PA SP HD                         |
| REBIF REBIDOSE                                           | T4        | PA SP HD                         |
| TASCENSO ODT                                             | T4        | PA QL (1 TAB/DAY) SP HD          |
| TECFIDERA ( <i>dimethyl fumarate</i> )                   | T4        | PA SP HD                         |
| <i>teriflunomide</i> (Aubagio)                           | T4        | SP HD                            |
| VUMERITY                                                 | T4        | PA SP HD                         |
| <b>AGTS TX NEUROMUSC TRANSMISSION DIS, POT-CHAN BLKR</b> |           |                                  |
| AMPYRA ( <i>dalfampridine</i> )                          | T4        | PA SP HD                         |
| <i>dalfampridine er 10 mg tablet</i> (Ampyra)            | T4        | PA HD                            |
| <i>dalfampridine er 10 mg tablet</i> (Ampyra)            | T4        | PA SP HD                         |
| FIRDAPSE                                                 | T4        | PA QL (8 TABS/DAY) SP            |
| <b>SPHINGOSINE I-PHOSPHATE (SIP) RECEPTOR MODULATOR</b>  |           |                                  |
| ZEPOSIA                                                  | T4        | PA SP HD                         |
| <b>CNS DRUGS (Pain Relief And Inflammatory Disease)</b>  |           |                                  |
| <b>CALCITONIN GENE-RELATED PEPTIDE (CGRP) INHIBITORS</b> |           |                                  |
| EMGALITY SYRINGE                                         | T2        | PA                               |

T1 – Typically Generics

T2 – Typically Preferred Brands

T3 – Typically Non-Preferred Brands

T4 – Specialty Medications

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ST – Step Therapy

AGE – Age Requirement

SP – Specialty Medication

HD – May require home delivery pharmacy

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CSL – Oral cancer medication subject to cost-share limits

## List of Prescription Medications

### CNS DRUGS (Pain Relief And Inflammatory Disease) (cont.)

| Prescription Drug Name                                  | Drug Tier | Coverage Requirements and Limits   |
|---------------------------------------------------------|-----------|------------------------------------|
| <b>POSTHERPETIC NEURALGIA AGENTS</b>                    |           |                                    |
| <i>gabapentin</i> (Gralise)                             | T1        |                                    |
| GRALISE ER 300 MG TABLET ( <i>gabapentin</i> )          | T3        |                                    |
| GRALISE ER 450 MG TABLET ( <i>gabapentin</i> )          | T3        | PA                                 |
| GRALISE ER 600 MG TABLET ( <i>gabapentin</i> )          | T3        |                                    |
| GRALISE ER 750 MG TABLET ( <i>gabapentin</i> )          | T3        | PA                                 |
| GRALISE ER 900 MG TABLET ( <i>gabapentin</i> )          | T3        | PA                                 |
| <b>SPHINGOSINE 1-PHOSPHATE (SIP) RECEPTOR MODULATOR</b> |           |                                    |
| VELSIPITY                                               | T4        | PA QL(30 TABS/30 DAYS) SP HD       |
| ZEPOSIA                                                 | T4        | PA SP HD                           |
| <b>CNS DRUGS (Seizure Disorders)</b>                    |           |                                    |
| <b>ANTI-CONVULSANT - BENZODIAZEPINE TYPE</b>            |           |                                    |
| <i>clobazam</i> (Onfi)                                  | T1        | HD                                 |
| <i>clonazepam</i>                                       | T1        | HD                                 |
| <i>clonazepam</i> (Klonopin)                            | T1        | HD                                 |
| DIASTAT ( <i>diazepam</i> )                             | T3        | PA HD                              |
| <i>diazepam</i> 10 mg rectal gel syst                   | T1        | HD                                 |
| <i>diazepam</i> 10mg rectal gel (2pk)                   | T1        | HD                                 |
| <i>diazepam</i> 2.5 mg rectal gel sys (Diatat)          | T1        | HD                                 |
| <i>diazepam</i> 20 mg rectal gel syst                   | T1        | HD                                 |
| <i>diazepam</i> 20mg rectal gel (2pk)                   | T1        | HD                                 |
| KLONOPIN ( <i>clonazepam</i> )                          | T3        | PA HD                              |
| LIBERVANT                                               | T3        | PA QL(10 FILMS/30 DAYS) HD         |
| NAYZILAM                                                | T2        | PA QL(10 UNITS/30 DAYS) HD         |
| ONFI ( <i>clobazam</i> )                                | T3        | PA HD                              |
| SYMPAZAN                                                | T3        | PA HD                              |
| VALTOCO                                                 | T2        | PA QL(10 BLISTER PACKS/30 DAYS) HD |
| <b>ANTI-CONVULSANT - CANNABINOID TYPE</b>               |           |                                    |
| EPIDIOLEX                                               | T3        | PA SP HD                           |
| <b>ANTI-CONVULSANTS</b>                                 |           |                                    |
| APTIOM 200 MG TABLET ( <i>eslicarbazepine acetate</i> ) | T3        | PA QL(1 TAB/DAY) HD                |
| APTIOM 400 MG TABLET ( <i>eslicarbazepine acetate</i> ) | T3        | PA QL(1 TAB/DAY) HD                |
| APTIOM 600 MG TABLET ( <i>eslicarbazepine acetate</i> ) | T3        | PA HD                              |
| APTIOM 800 MG TABLET ( <i>eslicarbazepine acetate</i> ) | T3        | PA HD                              |

T1 – Typically Generics

T2 – Typically Preferred Brands

T3 – Typically Non-Preferred Brands

T4 – Specialty Medications

PA – Prior Authorization

QL – Quantity Limit

ST – Step Therapy

AGE – Age Requirement

SP – Specialty Medication

HD – May require home delivery pharmacy

PPACA – No Cost-Share Preventive Medication

CSL – Oral cancer medication subject to cost-share limits

## List of Prescription Medications

### CNS DRUGS (Seizure Disorders) (cont.)

| Prescription Drug Name                                       | Drug Tier | Coverage Requirements and Limits |
|--------------------------------------------------------------|-----------|----------------------------------|
| <b>ANTI-CONVULSANTS (cont.)</b>                              |           |                                  |
| BANZEL 200 MG TABLET ( <i>rufinamide</i> )                   | T3        | PA QL (16 TABS/DAY) HD           |
| BANZEL 40 MG/ML SUSPENSION ( <i>rufinamide</i> )             | T3        | PA QL (80 MLS/DAY) HD            |
| BANZEL 400 MG TABLET ( <i>rufinamide</i> )                   | T3        | PA QL (8 TABS/DAY) HD            |
| BRIVIACT                                                     | T3        | PA HD                            |
| <i>carbamazepine</i> (Carbatrol)                             | T1        | HD                               |
| <i>carbamazepine</i> (Tegretol Xr)                           | T1        | HD                               |
| <i>carbamazepine</i> (Tegretol)                              | T1        | HD                               |
| <i>carbamazepine</i> 100 mg tab chew                         | T1        | HD                               |
| <i>carbamazepine</i> 100 mg/5 ml cup                         | T1        | HD                               |
| <i>carbamazepine</i> 100 mg/5 ml susp (Tegretol)             | T1        | HD                               |
| CARBAMAZEPINE 200 MG TAB CHEW                                | T3        | HD                               |
| <i>carbamazepine</i> 200 mg tablet (Tegretol)                | T1        | HD                               |
| <i>carbamazepine</i> 200 mg/10 ml cup                        | T1        | HD                               |
| CARBATROL ( <i>carbamazepine</i> )                           | T3        | PA HD                            |
| CELONTIN ( <i>methsuximide</i> )                             | T3        | HD                               |
| DEPAKOTE ( <i>divalproex sodium</i> )                        | T3        | PA HD                            |
| DEPAKOTE ER ( <i>divalproex sodium er</i> )                  | T3        | PA HD                            |
| DEPAKOTE SPRINKLE ( <i>divalproex sodium</i> )               | T3        | PA HD                            |
| DIACOMIT                                                     | T3        | PA SP HD                         |
| DILANTIN 100 MG CAPSULE ( <i>phenytoin sodium extended</i> ) | T3        | PA HD                            |
| DILANTIN 30 MG CAPSULE                                       | T2        | PA HD                            |
| DILANTIN 50 MG INFATAB ( <i>phenytoin</i> )                  | T3        | PA HD                            |
| DILANTIN-125 ( <i>phenytoin</i> )                            | T3        | PA HD                            |
| <i>divalproex sodium</i> (Depakote Er)                       | T1        | HD                               |
| <i>divalproex sodium</i> (Depakote Sprinkle)                 | T1        | HD                               |
| <i>divalproex sodium</i> (Depakote)                          | T1        | HD                               |
| ELEPSIA XR                                                   | T3        | PA HD                            |
| EPRONTIA ( <i>topiramate</i> )                               | T3        | PA HD                            |
| <i>eslicarbazepine</i> 200 mg, 400 mg tablet                 | T1        | PA QL (1 TAB/DAY) HD             |
| <i>eslicarbazepine</i> 600 mg, 800 mg tablet                 | T1        | PA HD                            |
| <i>ethosuximide</i> (Zarontin)                               | T1        | HD                               |
| <i>felbamate</i> (Felbatol)                                  | T1        | HD                               |
| FELBATOL ( <i>felbamate</i> )                                | T3        | PA HD                            |

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# List of Prescription Medications

## CNS DRUGS (Seizure Disorders) (cont.)

| Prescription Drug Name                       | Drug Tier | Coverage Requirements and Limits |
|----------------------------------------------|-----------|----------------------------------|
| <b>ANTI-CONVULSANTS (cont.)</b>              |           |                                  |
| FINTEPLA                                     | T4        | PA SP HD                         |
| FYCOMPA 0.5 MG/ML ORAL SUSP                  | T3        | PA HD                            |
| FYCOMPA 2 MG TABLET ( <i>perampanel</i> )    | T3        | PA HD                            |
| FYCOMPA 4 MG TABLET ( <i>perampanel</i> )    | T3        | PA QL (1 TAB/DAY) HD             |
| FYCOMPA 6 MG TABLET ( <i>perampanel</i> )    | T3        | PA QL (1 TAB/DAY) HD             |
| FYCOMPA 8 MG TABLET ( <i>perampanel</i> )    | T3        | PA HD                            |
| FYCOMPA 10 MG TABLET ( <i>perampanel</i> )   | T3        | PA HD                            |
| FYCOMPA 12 MG TABLET ( <i>perampanel</i> )   | T3        | PA HD                            |
| <i>gabapentin</i>                            | T1        | HD                               |
| <i>gabapentin</i> (Neurontin)                | T1        | HD                               |
| GABARONE                                     | T3        | PA HD                            |
| KEPPRA ( <i>levetiracetam</i> )              | T3        | PA HD                            |
| KEPPRA XR ( <i>levetiracetam</i> )           | T3        | PA HD                            |
| <i>lacosamide</i> (Vimpat)                   | T1        | HD                               |
| LAMICTAL (BLUE) ( <i>lamotrigine</i> )       | T3        | PA HD                            |
| LAMICTAL (GREEN) ( <i>lamotrigine</i> )      | T3        | PA HD                            |
| LAMICTAL ( <i>lamotrigine</i> )              | T3        | PA HD                            |
| LAMICTAL (ORANGE) ( <i>lamotrigine</i> )     | T3        | PA HD                            |
| LAMICTAL ODT (BLUE) ( <i>lamotrigine</i> )   | T3        | PA HD                            |
| LAMICTAL ODT (GREEN) ( <i>lamotrigine</i> )  | T3        | PA HD                            |
| LAMICTAL ODT ( <i>lamotrigine</i> )          | T3        | PA HD                            |
| LAMICTAL ODT (ORANGE) ( <i>lamotrigine</i> ) | T3        | PA HD                            |
| LAMICTAL XR (BLUE)                           | T3        | PA HD                            |
| LAMICTAL XR (GREEN)                          | T3        | PA HD                            |
| LAMICTAL XR ( <i>lamotrigine</i> )           | T3        | PA HD                            |
| LAMICTAL XR (ORANGE)                         | T3        | PA HD                            |
| <i>lamotrigine</i> (Lamictal (blue))         | T1        | HD                               |
| <i>lamotrigine</i> (Lamictal (green))        | T1        | HD                               |
| <i>lamotrigine</i> (Lamictal (orange))       | T1        | HD                               |
| <i>lamotrigine</i> (Lamictal Odt (blue))     | T1        | HD                               |
| <i>lamotrigine</i> (Lamictal Odt (green))    | T1        | HD                               |
| <i>lamotrigine</i> (Lamictal Odt (orange))   | T1        | HD                               |
| <i>lamotrigine</i> (Lamictal Odt)            | T1        | HD                               |
| <i>lamotrigine</i> (Lamictal Xr)             | T1        | HD                               |

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## List of Prescription Medications

### CNS DRUGS (Seizure Disorders) (cont.)

| Prescription Drug Name                         | Drug Tier | Coverage Requirements and Limits |
|------------------------------------------------|-----------|----------------------------------|
| <b>ANTI-CONVULSANTS (cont.)</b>                |           |                                  |
| <i>lamotrigine</i> (Lamictal)                  | T1        | HD                               |
| <i>levetiracetam</i> (Keppra Xr)               | T1        | HD                               |
| <i>levetiracetam</i> (Keppra)                  | T1        | HD                               |
| <i>levetiracetam 1,000 mg tablet</i> (Keppra)  | T1        | HD                               |
| <i>levetiracetam 1,000mg/10ml cup</i> (Keppra) | T1        | HD                               |
| <i>levetiracetam 100 mg/ml soln</i> (Keppra)   | T1        | HD                               |
| LEVETIRACETAM 250 MG TAB SUSP                  | T3        | PA HD                            |
| <i>levetiracetam 250 mg tablet</i> (Keppra)    | T1        | HD                               |
| <i>levetiracetam 500 mg tablet</i> (Keppra)    | T1        | HD                               |
| <i>levetiracetam 500 mg/5 ml cup</i>           | T1        | HD                               |
| <i>levetiracetam 500 mg/5 ml soln</i>          | T1        | HD                               |
| <i>levetiracetam 750 mg tablet</i> (Keppra)    | T1        | HD                               |
| LYRICA ( <i>pregabalin</i> )                   | T3        | PA HD                            |
| <i>methsuximide</i> (Celontin)                 | T1        | HD                               |
| MOTPOLY XR 100 MG CAPSULE                      | T3        | PA QL (1 CAP/DAY) HD             |
| MOTPOLY XR 150 MG CAPSULE                      | T3        | PA QL (2 CAPS/DAY) HD            |
| MOTPOLY XR 200 MG CAPSULE                      | T3        | PA QL (2 CAPS/DAY) HD            |
| MYSOLINE ( <i>primidone</i> )                  | T3        | PA HD                            |
| NEURONTIN ( <i>gabapentin</i> )                | T3        | PA HD                            |
| <i>oxcarbazepine</i> (Oxtellar Xr)             | T1        | PA HD                            |
| <i>oxcarbazepine</i> (Trileptal)               | T1        | HD                               |
| OXTELLAR XR ( <i>oxcarbazepine</i> )           | T3        | PA HD                            |
| <i>perampanel 10 mg tablet</i> (Fycompa)       | T1        | PA HD                            |
| <i>perampanel 12 mg tablet</i> (Fycompa)       | T1        | PA HD                            |
| <i>perampanel 2 mg tablet</i> (Fycompa)        | T1        | PA HD                            |
| <i>perampanel 4 mg tablet</i> (Fycompa)        | T1        | PA QL (1 TAB/DAY) HD             |
| <i>perampanel 6 mg tablet</i> (Fycompa)        | T1        | PA QL (1 TAB/DAY) HD             |
| <i>perampanel 8 mg tablet</i> (Fycompa)        | T1        | PA HD                            |
| PHENYTEK ( <i>phenytoin sodium extended</i> )  | T3        | PA HD                            |
| <i>phenytoin</i>                               | T1        | HD                               |
| <i>phenytoin</i> (Dilantin)                    | T1        | HD                               |
| <i>phenytoin</i> (Dilantin-125)                | T1        | HD                               |

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## List of Prescription Medications

### CNS DRUGS (Seizure Disorders) (cont.)

| Prescription Drug Name                         | Drug Tier | Coverage Requirements and Limits |
|------------------------------------------------|-----------|----------------------------------|
| <b>ANTI-CONVULSANTS (cont.)</b>                |           |                                  |
| <i>phenytoin sodium extended</i> (Dilantin)    | T1        | HD                               |
| <i>phenytoin sodium extended</i> (Phenytek)    | T1        | HD                               |
| <i>pregabalin</i> (Lyrica)                     | T1        | HD                               |
| PRIMIDONE 125 MG TABLET                        | T3        | PA HD                            |
| <i>primidone 250 mg tablet</i> (Mysoline)      | T1        | HD                               |
| <i>primidone 50 mg tablet</i> (Mysoline)       | T1        | HD                               |
| QUDEXY XR ( <i>topiramate</i> )                | T3        | PA HD                            |
| <i>rufinamide 200 mg tablet</i> (Banzel)       | T1        | PA QL(16 TABS/DAY) HD            |
| <i>rufinamide 40 mg/ml suspension</i> (Banzel) | T1        | PA QL(80 MLS/DAY) HD             |
| <i>rufinamide 400 mg tablet</i> (Banzel)       | T1        | PA QL(8 TABS/DAY) HD             |
| SABRIL ( <i>vigabatrin</i> )                   | T3        | PA SP HD                         |
| SPRITAM                                        | T3        | PA HD                            |
| <i>subvenite 100 mg tablet</i> (Lamictal)      | T1        | HD                               |
| <i>subvenite 150 mg tablet</i> (Lamictal)      | T1        | HD                               |
| <i>subvenite 200 mg tablet</i> (Lamictal)      | T1        | HD                               |
| <i>subvenite 25 mg tablet</i> (Lamictal)       | T1        | HD                               |
| TEGRETOL ( <i>carbamazepine</i> )              | T3        | PA HD                            |
| TEGRETOL XR ( <i>carbamazepine</i> )           | T3        | PA HD                            |
| <i>tiagabine hcl 12 mg tablet</i>              | T1        | QL(8 TABS/DAY) HD                |
| <i>tiagabine hcl 16 mg tablet</i>              | T1        | QL(6 TABS/DAY) HD                |
| <i>tiagabine hcl 2 mg tablet</i>               | T1        | HD                               |
| <i>tiagabine hcl 4 mg tablet</i>               | T1        | HD                               |
| TOPAMAX ( <i>topiramate</i> )                  | T3        | PA HD                            |
| <i>topiramate</i> (Qudexy Xr)                  | T1        | HD                               |
| <i>topiramate 100 mg tablet</i> (Topamax)      | T1        | HD                               |
| <i>topiramate 15 mg sprinkle cap</i> (Topamax) | T1        | HD                               |
| <i>topiramate 200 mg tablet</i> (Topamax)      | T1        | HD                               |
| <i>topiramate 25 mg sprinkle cap</i> (Topamax) | T1        | HD                               |
| <i>topiramate 25 mg tablet</i> (Topamax)       | T1        | HD                               |
| <i>topiramate 25 mg/ml solution</i> (Eprontia) | T1        | HD                               |
| <i>topiramate 50 mg sprinkle cap</i>           | T1        | HD                               |
| TOPIRAMATE 50 MG SPRINKLE CAP                  | T3        | PA HD                            |
| <i>topiramate 50 mg tablet</i> (Topamax)       | T1        | HD                               |

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## List of Prescription Medications

### CNS DRUGS (Seizure Disorders) (cont.)

| Prescription Drug Name                            | Drug Tier | Coverage Requirements and Limits |
|---------------------------------------------------|-----------|----------------------------------|
| <b>ANTI-CONVULSANTS (cont.)</b>                   |           |                                  |
| <i>topiramate er 100 mg capsule</i> (Trokendi Xr) | T1        | QL(1 CAP/DAY) HD                 |
| <i>topiramate er 200 mg capsule</i> (Trokendi Xr) | T1        | HD                               |
| <i>topiramate er 25 mg capsule</i> (Trokendi Xr)  | T1        | QL(1 CAP/DAY) HD                 |
| <i>topiramate er 50 mg capsule</i> (Trokendi Xr)  | T1        | HD                               |
| TRILEPTAL ( <i>oxcarbazepine</i> )                | T3        | PA HD                            |
| TROKENDI XR 100 MG CAPSULE ( <i>topiramate</i> )  | T3        | QL(1 CAP/DAY) HD                 |
| TROKENDI XR 200 MG CAPSULE ( <i>topiramate</i> )  | T3        | HD                               |
| TROKENDI XR 25 MG CAPSULE ( <i>topiramate</i> )   | T3        | QL(1 CAP/DAY) HD                 |
| TROKENDI XR 50 MG CAPSULE ( <i>topiramate</i> )   | T3        | HD                               |
| <i>valproic acid</i>                              | T1        | HD                               |
| <i>valproic acid (as sodium salt)</i>             | T1        | HD                               |
| <i>vigabatrin</i> (Sabril)                        | T4        | SP HD                            |
| <i>vigadrone 500 mg powder packet</i> (Sabril)    | T4        | SP HD                            |
| <i>vigadrone 500 mg tablet</i> (Sabril)           | T4        | PA SP HD                         |
| VIGAFYDE                                          | T4        | PA SP                            |
| VIMPAT 10 MG/ML SOLUTION ( <i>lacosamide</i> )    | T2        | HD                               |
| VIMPAT 100 MG TABLET ( <i>lacosamide</i> )        | T3        | PA HD                            |
| VIMPAT 150 MG TABLET ( <i>lacosamide</i> )        | T3        | PA HD                            |
| VIMPAT 200 MG TABLET ( <i>lacosamide</i> )        | T3        | PA HD                            |
| VIMPAT 50 MG TABLET ( <i>lacosamide</i> )         | T3        | PA HD                            |
| XCOPRI 100 MG TABLET                              | T3        | PA QL(1 TABLET/DAY) HD           |
| XCOPRI 12.5-25 MG TITRATION PK                    | T3        | PA QL(28 TABS/28 DAYS) HD        |
| XCOPRI 150 MG TABLET                              | T3        | PA QL(1 TABLET/DAY) HD           |
| XCOPRI 150-200 MG TITRATION PK                    | T3        | PA QL(28 TABS/28 DAYS) HD        |
| XCOPRI 200 MG TABLET                              | T3        | PA QL(2 TABS/DAY) HD             |
| XCOPRI 25 MG TABLET                               | T3        | PA QL(1 TABLET/DAY) HD           |
| XCOPRI 250 MG DAILY DOSE PACK                     | T3        | PA QL(56 TABS/28 DAYS) HD        |
| XCOPRI 350 MG DAILY DOSE PACK                     | T3        | PA QL(56 TABS/28 DAYS) HD        |
| XCOPRI 50 MG TABLET                               | T3        | PA QL(1 TABLET/DAY) HD           |
| XCOPRI 50-100 MG TITRATION PAK                    | T3        | PA QL(28 TABS/28 DAYS) HD        |
| ZARONTIN ( <i>ethosuximide</i> )                  | T3        | PA HD                            |
| ZONEGRAN ( <i>zonisamide</i> )                    | T3        | PA HD                            |
| ZONISADE                                          | T3        | PA QL(6 MLS/30 DAYS) HD          |
| <i>zonisamide</i>                                 | T1        | HD                               |
| <i>zonisamide</i> (Zonegran)                      | T1        | HD                               |

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## List of Prescription Medications

| CNS DRUGS (Sleep Disorders/Sedatives)                                  |           |                                  |
|------------------------------------------------------------------------|-----------|----------------------------------|
| Prescription Drug Name                                                 | Drug Tier | Coverage Requirements and Limits |
| <b>NARCOLEPSY TX-H3-RECEPT.ANTAGONIST/INVERSE AGONIST</b>              |           |                                  |
| WAKIX                                                                  | T4        | PA QL (2 TABS/DAY) SP HD         |
| <b>COLONY STIMULATING FACTORS (Blood Modifiers/Bleeding Disorders)</b> |           |                                  |
| <b>ERYTHROPOIESIS-STIMULATING AGENTS</b>                               |           |                                  |
| ARANESP                                                                | T4        | PA SP                            |
| EPOGEN                                                                 | T4        | PA SP                            |
| MIRCERA                                                                | T4        | PA SP                            |
| PROCRT                                                                 | T4        | PA SP                            |
| RETACRIT                                                               | T4        | PA SP                            |
| <b>LEUKOCYTE (WBC) STIMULANTS</b>                                      |           |                                  |
| FULPHILA                                                               | T4        | PA SP                            |
| FYLNETRA                                                               | T4        | PA SP                            |
| GRANIX                                                                 | T4        | PA SP                            |
| LEUKINE                                                                | T4        | SP                               |
| NEULASTA                                                               | T4        | PA SP                            |
| NEULASTA ONPRO                                                         | T4        | PA SP HD                         |
| NEUPOGEN                                                               | T4        | PA SP                            |
| NIVESTYM                                                               | T4        | SP HD                            |
| NYPOZI                                                                 | T4        | PA SP                            |
| NYVEPRIA                                                               | T4        | PA SP                            |
| STIMUFEND                                                              | T4        | PA SP                            |
| UDENYCA                                                                | T4        | PA SP                            |
| UDENYCA AUTOINJECTOR                                                   | T4        | PA SP                            |
| UDENYCA ONBODY                                                         | T4        | PA SP                            |
| ZARXIO                                                                 | T4        | SP HD                            |
| ZIEXTENZO                                                              | T4        | PA SP                            |
| <b>THROMBOPOIETIN RECEPTOR AGONISTS</b>                                |           |                                  |
| ALVAIZ 18 MG, 54 MG TABLET                                             | T4        | PA QL (1 TAB/DAY) SP             |
| ALVAIZ 36 MG, 54 MG TABLET                                             | T4        | PA QL (2 TABS/DAY) SP            |
| DOPTELET                                                               | T4        | PA SP HD                         |
| DOPTELET SPRINKLE                                                      | T4        | PA SP HD                         |
| <i>eltrombopag olamine</i> (Promacta)                                  | T4        | PA SP HD                         |
| MULPLETA                                                               | T4        | PA SP HD                         |
| PROMACTA ( <i>eltrombopag olamine</i> )                                | T4        | PA SP HD                         |

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T4 – Specialty Medications  
PA – Prior Authorization  
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AGE – Age Requirement  
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## List of Prescription Medications

| COLONY STIMULATING FACTORS (Blood Pressure/Heart Medications) |           |                                  |
|---------------------------------------------------------------|-----------|----------------------------------|
| Prescription Drug Name                                        | Drug Tier | Coverage Requirements and Limits |
| <b>LEUKOCYTE (WBC) STIMULANTS</b>                             |           |                                  |
| RELEUKO                                                       | T4        | PA SP                            |
| ROLVEDON                                                      | T4        | PA SP                            |
| <b>COLONY STIMULATING FACTORS (Cancer)</b>                    |           |                                  |
| <b>CXCR4 CHEMOKINE RECEPTOR ANTAGONIST</b>                    |           |                                  |
| XOLREMDI                                                      | T4        | PA QL (4 CAPS/DAY) SP CSL        |
| <b>CONTRACEPTIVES (Contraception Products)</b>                |           |                                  |
| <b>CONTRACEPTIVES, INTRAVAGINAL, SYSTEMIC</b>                 |           |                                  |
| ANNOVERA                                                      | T3        | PPACA                            |
| etonogestrel/ethinyl estradiol (Nuvaring)                     | T1        | PPACA                            |
| NUVARING (etonogestrel-ethinyl estradiol)                     | T3        | PPACA                            |
| <b>CONTRACEPTIVES, IMPLANTABLE</b>                            |           |                                  |
| NEXPLANON                                                     | T4        | SP PPACA                         |
| <b>CONTRACEPTIVES, INJECTABLE</b>                             |           |                                  |
| DEPO-PROVERA (medroxyprogesterone acetate)                    | T3        | PPACA                            |
| DEPO-SUBQ PROVERA 104                                         | T3        | PPACA                            |
| medroxyprogesterone 150 mg/ml (Depo-provera)                  | T1        | PPACA                            |
| <b>CONTRACEPTIVES, INTRAVAGINAL</b>                           |           |                                  |
| PHEXX                                                         | T3        | PA PPACA                         |
| PHEXXI                                                        | T3        | PA PPACA                         |
| <b>CONTRACEPTIVES, ORAL</b>                                   |           |                                  |
| AVERI                                                         | T3        | PA HD PPACA                      |
| BALCOLTRA (levonorgest/eth.estradiol/iron)                    | T3        | HD PPACA                         |
| BEYAZ (rajani)                                                | T3        | HD PPACA                         |
| desog-e.estradiol/e.estradiol                                 | T1        | HD PPACA                         |
| desog-e.estradiol/e.estradiol                                 | T1        | PPACA                            |
| desogestrel-ethinyl estradiol                                 | T1        | HD PPACA                         |
| drospir/eth estra/levomefol ca (Beyaz)                        | T1        | HD PPACA                         |
| drospir/eth estra/levomefol ca (Safyral)                      | T1        | HD PPACA                         |
| ELLA                                                          | T3        | HD PPACA                         |
| ESTROSTEP FE (tri-legest fe)                                  | T1        | HD PPACA                         |
| ethinyl estradiol/drospirenone (Yasmin 28)                    | T1        | PPACA                            |
| ethinyl estradiol/drospirenone (Yasmin 28)                    | T1        | HD PPACA                         |
| ethinyl estradiol/drospirenone (Yaz)                          | T1        | HD PPACA                         |

T1 – Typically Generics

T2 – Typically Preferred Brands

T3 – Typically Non-Preferred Brands

T4 – Specialty Medications

PA – Prior Authorization

QL – Quantity Limit

ST – Step Therapy

AGE – Age Requirement

SP – Specialty Medication

HD – May require home delivery pharmacy

PPACA – No Cost-Share Preventive Medication

CSL – Oral cancer medication subject to cost-share limits

## List of Prescription Medications

### CONTRACEPTIVES (Contraception Products) (cont.)

| Prescription Drug Name                                | Drug Tier | Coverage Requirements and Limits |
|-------------------------------------------------------|-----------|----------------------------------|
| <b>CONTRACEPTIVES, ORAL (cont.)</b>                   |           |                                  |
| <i>ethynodiol d-ethinyl estradiol</i>                 | T3        | PA HD PPACA                      |
| FEMLYV                                                | T3        | PA HD PPACA                      |
| <i>levonorgest/eth.estradiol/iron</i> (Balcoltra)     | T1        | HD PPACA                         |
| <i>levonorgestrel/ethin.estradiol</i>                 | T1        | HD PPACA                         |
| <i>I-norgest/e.estradiol-e.estrad</i>                 | T1        | HD PPACA                         |
| LO LOESTRIN FE                                        | T3        | PA                               |
| LOESTRIN ( <i>norethindrone ac/eth estradiol</i> )    | T3        | HD PPACA                         |
| LOESTRIN FE ( <i>norethindrone-e.estradiol-iron</i> ) | T3        | HD PPACA                         |
| NATAZIA                                               | T3        | HD PPACA                         |
| NEXTSTELLIS                                           | T3        | HD PPACA                         |
| <i>noreth-ethinyl estradiol/iron</i>                  | T1        | HD PPACA                         |
| <i>noreth-ethinyl estradiol/iron</i>                  | T3        | HD PPACA                         |
| <i>norethind-eth estrad 1-0.02 mg</i> (Loestrin)      | T1        | HD PPACA                         |
| <i>norethindrone</i>                                  | T1        | HD PPACA                         |
| <i>norethindrone ac-eth estradiol</i> (Loestrin)      | T1        | HD PPACA                         |
| <i>norethindrone-e.estradiol-iron</i>                 | T1        | HD PPACA                         |
| <i>norethindrone-e.estradiol-iron</i> (Loestrin Fe)   | T1        | HD PPACA                         |
| <i>norethindrone-e.estradiol-iron</i> (Taytulla)      | T1        | HD PPACA                         |
| <i>norethindrone-ethin. estradiol</i>                 | T1        | HD PPACA                         |
| <i>norethin-ee 1.5-0.03 mg (21) tb</i> (Loestrin)     | T1        | HD PPACA                         |
| <i>norgestimate-ethinyl estradiol</i>                 | T1        | HD PPACA                         |
| <i>norgestrel-ethinyl estradiol</i>                   | T1        | HD PPACA                         |
| SAFYRAL ( <i>drospir/eth estro/levomefol ca</i> )     | T3        | HD PPACA                         |
| SLYND                                                 | T3        | HD PPACA                         |
| TAYTULLA ( <i>norethindrone-e.estradiol-iron</i> )    | T3        | HD PPACA                         |
| TYBLUME                                               | T3        | HD PPACA                         |
| YASMIN 28 ( <i>ethinyl estradiol/drospirenone</i> )   | T3        | HD PPACA                         |
| YAZ ( <i>ethinyl estradiol/drospirenone</i> )         | T3        | HD PPACA                         |
| <b>CONTRACEPTIVES, TRANSDERMAL</b>                    |           |                                  |
| <i>norelgestromin/ethin.estradiol</i>                 | T1        | HD PPACA                         |
| TWIRLA                                                | T3        | HD PPACA                         |

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## List of Prescription Medications

| CONTRACEPTIVES (Contraception Products) (cont.)           |           |                                  |
|-----------------------------------------------------------|-----------|----------------------------------|
| Prescription Drug Name                                    | Drug Tier | Coverage Requirements and Limits |
| <b>DIAPHRAGMS/CERVICAL CAP</b>                            |           |                                  |
| CAYA CONTOURED                                            | T2        | PPACA                            |
| FEMCAP                                                    | T2        | PPACA                            |
| WIDE SEAL DIAPHRAGM                                       | T3        | PPACA                            |
| <b>INTRA-UTERINE DEVICES (IUDS)</b>                       |           |                                  |
| KYLEENA                                                   | T4        | SP PPACA                         |
| LILETTA                                                   | T4        | SP PPACA                         |
| MIRENA                                                    | T4        | SP PPACA                         |
| MIUDELLA                                                  | T4        | SP PPACA                         |
| PARAGARD T 380-A                                          | T4        | SP PPACA                         |
| PARAGARD T 380A (SINGLE HAND)                             | T4        | SP PPACA                         |
| SKYLA                                                     | T4        | SP PPACA                         |
| <b>COUGH/COLD PREPARATIONS (Allergy/Nasal Sprays)</b>     |           |                                  |
| <b>1ST GEN ANTIHIST-DECONGEST-ANTICHOLINERGIC COMB</b>    |           |                                  |
| RESPA A.R. (pseudoephed/chlor-mal/bell alk)               | T3        |                                  |
| <b>COUGH/COLD PREPARATIONS (Cough/Cold Medications)</b>   |           |                                  |
| <b>ANTI-TUSSIVES, NON-OPIOID</b>                          |           |                                  |
| benzonatate 100 mg capsule                                | T1        |                                  |
| benzonatate 150 mg capsule                                | T1        | PA                               |
| benzonatate 200 mg capsule                                | T1        |                                  |
| <b>NON-OPIOID ANTITUS-1ST GEN.ANTIHISTAMINE-DECONGEST</b> |           |                                  |
| BROMFED DM (brompheniramine-pseudoephed-dm)               | T3        | PA                               |
| brompheniramine/pseudoephed/dm (Bromfed Dm)               | T1        |                                  |
| <b>NON-OPIOID ANTITUSSIVE-1ST GEN ANTIHISTAMINE COMB.</b> |           |                                  |
| promethazine/dextromethorphan                             | T1        |                                  |
| <b>OPIOID ANTITUSSIV-1ST GEN. ANTIHISTAMINE-DECONGEST</b> |           |                                  |
| CAPCOF                                                    | T3        |                                  |
| HISTEX-AC                                                 | T3        |                                  |
| MAXI-TUSS CD                                              | T3        |                                  |
| POLY-TUSSIN AC                                            | T3        |                                  |
| promethazine/phenyleph/codeine                            | T1        | PA QL (480 MLS/30 DAYS)          |
| <b>OPIOID ANTI-TUSSIVE-1ST GENERATION ANTIHISTAMINE</b>   |           |                                  |
| hydrocodone/chlorphen p-stirex                            | T1        | PA                               |
| promethazine-codeine solution                             | T1        | PA QL (480 MLS/30 DAYS)          |

T1 – Typically Generics  
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T4 – Specialty Medications  
PA – Prior Authorization  
QL – Quantity Limit

ST – Step Therapy  
AGE – Age Requirement  
SP – Specialty Medication

HD – May require home delivery pharmacy  
PPACA – No Cost-Share Preventive Medication  
CSL – Oral cancer medication subject to cost-share limits

## List of Prescription Medications

### COUGH/COLD PREPARATIONS (Cough/Cold Medications) (cont.)

| Prescription Drug Name                                                  | Drug Tier | Coverage Requirements and Limits |
|-------------------------------------------------------------------------|-----------|----------------------------------|
| <b>OPIOID ANTI-TUSSIVE-1ST GENERATION ANTIHISTAMINE (cont.)</b>         |           |                                  |
| TUXARIN ER                                                              | T3        | PA QL (2 TABS/DAY)               |
| TUZISTRA XR                                                             | T3        | PA QL (960 MLS/30 DAYS)          |
| <b>OPIOID ANTI-TUSSIVE-ANTI-CHOLINERGIC COMBINATIONS</b>                |           |                                  |
| HYCODAN 5 MG-1.5 MG TABLET ( <i>hydrocodone bit/homatrop me-br</i> )    | T3        | PA QL (180 TABS/30 DAYS)         |
| HYCODAN 5 MG-1.5 MG/5 ML CUP                                            | T3        | PA QL (480 MLS/30 DAYS)          |
| HYCODAN 5 MG-1.5 MG/5 ML SOLN ( <i>hydrocodone bit/homatrop me-br</i> ) | T3        | PA QL (480 MLS/30 DAYS)          |
| <i>hydrocodone bit/homatrop me-br</i> (Hycodan)                         | T1        | PA QL (480ml/22 days)            |
| <i>hydrocodone-homatropine 5-1.5</i>                                    | T1        | PA QL (180 tabs/30 days)         |
| <i>hydrocodone-homatropine 5-1.5</i> (Hycodan)                          | T1        | PA QL (180 TABS/30 DAYS)         |
| <i>hydrocodone-homatropine soln</i> (Hycodan)                           | T1        | PA QL (480ml/30 days)            |
| <b>OPIOID ANTITUSSIVE-DECONGESTANT-EXPECTORANT COMB</b>                 |           |                                  |
| CODITUSSIN DAC                                                          | T3        |                                  |
| <b>OPIOID ANTI-TUSSIVE-EXPECTORANT COMBINATION</b>                      |           |                                  |
| <i>codeine phosphate/guaifenesin</i>                                    | T1        |                                  |
| CODITUSSIN AC                                                           | T1        |                                  |
| GUAIFENESIN-CODEINE                                                     | T1        |                                  |
| MAR-COF CG                                                              | T3        |                                  |
| NINJACOF-XG                                                             | T1        |                                  |
| OBREDON                                                                 | T3        | PA QL (960 MLS/30 DAYS)          |

### DIAGNOSTIC (Diabetes)

|                                |    |  |
|--------------------------------|----|--|
| <b>BLOOD SUGAR DIAGNOSTICS</b> |    |  |
| ACCU-CHEK AVIVA PLUS           | T2 |  |
| ACCU-CHEK GUIDE TEST STRIP     | T2 |  |
| ACCU-CHEK SMARTVIEW TEST STRIP | T2 |  |
| ACCUTREND GLUCOSE TEST STRIP   | T2 |  |
| ADVANCED GLUCOSE TEST STRIP    | T3 |  |
| ADVANCED GLUCOSE TEST STRIPS   | T3 |  |
| ADVOCATE REDI-CODE             | T3 |  |
| ADVOCATE REDI-CODE+            | T3 |  |
| ADVOCATE TEST STRIP            | T3 |  |
| AGAMATRIX AMP                  | T3 |  |
| AGAMATRIX JAZZ TEST STRIP      | T3 |  |
| AGAMATRIX PRESTO               | T3 |  |

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## List of Prescription Medications

### DIAGNOSTIC (Diabetes) (cont.)

| Prescription Drug Name                 | Drug Tier | Coverage Requirements and Limits |
|----------------------------------------|-----------|----------------------------------|
| <b>BLOOD SUGAR DIAGNOSTICS (cont.)</b> |           |                                  |
| ASSURE 4 TEST STRIPS                   | T3        |                                  |
| ASSURE PLATINUM                        | T3        |                                  |
| ASSURE PLATINUM TEST STRIP             | T3        |                                  |
| ASSURE PRISM MULTI                     | T3        |                                  |
| ASSURE TITANIUM TEST STRIP             | T3        |                                  |
| BLOOD GLUCOSE TEST STRIP               | T3        |                                  |
| BLULINK GLUCOSE TEST STRIP             | T3        |                                  |
| CARESENS N                             | T3        |                                  |
| CARESENS S TEST STRIP                  | T3        |                                  |
| CARETOUCH TEST STRIP                   | T3        |                                  |
| CLEVER CHOICE MICRO TEST STRIP         | T3        |                                  |
| CLEVER CHOICE PRO                      | T3        |                                  |
| CLEVER CHOICE TALK                     | T3        |                                  |
| CLEVER CHOICE TEST STRIPS              | T3        |                                  |
| CLEVER CHOICE VOICE+ TST STRIP         | T3        |                                  |
| CONTOUR NEXT TEST STRIP                | T3        |                                  |
| CONTOUR PLUS TEST STRIP                | T3        |                                  |
| CONTOUR TEST STRIP                     | T3        |                                  |
| COOL GLUCOSE TEST STRIP                | T3        |                                  |
| CVS TRUE METRIX GLUC TEST STRP         | T3        |                                  |
| DIATRUE PLUS                           | T3        |                                  |
| EASY PLUS II TEST STRIP                | T3        |                                  |
| EASY STEP                              | T3        |                                  |
| EASY TALK GLUCOSE TEST STRIP           | T3        |                                  |
| EASY TALK PLUS II TEST STRIP           | T3        |                                  |
| EASY TOUCH BLULINK TEST STRIP          | T3        |                                  |
| EASY TOUCH TEST STRIP                  | T3        |                                  |
| EASY TRAK GLUCOSE TEST STRIP           | T3        |                                  |
| EASY TRAK II TEST STRIP                | T3        |                                  |
| EASYGLUCO PLUS                         | T3        |                                  |
| EASYGLUCO TEST STRIPS                  | T3        |                                  |
| EASYMAX 15 GLUCOSE TEST STRIP          | T3        |                                  |
| EASYMAX GLUCOSE TEST STRIPS            | T3        |                                  |

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## List of Prescription Medications

### DIAGNOSTIC (Diabetes) (cont.)

| Prescription Drug Name                 | Drug Tier | Coverage Requirements and Limits |
|----------------------------------------|-----------|----------------------------------|
| <b>BLOOD SUGAR DIAGNOSTICS (cont.)</b> |           |                                  |
| ELEMENT COMPACT                        | T3        |                                  |
| ELEMENT TEST STRIPS                    | T3        |                                  |
| EMBRACE EVO TEST STRIPS                | T3        |                                  |
| EMBRACE GLUCOSE TEST STRIPS            | T3        |                                  |
| EMBRACE PRO TEST STRIP                 | T3        |                                  |
| EMBRACE TALK TEST STRIP                | T3        |                                  |
| EMBRACE TEST STRIPS                    | T3        |                                  |
| EMBRACE WAVE GLUCOSE TEST STRP         | T3        |                                  |
| EVENCARE G2 TEST STRIP                 | T3        |                                  |
| EVENCARE G3 TEST STRIP                 | T3        |                                  |
| EVENCARE MINI GLUCOSE TEST STR         | T3        |                                  |
| EVENCARE PROVUEW TEST STRIP            | T3        |                                  |
| EVOLUTION TEST STRIPS                  | T3        |                                  |
| EZ SMART                               | T3        |                                  |
| EZ SMART PLUS                          | T3        |                                  |
| FIFTY50 TEST STRIP                     | T3        |                                  |
| FORA 6 CONNECT GLUCOSE STRIP           | T3        |                                  |
| FORA 6CONN-GTEL-TN'G ADV STRIP         | T3        |                                  |
| FORA D15G                              | T3        |                                  |
| FORA D20                               | T3        |                                  |
| FORA D40-G31 TEST STRIPS               | T3        |                                  |
| FORA G20                               | T3        |                                  |
| FORA G30-PREMIUM V10 TEST STRP         | T3        |                                  |
| FORA GD50 TEST STRIPS                  | T3        |                                  |
| FORA GTEL GLUCOSE TEST STRIP           | T3        |                                  |
| FORA TEST STRIP                        | T3        |                                  |
| FORA TN'G ADVAN PRO TEST STRIP         | T3        |                                  |
| FORA TN'G VOICE TEST STRIPS            | T3        |                                  |
| FORA V10                               | T3        |                                  |
| FORA V10-V12-D10-D20 STRIPS            | T3        |                                  |
| FORA V12                               | T3        |                                  |
| FORA V20                               | T3        |                                  |
| FORA V30A                              | T3        |                                  |

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## List of Prescription Medications

### DIAGNOSTIC (Diabetes) (cont.)

| Prescription Drug Name                 | Drug Tier | Coverage Requirements and Limits |
|----------------------------------------|-----------|----------------------------------|
| <b>BLOOD SUGAR DIAGNOSTICS (cont.)</b> |           |                                  |
| FORACARE GD20                          | T3        |                                  |
| FORACARE GD40                          | T3        |                                  |
| FORTISCARE G1 TEST STRIP               | T3        |                                  |
| FORTISCARE GLUCOSE TEST STRIPS         | T3        |                                  |
| FREESTYLE INSULINX                     | T2        |                                  |
| FREESTYLE INSULINX TEST STRIPS         | T2        |                                  |
| FREESTYLE LITE TEST STRIP              | T2        |                                  |
| FREESTYLE PRECISION NEO                | T2        |                                  |
| FREESTYLE TEST STRIPS                  | T2        |                                  |
| GE100 BLOOD GLUCOSE TEST STRIP         | T3        |                                  |
| GE333 BLOOD GLUCOSE TEST STRIP         | T3        |                                  |
| GENSTRIP                               | T3        |                                  |
| GLUCO NAVII                            | T3        |                                  |
| GLUCOCARD 01 SENSOR PLUS               | T3        |                                  |
| GLUCOCARD EXPRESSION TEST STRP         | T3        |                                  |
| GLUCOCARD SHINE TEST STRIPS            | T3        |                                  |
| GLUCOCARD VITAL                        | T3        |                                  |
| GLUCOCARD VITAL SENSOR                 | T3        |                                  |
| GLUCOCOM GLUCOSE                       | T3        |                                  |
| GLUCOSE TEST STRIP                     | T3        |                                  |
| GNP TRUE METRIX TEST STRIP             | T3        |                                  |
| GOJJI BLOOD GLUCOSE TEST STRIP         | T3        |                                  |
| HARMONY GLUCOSE TEST STRIP             | T3        |                                  |
| HEALTHPRO GLUCOSE TEST STRIPS          | T3        |                                  |
| HUMANA TRUE METRIX TEST STRIP          | T3        |                                  |
| IGLUCOSE TEST STRIP                    | T3        |                                  |
| IHEALTH GLUCOSE TEST STRIP             | T3        |                                  |
| INFINITY TEST STRIPS                   | T3        |                                  |
| INFINITY VOICE TEST STRIP              | T3        |                                  |
| MICRO                                  | T3        |                                  |
| MICRODOT TEST STRIPS                   | T3        |                                  |
| MICRODOT XTRA                          | T3        |                                  |
| MYGLUCOHEALTH                          | T3        |                                  |

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## List of Prescription Medications

### DIAGNOSTIC (Diabetes) (cont.)

| Prescription Drug Name                 | Drug Tier | Coverage Requirements and Limits |
|----------------------------------------|-----------|----------------------------------|
| <b>BLOOD SUGAR DIAGNOSTICS (cont.)</b> |           |                                  |
| NEUTEK 2TEK TEST STRIPS                | T3        |                                  |
| NOVA MAX GLUCOSE TEST STRIPS           | T3        |                                  |
| ON CALL EXPRESS TEST STRIP             | T3        |                                  |
| ON CALL PLUS TEST STRIP                | T3        |                                  |
| ON CALL VIVID TEST STRIP               | T3        |                                  |
| ONETOUCH ULTRA TEST STRIP              | T3        | PA                               |
| ONETOUCH VERIO TEST STRIP              | T3        | PA                               |
| OPTIUM                                 | T3        |                                  |
| OPTIUM EZ                              | T3        |                                  |
| OPTUMRX TEST STRIP                     | T3        |                                  |
| PHARMACIST CHOICE                      | T3        |                                  |
| PIP BLOOD GLUCOSE TEST STRIP           | T3        |                                  |
| PLATINUM TEST STRIP                    | T3        |                                  |
| PRECISION PCX                          | T3        |                                  |
| PRECISION PCX PLUS                     | T3        |                                  |
| PRECISION POINT OF CARE                | T3        |                                  |
| PRECISION Q-I-D                        | T3        |                                  |
| PRECISION XTRA TEST STRIPS             | T2        |                                  |
| PREMIER TEST STRIP                     | T3        |                                  |
| PREMIUM BLOOD GLUCOSE TEST             | T3        |                                  |
| PREMIUM V10                            | T3        |                                  |
| PRO VOICE V8-V9 TEST STRIP             | T3        |                                  |
| PRODIGY NO CODING                      | T3        |                                  |
| QUINTET                                | T3        |                                  |
| QUINTET AC                             | T3        |                                  |
| REFUAH PLUS                            | T3        |                                  |
| RELION CONFIRM-MICRO                   | T3        |                                  |
| RELION PRIME TEST STRIPS               | T3        |                                  |
| RELION TRUE METRIX TEST STRIP          | T2        |                                  |
| REVEAL TEST STRIP                      | T3        |                                  |
| RIGHTEST GS100 TEST STRIP              | T3        |                                  |
| RIGHTEST GS300 TEST STRIP              | T3        |                                  |
| RIGHTEST GS550 TEST STRIP              | T3        |                                  |

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## List of Prescription Medications

| DIAGNOSTIC (Diabetes) (cont.)                 |           |                                  |
|-----------------------------------------------|-----------|----------------------------------|
| Prescription Drug Name                        | Drug Tier | Coverage Requirements and Limits |
| <b>BLOOD SUGAR DIAGNOSTICS (cont.)</b>        |           |                                  |
| RIGHTEST GT333 TEST STRIP                     | T3        |                                  |
| SMART SENSE TEST STRIPS                       | T3        |                                  |
| SMARTTEST TEST                                | T3        |                                  |
| SOLUS V2 TEST STRIPS                          | T3        |                                  |
| SURE-TEST EASYPLUS MINI STRIP                 | T3        |                                  |
| TELCARE TEST STRIPS                           | T3        |                                  |
| TEST N'GO                                     | T3        |                                  |
| TEST STRIPS                                   | T3        |                                  |
| TRUE METRIX GLUCOSE TEST STRIP                | T2        |                                  |
| TRUE METRIX GLUCOSE TEST STRIP                | T3        |                                  |
| TRUETEST TEST STRIPS                          | T3        |                                  |
| TRUETRACK TEST STRIP                          | T3        |                                  |
| ULTIMA                                        | T3        |                                  |
| ULTRATRAK TEST STRIP                          | T3        |                                  |
| ULTRATRAK ULTIMATE TEST STRIPS                | T3        |                                  |
| UNISTRIPI                                     | T3        |                                  |
| VIVAGUARD INO TEST STRIP                      | T3        |                                  |
| <b>URINE GLUCOSE TEST AIDS</b>                |           |                                  |
| DIASTIX REAGENT                               | T1        |                                  |
| <b>DIAGNOSTIC (Miscellaneous)</b>             |           |                                  |
| <b>BLOOD TESTING PREPARATIONS</b>             |           |                                  |
| FORA GTCL KETONE TEST STRIP                   | T1        |                                  |
| FORA TN'G ADV VOICE KETO STRIP                | T1        |                                  |
| GOJJI BLOOD KETONE TEST STRIP                 | T1        |                                  |
| NOVAMAX PLUS                                  | T1        |                                  |
| PRECISION XTR B-KETONE STRIP                  | T1        |                                  |
| <b>DIAGNOSTIC PREPARATIONS, MISCELLANEOUS</b> |           |                                  |
| ADVANCED DNA MEDICATED COLLECT                | T3        |                                  |
| ARIDOL                                        | T3        |                                  |
| <i>lidocaine hcl/glycerin</i>                 | T1        |                                  |
| PROVOCHOLINE                                  | T3        |                                  |
| TC99M SULFUR COLLOID PREP                     | T1        |                                  |

T1 – Typically Generics

T2 – Typically Preferred Brands

T3 – Typically Non-Preferred Brands

T4 – Specialty Medications

PA – Prior Authorization

QL – Quantity Limit

ST – Step Therapy

AGE – Age Requirement

SP – Specialty Medication

HD – May require home delivery pharmacy

PPACA – No Cost-Share Preventive Medication

CSL – Oral cancer medication subject to cost-share limits

## List of Prescription Medications

| DIAGNOSTIC (Miscellaneous) (cont.)                    |           |                                  |
|-------------------------------------------------------|-----------|----------------------------------|
| Prescription Drug Name                                | Drug Tier | Coverage Requirements and Limits |
| <b>EYE DIAGNOSTIC AGENTS</b>                          |           |                                  |
| <i>fluorescein sodium</i>                             | T1        |                                  |
| <i>ful-glo 1 mg ophth strip</i>                       | T1        |                                  |
| FUL-GLO EYE STRIPS                                    | T3        |                                  |
| <i>lissamine green</i>                                | T1        |                                  |
| <b>GASTROINTESTINAL RADIOPAQUE DIAGNOSTICS</b>        |           |                                  |
| <i>diatrizoate meglumine, sodium</i> (Gastrografin)   | T1        |                                  |
| ENTEROVU                                              | T3        |                                  |
| E-Z DISK                                              | T3        |                                  |
| E-Z-HD                                                | T3        |                                  |
| E-Z-PAQUE                                             | T3        |                                  |
| E-Z-PASTE                                             | T3        |                                  |
| GASTROGRAFIN ( <i>diatrizoate meglumine, sodium</i> ) | T3        |                                  |
| GASTROMARK                                            | T3        |                                  |
| LIQUID E-Z PAQUE                                      | T3        |                                  |
| LIQUID POLIBAR PLUS                                   | T3        |                                  |
| NEULUMEX                                              | T3        |                                  |
| POLIBAR ACB                                           | T3        |                                  |
| READI-CAT 2                                           | T3        |                                  |
| SITZMARKS                                             | T3        |                                  |
| TAGITOL V                                             | T3        |                                  |
| VANILLA SILQ                                          | T3        |                                  |
| VARIBAR HONEY                                         | T3        |                                  |
| VARIBAR NECTAR                                        | T3        |                                  |
| VARIBAR PUDDING                                       | T3        |                                  |
| VARIBAR THIN HONEY                                    | T3        |                                  |
| VARIBAR THIN LIQUID                                   | T3        |                                  |
| <b>METABOLIC FUNCTION DIAGNOSTICS</b>                 |           |                                  |
| METOPIRONE                                            | T2        |                                  |
| <b>RADIOPHARMACEUTICALS ELEMENTS</b>                  |           |                                  |
| INDICLOR                                              | T3        |                                  |
| <b>URINARY TRACT RADIOPAQUE DIAGNOSTICS</b>           |           |                                  |
| CYSTO-CONRAY II                                       | T3        |                                  |
| CYSTOGRAFIN                                           | T3        |                                  |
| CYSTOGRAFIN-DILUTE                                    | T3        |                                  |

T1 – Typically Generics

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T4 – Specialty Medications

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## List of Prescription Medications

| DIURETICS (Diuretics)                           |           |                                  |
|-------------------------------------------------|-----------|----------------------------------|
| Prescription Drug Name                          | Drug Tier | Coverage Requirements and Limits |
| URINE ACETONE TEST AIDS                         |           |                                  |
| KETONE CARE TEST STRIP                          | T1        |                                  |
| KETONE TEST STRIP                               | T1        |                                  |
| KETOSTIX REAGENT                                | T1        |                                  |
| TRUEPLUS KETONE TEST STRIP                      | T1        |                                  |
| CHEK-STIX                                       | T1        |                                  |
| CHEMSTRIP                                       | T1        |                                  |
| CHEMSTRIP 10 WITH SG                            | T1        |                                  |
| CHEMSTRIP 2 GP                                  | T1        |                                  |
| CHEMSTRIP 50B                                   | T1        |                                  |
| CHEMSTRIP 7                                     | T1        |                                  |
| CHEMSTRIP 9                                     | T1        |                                  |
| COMBISTIX REAGENT                               | T1        |                                  |
| HEMA-COMBISTIX                                  | T1        |                                  |
| KETO-DIASTIX REAGENT                            | T1        |                                  |
| LABSTIX REAGENT                                 | T1        |                                  |
| MULTISTIX                                       | T1        |                                  |
| MULTISTIX 10 SG                                 | T1        |                                  |
| MULTISTIX 5                                     | T1        |                                  |
| MULTISTIX 7                                     | T1        |                                  |
| MULTISTIX 8 SG                                  | T1        |                                  |
| MULTISTIX 9                                     | T1        |                                  |
| MULTISTIX 9 SG                                  | T1        |                                  |
| URISTIX 4                                       | T1        |                                  |
| URISTIX REAGENT                                 | T1        |                                  |
| ARGININE VASOPRESSIN (AVP) RECEPTOR ANTAGONISTS |           |                                  |
| SAMSCA (tolvaptan)                              | T4        | PA SP                            |
| tolvaptan 15 mg tablet (Samsca)                 | T4        | SP                               |
| tolvaptan 30 mg tablet (Samsca)                 | T4        | SP                               |
| CARBONIC ANHYDRASE INHIBITORS                   |           |                                  |
| acetazolamide                                   | T1        | HD                               |
| methazolamide                                   | T1        | HD                               |
| LOOP DIURETICS                                  |           |                                  |
| bumetanide                                      | T1        | HD                               |
| EDECIN (ethacrynic acid)                        | T3        | PA                               |

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## List of Prescription Medications

### DIURETICS (Diuretics) (cont.)

| Prescription Drug Name                                     | Drug Tier | Coverage Requirements and Limits |
|------------------------------------------------------------|-----------|----------------------------------|
| <b>LOOP DIURETICS (cont.)</b>                              |           |                                  |
| <i>ethacrynic acid</i> (Edecrin)                           | T1        | PA                               |
| FUROSCIX                                                   | T4        | PA QL(2 KITS/30 DAYS) SP         |
| <i>furosemide</i>                                          | T1        | HD                               |
| <i>furosemide</i> (Lasix)                                  | T1        | HD                               |
| LASIX ( <i>furosemide</i> )                                | T3        | PA HD                            |
| LASIX ONYU 80 MG/2.67 ML KIT                               | T3        | PA QL(2 KITS/30 DAYS)            |
| SOAANZ                                                     | T3        | PA HD                            |
| <i>torsemide</i>                                           | T1        | HD                               |
| <b>POLYCYSTIC KIDNEY DISEASE AGENT, AVP RECEPTOR ANTAG</b> |           |                                  |
| JYNARQUE ( <i>tolvaptan</i> )                              | T4        | SP                               |
| <i>tolvaptan 15 mg tablet</i> (Jynarque)                   | T4        | SP                               |
| <i>tolvaptan 15 mg-15 mg tablet</i> (Jynarque)             | T4        | PA SP                            |
| <i>tolvaptan 30 mg tablet</i> (Jynarque)                   | T4        | SP                               |
| <i>tolvaptan 30 mg-15 mg tablet</i> (Jynarque)             | T4        | PA SP                            |
| <i>tolvaptan 45 mg-15 mg tablet</i> (Jynarque)             | T4        | PA SP                            |
| <i>tolvaptan 60 mg-30 mg tablet</i> (Jynarque)             | T4        | PA SP                            |
| <i>tolvaptan 90 mg-30 mg tablet</i> (Jynarque)             | T4        | PA SP                            |
| <b>POTASSIUM SPARING DIURETICS</b>                         |           |                                  |
| ALDACTONE ( <i>spironolactone</i> )                        | T3        | PA HD                            |
| <i>amiloride hcl</i>                                       | T1        | HD                               |
| CAROSPIR ( <i>spironolactone</i> )                         | T2        | PA                               |
| DYRENIUM ( <i>triamterene</i> )                            | T3        | PA HD                            |
| <i>eplerenone</i> (Inspra)                                 | T1        | HD                               |
| INSPIRA ( <i>eplerenone</i> )                              | T3        | PA HD                            |
| KERENDIA                                                   | T2        | PA QL(1 TAB/DAY)                 |
| <i>spironolactone 100 mg tablet</i> (Aldactone)            | T1        | HD                               |
| <i>spironolactone 25 mg tablet</i> (Aldactone)             | T1        | HD                               |
| <i>spironolactone 25 mg/5 ml susp</i> (Carospir)           | T1        |                                  |
| <i>spironolactone 50 mg tablet</i> (Aldactone)             | T1        | HD                               |
| <i>triamterene</i> (Dyrenium)                              | T1        | HD                               |
| <b>POTASSIUM SPARING DIURETICS IN COMBINATION</b>          |           |                                  |
| <i>amiloride/hydrochlorothiazide</i>                       | T1        | HD                               |
| <i>spironolact/hydrochlorothiazid</i>                      | T1        | HD                               |
| <i>triamterene/hydrochlorothiazid</i>                      | T1        | HD                               |

T1 – Typically Generics

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T4 – Specialty Medications

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## List of Prescription Medications

| DIURETICS (Diuretics) (cont.)                             |           |                                  |
|-----------------------------------------------------------|-----------|----------------------------------|
| Prescription Drug Name                                    | Drug Tier | Coverage Requirements and Limits |
| <b>THIAZIDE AND RELATED DIURETICS</b>                     |           |                                  |
| <i>chlorthalidone</i>                                     | T1        | HD                               |
| DIURIL                                                    | T2        | HD                               |
| HEMICLOR                                                  | T3        | PA QL(1 TAB/DAY) HD              |
| <i>hydrochlorothiazide</i>                                | T1        | HD                               |
| <i>indapamide</i>                                         | T1        | HD                               |
| INZIRQO                                                   | T3        | PA HD                            |
| <i>metolazone</i>                                         | T1        | HD                               |
| THALITONE                                                 | T3        | PA HD                            |
| <b>EENT PREPS (Allergy/Nasal Sprays)</b>                  |           |                                  |
| <b>NASAL ANTIHISTAMINE</b>                                |           |                                  |
| <i>azelastine 0.1% (137 mcg) spray</i>                    | T1        | HD                               |
| <i>olopatadine 665 mcg nasal spray</i> (Patanase)         | T1        | HD                               |
| PATANASE ( <i>olopatadine hcl</i> )                       | T3        | HD                               |
| <b>NASAL ANTIHISTAMINE AND ANTI-INFLAM. STEROID COMB.</b> |           |                                  |
| <i>azelastine/fluticasone</i> (Dymista)                   | T1        | HD                               |
| DYMISTA ( <i>azelastine-fluticasone</i> )                 | T3        | ST HD                            |
| RYALTRIS                                                  | T3        | PA QL(1 GM/30 DAYS) HD           |
| <b>NASAL ANTI-INFLAMMATORY STEROIDS</b>                   |           |                                  |
| <i>flunisolide</i>                                        | T1        | HD                               |
| <i>fluticasone prop 50 mcg spray</i>                      | T1        | HD                               |
| <i>mometasone furoate 50 mcg spray</i>                    | T1        | QL(68 GMS/30 DAYS) HD            |
| OMNARIS                                                   | T3        | ST HD                            |
| QNASL                                                     | T3        | ST                               |
| QNASL CHILDREN                                            | T3        |                                  |
| XHANCE                                                    | T3        | ST HD                            |
| ZETONNA                                                   | T3        | ST HD                            |
| <b>NOSE PREPARATIONS, MISCELLANEOUS (RX)</b>              |           |                                  |
| <i>ipratropium bromide</i>                                | T1        | HD                               |
| <b>NOSE PREPARATIONS, VASOCONSTRICTORS (RX)</b>           |           |                                  |
| ADRENALIN CHLORIDE                                        | T3        |                                  |
| <i>epinephrine hcl</i>                                    | T1        |                                  |

T1 – Typically Generics  
T2 – Typically Preferred Brands  
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T4 – Specialty Medications  
PA – Prior Authorization  
QL – Quantity Limit

ST – Step Therapy  
AGE – Age Requirement  
SP – Specialty Medication

HD – May require home delivery pharmacy  
PPACA – No Cost-Share Preventive Medication  
CSL – Oral cancer medication subject to cost-share limits

## List of Prescription Medications

| EENT PREPS (Ear Medications)                   |           |                                  |
|------------------------------------------------|-----------|----------------------------------|
| Prescription Drug Name                         | Drug Tier | Coverage Requirements and Limits |
| <b>EAR PREPARATIONS ANTI-INFLAMMATORY</b>      |           |                                  |
| DERMOTIC ( <i>fluocinolone acetonide oil</i> ) | T3        |                                  |
| <i>fluocinolone acetonide oil</i> (Dermotic)   | T1        |                                  |
| <b>EAR PREPARATIONS, MISC. ANTI-INFECTIVES</b> |           |                                  |
| <i>acetic acid</i>                             | T1        |                                  |
| <i>hydrocortisone/acetic acid</i>              | T1        |                                  |
| EENT PREPS (Eye Conditions)                    |           |                                  |
| <b>ARTIFICIAL TEARS</b>                        |           |                                  |
| LACRISERT                                      | T3        |                                  |
| MIEBO                                          | T2        | QL(4 BOTTLES/30 DAYS)            |
| <b>EYE ANTI-INFECTIVES (RX ONLY)</b>           |           |                                  |
| BETADINE                                       | T2        |                                  |
| <b>EYE ANTI-INFLAMMATORY AGENTS</b>            |           |                                  |
| ACULAR ( <i>ketorolac tromethamine</i> )       | T3        | PA                               |
| ACULAR LS ( <i>ketorolac tromethamine</i> )    | T3        | PA                               |
| ACUVAIL                                        | T3        | PA                               |
| ALREX                                          | T3        | PA                               |
| ALREX ( <i>loteprednol etabonate</i> )         | T3        | PA                               |
| <i>bromfenac sodium</i>                        | T1        |                                  |
| <i>bromfenac sodium</i> (Bromsite)             | T1        |                                  |
| <i>bromfenac sodium</i> (Prolensa)             | T1        |                                  |
| BROMSITE ( <i>bromfenac sodium</i> )           | T3        | PA                               |
| CLOBETASOL 0.05% EYE DROP                      | T3        | PA                               |
| <i>dexamethasone sodium phosphate</i>          | T1        |                                  |
| <i>diclofenac 0.1% eye drops</i>               | T1        |                                  |
| <i>difluprednate</i> (Durezol)                 | T1        |                                  |
| DUREZOL ( <i>difluprednate</i> )               | T3        | PA                               |
| EYSUVIS                                        | T2        | QL(8.3 ML/14 DAYS)               |
| FLAREX                                         | T3        | PA                               |
| <i>fluorometholone</i> (Fml)                   | T1        |                                  |
| <i>flurbiprofen sodium</i>                     | T1        |                                  |
| FML ( <i>fluorometholone</i> )                 | T3        | PA                               |
| FML FORTE                                      | T3        | PA                               |
| ILEVRO                                         | T3        |                                  |

T1 – Typically Generics  
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## List of Prescription Medications

### EENT PREPS (Eye Conditions) (cont.)

| Prescription Drug Name                                       | Drug Tier | Coverage Requirements and Limits |
|--------------------------------------------------------------|-----------|----------------------------------|
| <b>EYE ANTI-INFLAMMATORY AGENTS (con't.)</b>                 |           |                                  |
| INVELTYS                                                     | T3        | ST                               |
| <i>ketorolac 0.4% ophth solution (Acular Ls)</i>             | T1        |                                  |
| <i>ketorolac 0.5% ophth solution (Acular)</i>                | T1        |                                  |
| LOTEMAX 0.5% EYE DROPS ( <i>loteprednol etabonate</i> )      | T3        | PA                               |
| LOTEMAX 0.5% EYE OINTMENT                                    | T3        | ST                               |
| LOTEMAX 0.5% OPHTHALMIC GEL ( <i>loteprednol etabonate</i> ) | T3        | PA                               |
| LOTEMAX SM                                                   | T3        | ST                               |
| <i>loteprednol etabonate (Alrex)</i>                         | T1        |                                  |
| <i>loteprednol etabonate (Lotemax)</i>                       | T1        |                                  |
| MAXIDEX                                                      | T3        | PA                               |
| NEVANAC                                                      | T3        | PA                               |
| PRED FORTE ( <i>prednisolone acetate</i> )                   | T3        | PA                               |
| PRED MILD                                                    | T3        | PA                               |
| <i>prednisolone acetate (Pred Forte)</i>                     | T1        |                                  |
| <i>prednisolone sodium phosphate</i>                         | T1        |                                  |
| PROLENSA ( <i>bromfenac sodium</i> )                         | T3        |                                  |
| <b>EYE LOCAL ANESTHETICS</b>                                 |           |                                  |
| AKTEN                                                        | T3        |                                  |
| ALCAINE ( <i>proparacaine hcl</i> )                          | T3        |                                  |
| ALTAFLUOR BENOX ( <i>benoxinate hcl/fluorescein sod</i> )    | T3        |                                  |
| FLUORESCEIN-BENOXINATE                                       | T3        |                                  |
| <i>proparacaine hcl (Alcaine)</i>                            | T1        |                                  |
| <i>proparacaine/fluorescein sod</i>                          | T1        |                                  |
| <i>tetracaine hcl</i>                                        | T1        |                                  |
| TETRACAINE HCL                                               | T1        |                                  |
| <b>EYE MAST CELL STABILIZERS</b>                             |           |                                  |
| ALOCRIAL                                                     | T3        | PA                               |
| <i>cromolyn 4% eye drops</i>                                 | T1        |                                  |
| <b>EYE PREPARATIONS, MISCELLANEOUS (OTC)</b>                 |           |                                  |
| GELFILM                                                      | T3        |                                  |
| <b>EYE VASOCONSTRICTORS</b>                                  |           |                                  |
| <i>phenylephrine hcl</i>                                     | T1        |                                  |
| UPNEEQ                                                       | T3        | PA                               |

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## List of Prescription Medications

### EENT PREPS (Eye Conditions) (cont.)

| Prescription Drug Name                                 | Drug Tier | Coverage Requirements and Limits |
|--------------------------------------------------------|-----------|----------------------------------|
| <b>MIOTICS AND OTHER INTRAOCULAR PRESSURE REDUCERS</b> |           |                                  |
| ALPHAGAN P ( <i>brimonidine tartrate</i> )             | T3        | PA HD                            |
| <i>apraclonidine hcl</i>                               | T1        | HD                               |
| AZOPT ( <i>brinzolamide</i> )                          | T3        | PA HD                            |
| <i>betaxolol hcl</i>                                   | T1        | HD                               |
| BETIMOL                                                | T3        | PA HD                            |
| BETIMOL ( <i>timolol</i> )                             | T3        | PA HD                            |
| BETOPTIC S                                             | T2        | HD                               |
| <i>bimatoprost</i>                                     | T1        | QL(10 MLS/30 DAYS) HD            |
| <i>brimonidine tartrate</i>                            | T1        | HD                               |
| <i>brimonidine tartrate</i> (Alphagan P)               | T1        | HD                               |
| <i>brimonidine tartrate/timolol</i> (Combigan)         | T1        | HD                               |
| <i>brinzolamide</i> (Azopt)                            | T1        | HD                               |
| <i>carteolol hcl</i>                                   | T1        | HD                               |
| COMBIGAN ( <i>brimonidine tartrate/timolol</i> )       | T3        | PA HD                            |
| COSOPT ( <i>dorzolamide hcl/timolol maleat</i> )       | T3        | PA HD                            |
| COSOPT PF ( <i>dorzolamide-timolol</i> )               | T3        | PA HD                            |
| <i>dorzolamide hcl</i>                                 | T1        | HD                               |
| <i>dorzolamide hcl/timolol maleat</i> (Cosopt)         | T1        | HD                               |
| <i>dorzolamide/timolol/pf</i> (Cosopt Pf)              | T1        | HD                               |
| IOPIDINE                                               | T3        | PA HD                            |
| ISTALOL ( <i>timolol maleate</i> )                     | T3        | PA HD                            |
| IYUZEH                                                 | T3        | PA QL(30 VIALS/30 DAYS) HD       |
| <i>latanoprost</i> (Xalatan)                           | T1        | HD                               |
| <i>levobunolol hcl</i>                                 | T1        | HD                               |
| LUMIGAN                                                | T3        | PA HD                            |
| PHOSPHOLINE IODIDE                                     | T2        | SP HD                            |
| <i>pilocarpine 1% eye drops</i>                        | T1        | HD                               |
| <i>pilocarpine 2% eye drops</i>                        | T1        | HD                               |
| <i>pilocarpine 4% eye drops</i>                        | T1        | HD                               |
| <i>pilocarpine hcl 1.25% eye drop</i> (Vuity)          | T1        | PA HD                            |
| QLOSI                                                  | T3        | PA                               |
| RHOPRESSA                                              | T3        |                                  |
| ROCKLATAN                                              | T3        |                                  |
| SIMBRINZA                                              | T2        | HD                               |
| <i>tafluprost/pf</i> (Zioptan)                         | T1        | QL(60 DROPPERS/30 DAYS) HD       |

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## List of Prescription Medications

### EENT PREPS (Eye Conditions) (cont.)

| Prescription Drug Name                                          | Drug Tier | Coverage Requirements and Limits |
|-----------------------------------------------------------------|-----------|----------------------------------|
| <b>MIOTICS AND OTHER INTRAOCULAR PRESSURE REDUCERS (con't.)</b> |           |                                  |
| <i>timolol</i> (Betimol)                                        | T1        | HD                               |
| <i>timolol maleate</i> (Istalol)                                | T1        | HD                               |
| <i>timolol maleate</i> (Timoptic)                               | T1        | HD                               |
| <i>timolol maleate</i> (Timoptic-xe)                            | T1        | HD                               |
| <i>timolol maleate/pf</i>                                       | T1        | HD                               |
| <i>timolol maleate/pf</i> (Timoptic Ocudose)                    | T1        | HD                               |
| TIMOPTIC ( <i>timolol maleate</i> )                             | T3        | PA HD                            |
| TIMOPTIC OCUDOSE                                                | T3        | PA HD                            |
| TIMOPTIC OCUDOSE ( <i>timolol maleate/pf</i> )                  | T3        | PA HD                            |
| TIMOPTIC-XE ( <i>timolol maleate</i> )                          | T3        | PA HD                            |
| TRAVATAN Z ( <i>travoprost</i> )                                | T3        | PA HD                            |
| <i>travoprost</i> (Travatan Z)                                  | T1        | HD                               |
| VIZZ                                                            | T3        | PA HD                            |
| VUITY ( <i>pilocarpine hcl</i> )                                | T3        | PA HD                            |
| VYZULTA                                                         | T3        | PA                               |
| XALATAN ( <i>latanoprost</i> )                                  | T3        | PA HD                            |
| ZIOPATAN ( <i>tafluprost/pf</i> )                               | T3        | PA QL(60 DROPPERS/30 DAYS) HD    |
| <b>MYDRIATICS</b>                                               |           |                                  |
| <i>atropine 1% eye drop</i>                                     | T1        | HD                               |
| <i>atropine 1% eye drops</i>                                    | T1        | HD                               |
| ATROPINE 1% EYE DROPS                                           | T3        | PA HD                            |
| <i>atropine 1% eye ointment</i>                                 | T1        | HD                               |
| CYCLOGYL 0.5% EYE DROPS                                         | T2        | HD                               |
| CYCLOGYL 1% EYE DROPS                                           | T3        | HD                               |
| CYCLOGYL 1% EYE DROPS ( <i>cyclopentolate hcl</i> )             | T3        | HD                               |
| CYCLOGYL 2% EYE DROPS ( <i>cyclopentolate hcl</i> )             | T3        | HD                               |
| CYCLOMYDRIL                                                     | T2        | HD                               |
| <i>cyclopentolate hcl</i>                                       | T1        | HD                               |
| <i>cyclopentolate hcl</i> (Cyclogyl)                            | T1        | HD                               |
| <i>homatropine hbr</i>                                          | T1        | HD                               |
| MYDRIACYL ( <i>tropicamide</i> )                                | T3        | HD                               |
| PAREMYD                                                         | T3        | HD                               |
| <i>tropicamide</i>                                              | T1        | HD                               |
| <i>tropicamide</i> (Mydracyl)                                   | T1        | HD                               |

T1 – Typically Generics

T2 – Typically Preferred Brands

T3 – Typically Non-Preferred Brands

T4 – Specialty Medications

PA – Prior Authorization

QL – Quantity Limit

ST – Step Therapy

AGE – Age Requirement

SP – Specialty Medication

HD – May require home delivery pharmacy

PPACA – No Cost-Share Preventive Medication

CSL – Oral cancer medication subject to cost-share limits

## List of Prescription Medications

| EENT PREPS (Eye Conditions) (cont.)                      |           |                                  |
|----------------------------------------------------------|-----------|----------------------------------|
| Prescription Drug Name                                   | Drug Tier | Coverage Requirements and Limits |
| <b>OPHTHALMIC ANTI-FIBROTIC AGENTS</b>                   |           |                                  |
| MITOSOL                                                  | T3        |                                  |
| <b>OPHTHALMIC ANTI-INFLAMMATORY IMMUNOMODULATOR-TYPE</b> |           |                                  |
| CEQUA                                                    | T2        |                                  |
| cyclosporine 0.05% eye emuls (Restasis)                  | T1        | HD                               |
| RESTASIS (cyclosporine)                                  | T2        | HD                               |
| RESTASIS MULTIDOSE                                       | T3        | PA HD                            |
| VERKAZIA                                                 | T3        | PA QL (1 BOX/30 DAYS) HD         |
| VEVYE                                                    | T3        | PA HD                            |
| XIIDRA                                                   | T2        | HD                               |
| <b>OPHTHALMIC CYSTINE DEPLETING AGENTS</b>               |           |                                  |
| CYSTADROPS                                               | T4        | PA QL (20 MLS/28 DAYS) SP        |
| CYSTARAN 0.44% EYE DROPS                                 | T4        | PA QL (120 MLS/28 DAYS) SP       |
| <b>OPHTHALMIC HUMAN NERVE GROWTH FACTOR (HNGF)</b>       |           |                                  |
| OXERVATE                                                 | T4        | PA SP HD                         |
| <b>OPHTHALMIC TRPM8 AGONISTS</b>                         |           |                                  |
| TRYPTYR                                                  | T3        |                                  |
| <b>ELECT/CALORIC/H2O (Cholesterol Medications)</b>       |           |                                  |
| <b>ORAL LIPID SUPPLEMENTS</b>                            |           |                                  |
| DOJOLVI                                                  | T4        | PA SP HD                         |
| <b>ELECT/CALORIC/H2O (Dental Products)</b>               |           |                                  |
| <b>FLUORIDE PREPARATIONS</b>                             |           |                                  |
| CLINPRO 5000                                             | T3        |                                  |
| FLORIVA 0.25 MG/ML DROPS                                 | T3        | PPACA                            |
| fluoride (sodium)                                        | T1        |                                  |
| fluoride (sodium) (Prevident 5000 Plus)                  | T1        |                                  |
| fluoride (sodium) (Prevident)                            | T1        |                                  |
| FLUORIDEX                                                | T1        |                                  |
| FLUORIDEX SENSITIVITY RELIEF                             | T3        |                                  |
| FLUORIMAX 5000                                           | T3        |                                  |
| FLUORIMAX 5000 SENSITIVE                                 | T3        |                                  |
| FRAICHE 5000 PREVI                                       | T3        |                                  |
| JUST RIGHT 5000                                          | T3        |                                  |
| PREVIDENT 0.2% RINSE (fluoride (sodium))                 | T2        |                                  |
| PREVIDENT 1.1% GEL (sodium fluoride)                     | T3        |                                  |

T1 – Typically Generics

T2 – Typically Preferred Brands

T3 – Typically Non-Preferred Brands

T4 – Specialty Medications

PA – Prior Authorization

QL – Quantity Limit

ST – Step Therapy

AGE – Age Requirement

SP – Specialty Medication

HD – May require home delivery pharmacy

PPACA – No Cost-Share Preventive Medication

CSL – Oral cancer medication subject to cost-share limits

## List of Prescription Medications

### ELECT/CALORIC/H2O (Dental Products) (cont.)

| Prescription Drug Name                                   | Drug Tier | Coverage Requirements and Limits |
|----------------------------------------------------------|-----------|----------------------------------|
| <b>FLUORIDE PREPARATIONS (con't.)</b>                    |           |                                  |
| PREVIDENT 5000 BOOSTER PLUS                              | T3        |                                  |
| PREVIDENT 5000 DRY MOUTH                                 | T3        |                                  |
| PREVIDENT 5000 ENAMEL PROTECT                            | T3        |                                  |
| PREVIDENT 5000 ORTHO DEFENSE                             | T3        |                                  |
| PREVIDENT 5000 PLUS (fluoride (sodium))                  | T3        | PA                               |
| PREVIDENT 5000 SENSITIVE                                 | T3        |                                  |
| PREVIDENT DENTAL RINSE (fluoride (sodium))               | T2        |                                  |
| PREVIDENT KIDS                                           | T3        |                                  |
| sodium fluoride/potassium nit (Prevident 5000 Sensitive) | T1        |                                  |
| sodium fluoride 1.1% gel (Prevident)                     | T1        |                                  |
| sodium fluoride 5000 ppm paste                           | T1        |                                  |
| sodium fluoride/potassium nit                            | T1        |                                  |
| <b>PEDIATRIC VITAMIN PREPARATIONS</b>                    |           |                                  |
| fluoride (sodium)                                        | T1        | PPACA                            |
| sodium fluoride 0.25 (0.55) mg                           | T1        | PPACA                            |
| sodium fluoride 0.5 mg(1.1 mg)                           | T1        | PPACA                            |
| sodium fluoride 0.5 mg/ml drop                           | T1        | PPACA                            |
| sodium fluoride 1 mg (2.2 mg)                            | T1        | PPACA                            |
| <b>ELECT/CALORIC/H2O (Diabetes)</b>                      |           |                                  |
| <b>AGENTS TO TREAT HYPOGLYCEMIA (HYPERGLYCEMICS)</b>     |           |                                  |
| BAQSIMI                                                  | T2        | QL(2 UNITS/30 DAYS)              |
| diazoxide (Proglycem)                                    | T1        |                                  |
| glucagon 1 mg emergency kit                              | T1        | QL(2 VIALS/30 DAYS)              |
| GLUCAGON 1 MG EMERGENCY KIT                              | T3        | QL(2 KITS/30 DAYS)               |
| GVOKE                                                    | T2        | QL(2 VIALS/30 DAYS)              |
| GVOKE HYOPEN 1-PACK                                      | T2        | QL(2 SYR/AUTO-INJ/30 DAYS)       |
| GVOKE HYOPEN 2-PACK                                      | T2        | QL(2 SYR/AUTO-INJ/30 DAYS)       |
| GVOKE PFS 1-PACK SYRINGE                                 | T2        | QL(2 SYR/AUTO-INJ/30 DAYS)       |
| GVOKE PFS 2-PACK SYRINGE                                 | T2        | QL(2 SYR/AUTO-INJ/30 DAYS)       |
| PROGLYCEM (diazoxide)                                    | T3        | PA                               |
| ZEGALOGUE AUTOINJECTOR                                   | T2        | QL(1.2 ML/30 DAYS)               |
| ZEGALOGUE SYRINGE                                        | T2        | QL(1.2 ML/30 DAYS)               |

T1 – Typically Generics

T2 – Typically Preferred Brands

T3 – Typically Non-Preferred Brands

T4 – Specialty Medications

PA – Prior Authorization

QL – Quantity Limit

ST – Step Therapy

AGE – Age Requirement

SP – Specialty Medication

HD – May require home delivery pharmacy

PPACA – No Cost-Share Preventive Medication

CSL – Oral cancer medication subject to cost-share limits

## List of Prescription Medications

| ELECT/CALORIC/H2O (Miscellaneous)              |           |                                  |
|------------------------------------------------|-----------|----------------------------------|
| Prescription Drug Name                         | Drug Tier | Coverage Requirements and Limits |
| <b>NUCLEIC ACID/NUCLEOTIDE SUPPLEMENTS</b>     |           |                                  |
| XURIDEN                                        | T4        | PA SP                            |
| <b>ELECT/CALORIC/H2O (Nutritional/Dietary)</b> |           |                                  |
| <b>CALCIUM REPLACEMENT</b>                     |           |                                  |
| <i>calcium/mag/d3/b12/fa/b6/boron</i>          | T1        |                                  |
| <b>CARBOHYDRATES</b>                           |           |                                  |
| ENFAMIL                                        | T3        |                                  |
| GLUTOL                                         | T3        |                                  |
| <b>ELECTROLYTE DEPLETERS</b>                   |           |                                  |
| AURYXIA                                        | T3        | QL(12 TABS/DAY)                  |
| <i>calcium acetate</i>                         | T1        |                                  |
| FERRIC CITRATE                                 | T3        | PA QL(12 TABS/DAY)               |
| FOSRENOL                                       | T3        | PA                               |
| FOSRENOL ( <i>lanthanum carbonate</i> )        | T3        | PA                               |
| <i>lanthanum carbonate</i> (Fosrenol)          | T1        |                                  |
| LOKELMA                                        | T2        |                                  |
| MAGNEBIND 400                                  | T3        |                                  |
| REVELA ( <i>sevelamer carbonate</i> )          | T3        | PA                               |
| <i>sevelamer carbonate</i> (Renvela)           | T1        |                                  |
| <i>sevelamer hcl</i>                           | T1        |                                  |
| <i>sodium polystyrene sulfon/sorb</i>          | T1        |                                  |
| <i>sodium polystyrene sulfonate</i>            | T1        |                                  |
| <i>sps 15 gm/60 ml suspension</i>              | T1        |                                  |
| <i>sps 30 gm/120 ml enema susp</i>             | T3        |                                  |
| VELPHORO                                       | T2        |                                  |
| VELTASSA                                       | T2        |                                  |
| XPHOZAH                                        | T4        | PA SP                            |
| <b>FLUORIDE PREPARATIONS</b>                   |           |                                  |
| CLINPRO 5000                                   | T3        |                                  |
| <i>fluoride (sodium)</i>                       | T1        |                                  |
| <i>fluoride (sodium)</i> (Prevident 5000 Plus) | T1        |                                  |
| <i>fluoride (sodium)</i> (Prevident)           | T1        |                                  |
| FLUORIDEX                                      | T1        |                                  |
| FLUORIMAX 5000                                 | T3        |                                  |

T1 – Typically Generics  
T2 – Typically Preferred Brands  
T3 – Typically Non-Preferred Brands

T4 – Specialty Medications  
PA – Prior Authorization  
QL – Quantity Limit

ST – Step Therapy  
AGE – Age Requirement  
SP – Specialty Medication

HD – May require home delivery pharmacy  
PPACA – No Cost-Share Preventive Medication  
CSL – Oral cancer medication subject to cost-share limits

## List of Prescription Medications

### ELECT/CALORIC/H2O (Nutritional/Dietary) (cont.)

| Prescription Drug Name                           | Drug Tier | Coverage Requirements and Limits |
|--------------------------------------------------|-----------|----------------------------------|
| <b>FLUORIDE PREPARATIONS (con't.)</b>            |           |                                  |
| JUST RIGHT 5000                                  | T3        |                                  |
| PREVIDENT 0.2% RINSE (fluoride (sodium))         | T2        |                                  |
| PREVIDENT 1.1% GEL (fluoride (sodium))           | T3        |                                  |
| PREVIDENT 5000 BOOSTER PLUS                      | T3        |                                  |
| PREVIDENT 5000 DRY MOUTH                         | T3        |                                  |
| PREVIDENT 5000 ORTHO DEFENSE                     | T3        |                                  |
| PREVIDENT 5000 PLUS (fluoride (sodium))          | T3        | PA                               |
| PREVIDENT DENTAL RINSE (fluoride (sodium))       | T2        |                                  |
| PREVIDENT KIDS                                   | T3        |                                  |
| sodium fluoride 0.2% rinse (Prevident)           | T1        |                                  |
| sodium fluoride 1.1% cream (Prevident 5000 Plus) | T1        |                                  |
| sodium fluoride 1.1% gel (Prevident)             | T1        |                                  |
| sodium fluoride 5000 ppm paste                   | T1        |                                  |
| <b>IODINE CONTAINING AGENTS</b>                  |           |                                  |
| potassium iodide                                 | T1        |                                  |
| potassium iodide/iodine                          | T1        |                                  |
| SSKI                                             | T1        |                                  |
| <b>IRON REPLACEMENT</b>                          |           |                                  |
| ACCRUFER                                         | T3        |                                  |
| ACTIVE FE                                        | T3        |                                  |
| CITRANATAL BLOOM                                 | T3        |                                  |
| CORVITE 150                                      | T3        |                                  |
| CORVITE FE                                       | T3        |                                  |
| FERIVA 21-7                                      | T3        |                                  |
| FERRALET 90                                      | T3        |                                  |
| ferrous fum/vit c/b12-if/folic                   | T1        |                                  |
| ferrous fumarate/folic acid (Hemocyte-F)         | T1        |                                  |
| FUSION PLUS                                      | T3        |                                  |
| HEMATRON-AF                                      | T3        |                                  |
| HEMAX                                            | T3        |                                  |
| HEMOCYTE PLUS (mv-mins no.73/iron fum/folic)     | T3        |                                  |
| HEMOCYTE-F (ferrous fumarate/folic acid)         | T3        |                                  |
| INTEGRA F (iron fum,ps/folic acid/vitc/b3)       | T3        |                                  |
| INTEGRA PLUS (iron fum,ps/folic/bcomp,c no.9)    | T3        |                                  |

T1 – Typically Generics

T2 – Typically Preferred Brands

T3 – Typically Non-Preferred Brands

T4 – Specialty Medications

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QL – Quantity Limit

ST – Step Therapy

AGE – Age Requirement

SP – Specialty Medication

HD – May require home delivery pharmacy

PPACA – No Cost-Share Preventive Medication

CSL – Oral cancer medication subject to cost-share limits

## List of Prescription Medications

### ELECT/CALORIC/H2O (Nutritional/Dietary) (cont.)

| Prescription Drug Name                               | Drug Tier | Coverage Requirements and Limits |
|------------------------------------------------------|-----------|----------------------------------|
| <b>IRON REPLACEMENT (cont.)</b>                      |           |                                  |
| <i>iron aspgly,ps/c/b12/fa/ca/suc</i>                | T1        |                                  |
| <i>iron aspgly/c/b12/fa/ca-th/suc</i>                | T1        |                                  |
| <i>iron bg,ps/vitc/b12/fa/calcium</i>                | T1        |                                  |
| <i>iron fum,ag/c/b12/folic/ca/suc</i>                | T1        |                                  |
| <i>iron fum,ps/folic acid/vitc/b3</i> (Integra F)    | T1        |                                  |
| <i>iron fum,ps/folic/bcomp,c no.9</i> (Integra Plus) | T1        |                                  |
| <i>iron fumarate/vit c/vit b12/fa</i>                | T1        |                                  |
| <i>iron ps complex/b12/folic acid</i>                | T1        |                                  |
| <i>iron/c/folic acd/mv cmb11/calc</i>                | T1        |                                  |
| <i>iron/folic ac/vit bcomp,c/min</i>                 | T1        |                                  |
| <i>iron/folic acid/b12/c/docusate</i>                | T1        |                                  |
| <i>iron/folic acid/c/b6/b12/zinc</i>                 | T1        |                                  |
| IROSPAN                                              | T3        |                                  |
| NEONATAL FE                                          | T3        |                                  |
| NUFERA                                               | T3        |                                  |
| PROFERRIN-FORTE                                      | T3        |                                  |
| VITAFOL                                              | T2        |                                  |
| <b>PEDIATRIC VITAMIN PREPARATIONS</b>                |           |                                  |
| <i>fluoride (sodium)</i>                             | T1        | PPACA                            |
| <i>sodium fluoride 0.25 (0.55) mg</i>                | T1        | PPACA                            |
| <i>sodium fluoride 0.5 mg(1.1 mg)</i>                | T1        | PPACA                            |
| <i>sodium fluoride 0.5 mg/ml drop</i>                | T1        | PPACA                            |
| <i>sodium fluoride 1 mg (2.2 mg)</i>                 | T1        | PPACA                            |
| <b>POTASSIUM REPLACEMENT</b>                         |           |                                  |
| EFFER-K 10 MEQ TABLET EFF                            | T3        |                                  |
| EFFER-K 20 MEQ TABLET EFF                            | T3        |                                  |
| <i>effer-k 25 meq tablet eff</i>                     | T1        |                                  |
| POKONZA 10 MEQ PACKET                                | T3        | PA                               |
| POKONZA 15 MEQ PACKET                                | T3        |                                  |
| <i>potassium bicarbonate/cit ac</i>                  | T1        |                                  |
| <i>potassium chloride</i>                            | T1        |                                  |
| <i>potassium chloride</i>                            | T2        |                                  |
| <i>potassium cl 10% (20 meq/15ml)</i>                | T1        |                                  |
| <i>potassium cl 20 meq packet</i>                    | T1        |                                  |

T1 – Typically Generics

T2 – Typically Preferred Brands

T3 – Typically Non-Preferred Brands

T4 – Specialty Medications

PA – Prior Authorization

QL – Quantity Limit

ST – Step Therapy

AGE – Age Requirement

SP – Specialty Medication

HD – May require home delivery pharmacy

PPACA – No Cost-Share Preventive Medication

CSL – Oral cancer medication subject to cost-share limits

## List of Prescription Medications

### ELECT/CALORIC/H2O (Nutritional/Dietary) (cont.)

| Prescription Drug Name                    | Drug Tier | Coverage Requirements and Limits |
|-------------------------------------------|-----------|----------------------------------|
| <b>POTASSIUM REPLACEMENT (con't.)</b>     |           |                                  |
| <i>potassium cl 20% (40 meq/15ml)</i>     | T1        |                                  |
| <i>potassium cl er 10 meq capsule</i>     | T1        |                                  |
| <i>potassium cl er 10 meq tablet</i>      | T1        |                                  |
| <i>potassium cl er 15 meq tablet</i>      | T1        |                                  |
| POTASSIUM CL ER 15 MEQ TABLET             | T3        |                                  |
| <i>potassium cl er 20 meq tablet</i>      | T1        |                                  |
| <i>potassium cl er 8 meq capsule</i>      | T1        |                                  |
| <i>potassium cl er 8 meq tablet</i>       | T1        |                                  |
| <i>potassium cl 10% (20 meq/15ml) cup</i> | T1        |                                  |
| <i>potassium cl 10% (40 meq/30ml) cup</i> | T1        |                                  |
| <i>potassium cl 20% (40 meq/15ml) cup</i> | T1        |                                  |

|                            |    |       |
|----------------------------|----|-------|
| <b>PROTEIN REPLACEMENT</b> |    |       |
| AQNEURSA                   | T4 | PA SP |

### Elect/Caloric/H2O (Urinary Tract Conditions)

|                           |    |  |
|---------------------------|----|--|
| <b>DIALYSIS SOLUTIONS</b> |    |  |
| PRISMASOL                 | T3 |  |

|                                          |    |    |
|------------------------------------------|----|----|
| <b>URINARY PH MODIFIERS</b>              |    |    |
| <i>citric acid/sodium citrate</i>        | T1 | HD |
| K-PHOS NO.2                              | T2 | HD |
| K-PHOS ORIGINAL                          | T2 | HD |
| ORACIT                                   | T3 | HD |
| <i>potassium citrate</i>                 | T1 | HD |
| <i>potassium citrate (Urocit-k)</i>      | T1 | HD |
| <i>potassium citrate/citric acid</i>     | T1 | HD |
| RENACIDIN                                | T3 | HD |
| <i>sod/pot/k cit/sod cit/cit acid</i>    | T1 | HD |
| UROCIT-K ( <i>potassium citrate er</i> ) | T3 | HD |
| UROQID-ACID NO.2                         | T2 | HD |

### GASTROINTESTINAL (Cholesterol Medications)

|                                             |    |       |
|---------------------------------------------|----|-------|
| <b>LIPOTROPICS</b>                          |    |       |
| <i>icosapent ethyl (Vascepa)</i>            | T1 | HD    |
| LOVAZA ( <i>omega-3 acid ethyl esters</i> ) | T3 | PA HD |
| <i>omega-3 acid ethyl esters (Lovaza)</i>   | T1 | HD    |
| VASCEPA ( <i>icosapent ethyl</i> )          | T2 | PA HD |

T1 – Typically Generics

T2 – Typically Preferred Brands

T3 – Typically Non-Preferred Brands

T4 – Specialty Medications

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HD – May require home delivery pharmacy

PPACA – No Cost-Share Preventive Medication

CSL – Oral cancer medication subject to cost-share limits

## List of Prescription Medications

| GASTROINTESTINAL (Gastrointestinal/Heartburn)            |    |                                 |
|----------------------------------------------------------|----|---------------------------------|
| <b>AMMONIA INHIBITORS</b>                                |    |                                 |
| BUPHENYL ( <i>sodium phenylbutyrate</i> )                | T4 | PA SP HD                        |
| <i>glycerol phenylbutyrate</i>                           | T4 | SP HD                           |
| <i>lactulose</i>                                         | T1 |                                 |
| <i>lactulose</i>                                         | T1 | HD                              |
| <i>lactulose 10 gm/15 ml solution</i>                    | T1 |                                 |
| LITHOSTAT                                                | T2 | HD                              |
| OLPRUVA                                                  | T4 | PA SP HD                        |
| PHEBURANE                                                | T4 | PA QL (8 BOTTLES/30 DAYS) SP HD |
| RAVICTI                                                  | T4 | PA SP HD                        |
| <i>sodium phenylbutyrate (Buphenyl)</i>                  | T4 | SP HD                           |
| <b>ANTI-CHOLINERGICS, QUATERNARY AMMONIUM</b>            |    |                                 |
| <i>chlordiazepoxide/clidinium br (Librax)</i>            | T1 |                                 |
| CUVPOSA ( <i>glycopyrrolate</i> )                        | T3 |                                 |
| DARTISLA                                                 | T3 | PA                              |
| GLYCATÉ                                                  | T3 |                                 |
| <i>glycopyrrolate 1 mg tablet (Robinul)</i>              | T1 |                                 |
| <i>glycopyrrolate 1 mg/5 ml soln (Cuvposa)</i>           | T1 |                                 |
| <i>glycopyrrolate 1.5 mg tablet</i>                      | T1 | PA                              |
| <i>glycopyrrolate 2 mg tablet (Robinul Forte)</i>        | T1 |                                 |
| LIBRAX ( <i>chlordiazepoxide/clidinium br</i> )          | T3 | PA                              |
| ROBINUL ( <i>glycopyrrolate</i> )                        | T3 | PA                              |
| ROBINUL FORTE ( <i>glycopyrrolate</i> )                  | T3 | PA                              |
| <b>ANTI-CHOLINERGICS/ANTI-SPASMODICS</b>                 |    |                                 |
| <i>dicyclomine 10 mg capsule</i>                         | T1 |                                 |
| <i>dicyclomine 10 mg/5 ml soln</i>                       | T1 |                                 |
| <i>dicyclomine 20 mg tablet</i>                          | T1 |                                 |
| DICYCLOMINE 40 MG TABLET                                 | T3 | PA                              |
| <b>ANTI-DIARRHEAL - G.I. CHLORIDE CHANNEL INHIBITORS</b> |    |                                 |
| MYTESI                                                   | T4 | SP                              |
| <b>ANTI-DIARRHEAL - TRYPTOPHAN HYDROXYLASE INHIBITOR</b> |    |                                 |
| XERMELO                                                  | T4 | PA SP                           |
| <b>ANTI-DIARRHEAL MICROORGANISMS AGENTS</b>              |    |                                 |
| RESTORA RX                                               | T4 | PA SP                           |

T1 – Typically Generics  
T2 – Typically Preferred Brands  
T3 – Typically Non-Preferred Brands

T4 – Specialty Medications  
PA – Prior Authorization  
QL – Quantity Limit

ST – Step Therapy  
AGE – Age Requirement  
SP – Specialty Medication

HD – May require home delivery pharmacy  
PPACA – No Cost-Share Preventive Medication  
CSL – Oral cancer medication subject to cost-share limits

## List of Prescription Medications

### GASTROINTESTINAL (Gastrointestinal/Heartburn) (cont.)

| Prescription Drug Name                                 | Drug Tier | Coverage Requirements and Limits |
|--------------------------------------------------------|-----------|----------------------------------|
| <b>ANTI-DIARRHEALS</b>                                 |           |                                  |
| <i>diphenoxylate hcl/atropine</i>                      | T1        |                                  |
| <i>diphenoxylate hcl/atropine</i> (Lomotil)            | T1        |                                  |
| LOMOTIL ( <i>diphenoxylate-atropine</i> )              | T3        | PA                               |
| <i>loperamide hcl</i>                                  | T1        |                                  |
| MOTOFEN                                                | T3        |                                  |
| <i>opium tincture</i>                                  | T1        | PA                               |
| <b>ANTI-EMETIC, CANNABINOID-TYPE</b>                   |           |                                  |
| <i>dronabinol</i> (Marinol)                            | T1        |                                  |
| MARINOL ( <i>dronabinol</i> )                          | T3        | PA                               |
| SYNDROS                                                | T3        | PA                               |
| <b>ANTI-EMETIC/ANTI-VERTIGO AGENTS</b>                 |           |                                  |
| AKYNZEO                                                | T3        | PA QL (4 CAPS/28 DAYS)           |
| ANTIVERT                                               | T3        | PA                               |
| ANZEMET                                                | T3        | PA                               |
| <i>aprepitant 125 mg capsule</i>                       | T1        | QL (4 CAPS/28 DAYS)              |
| <i>aprepitant 125-80-80 mg pack</i> (Emend)            | T1        | QL (12 CAPS/28 DAYS)             |
| <i>aprepitant 40 mg capsule</i>                        | T1        | QL (1 CAP/28 DAYS)               |
| <i>aprepitant 80 mg capsule</i> (Emend)                | T1        | QL (8 CAPS/28 DAYS)              |
| BONJESTA                                               | T3        |                                  |
| COMPAZINE ( <i>prochlorperazine maleate</i> )          | T3        |                                  |
| COMPAZINE ( <i>prochlorperazine</i> )                  | T3        |                                  |
| DICLEGIS ( <i>doxylamine succinate/vit b6</i> )        | T3        | PA QL (4 TABS/DAY)               |
| <i>doxylamine succinate/vit b6</i> (Diclegis)          | T1        | QL (4 tabs/day)                  |
| EMEND 125 MG POWDER PACKET                             | T3        | PA QL (12 PACKS/28 DAYS)         |
| EMEND 150 MG VIAL ( <i>fosaprepitant dimeglumine</i> ) | T3        |                                  |
| EMEND 80 MG CAPSULE ( <i>aprepitant</i> )              | T3        | PA QL (8 CAPS/28 DAYS)           |
| EMEND TRIPACK ( <i>aprepitant</i> )                    | T3        | PA QL (12 CAPS/28 DAYS)          |
| <i>fosaprepitant dimeglumine</i> (Emend)               | T1        |                                  |
| <i>granisetron hcl</i>                                 | T1        |                                  |
| <i>granisetron hcl/pf</i>                              | T1        |                                  |
| <i>meclizine 50 mg tablet</i>                          | T1        | PA                               |
| MECLIZINE 50 MG TABLET                                 | T3        | PA                               |
| <i>ondansetron hcl</i>                                 | T1        |                                  |

T1 – Typically Generics

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T4 – Specialty Medications

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HD – May require home delivery pharmacy

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CSL – Oral cancer medication subject to cost-share limits

## List of Prescription Medications

### GASTROINTESTINAL (Gastrointestinal/Heartburn) (cont.)

| Prescription Drug Name                             | Drug Tier | Coverage Requirements and Limits |
|----------------------------------------------------|-----------|----------------------------------|
| <b>ANTI-EMETIC/ANTI-VERTIGO AGENTS (cont.)</b>     |           |                                  |
| <i>ondansetron hcl/pf</i>                          | T1        |                                  |
| ONDANSETRON ODT 16 MG TABLET                       | T3        | PA                               |
| <i>ondansetron odt 4 mg tablet</i>                 | T1        |                                  |
| <i>ondansetron odt 8 mg tablet</i>                 | T1        |                                  |
| <i>prochlorperazine (Compazine)</i>                | T1        |                                  |
| <i>prochlorperazine maleate (Compazine)</i>        | T1        |                                  |
| <i>promethazine hcl</i>                            | T1        |                                  |
| SANCUSO                                            | T3        | PA QL (4 PATCHES/30 DAYS)        |
| <i>scopolamine (Transderm-scop)</i>                | T1        |                                  |
| TRANSDERM-SCOP ( <i>scopolamine</i> )              | T3        |                                  |
| <i>trimethobenzamide hcl</i>                       | T1        |                                  |
| VARUBI                                             | T3        | PA QL (4 TABS/28 DAYS)           |
| <b>ANTI-ULCER PREPARATIONS</b>                     |           |                                  |
| CARAFATE ( <i>sucralfate</i> )                     | T3        | PA HD                            |
| CYTOTEC ( <i>misoprostol</i> )                     | T3        | HD                               |
| <i>misoprostol (Cytotec)</i>                       | T1        | HD                               |
| <i>sucralfate</i>                                  | T1        | HD                               |
| <i>sucralfate (Carafate)</i>                       | T1        | HD                               |
| <b>ANTI-ULCER-H.PYLORI AGENTS</b>                  |           |                                  |
| <i>bismuth/metronid/tetracycline (Pylera)</i>      | T1        |                                  |
| <i>lansoprazole/amoxicilin/clarith</i>             | T1        |                                  |
| OMECLAMOX-PAK                                      | T3        | PA                               |
| PYLERA ( <i>bismuth/metronid/tetracycline</i> )    | T3        | PA                               |
| TALICIA                                            | T3        | PA                               |
| VOQUEZNA TRIPLE PAK                                | T3        | PA                               |
| VOQUEZNA DUAL PAK                                  | T3        | PA                               |
| <b>BELLADONNA ALKALOIDS</b>                        |           |                                  |
| DONNATAL                                           | T3        | PA HD                            |
| DONNATAL ( <i>phenobarb/hyoscy/atropine/scop</i> ) | T3        | PA HD                            |
| <i>hyoscyamine sulfate</i>                         | T1        | HD                               |
| <i>hyoscyamine sulfate (Levbid)</i>                | T1        | HD                               |
| <i>hyoscyamine sulfate (Levsin)</i>                | T1        | HD                               |
| <i>hyoscyamine sulfate (Levsin-sl)</i>             | T1        | HD                               |
| <i>hyoscyamine sulfate (Nulev)</i>                 | T1        | HD                               |

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## List of Prescription Medications

### GASTROINTESTINAL (Gastrointestinal/Heartburn) (cont.)

| Prescription Drug Name                                             | Drug Tier | Coverage Requirements and Limits |
|--------------------------------------------------------------------|-----------|----------------------------------|
| <b>BELLADONNA ALKALOIDS (cont.)</b>                                |           |                                  |
| <i>hyoscyamine sulfate</i> (Nulev)                                 | T3        | HD                               |
| LEVBIID ( <i>hyoscyamine sulfate</i> )                             | T3        | PA HD                            |
| LEVSIN ( <i>hyoscyamine sulfate</i> )                              | T3        | HD                               |
| LEVSIN-SL ( <i>hyoscyamine sulfate</i> )                           | T3        | PA HD                            |
| <i>methscopolamine bromide</i>                                     | T1        | HD                               |
| NULEV ( <i>hyoscyamine sulfate</i> )                               | T3        | HD                               |
| <i>phenobarb/hyoscy/atropine/scop</i>                              | T1        | HD                               |
| <i>phenobarb/hyoscy/atropine/scop</i> (Donnatal)                   | T1        | HD                               |
| <i>phenobarb/hyoscy/atropine/scop</i> (Phenobarbital-belladonna)   | T1        | HD                               |
| PHENOBARBITAL-BELLADONNA ( <i>phenobarb/hyoscy/atropine/scop</i> ) | T3        | HD                               |
| SYMAX DUOTAB                                                       | T2        | HD                               |
| <b>BILE SALTS</b>                                                  |           |                                  |
| CHENODAL                                                           | T4        | PA SP HD                         |
| CHOLBAM                                                            | T4        | PA SP HD                         |
| CTEXLI                                                             | T4        | PA SP                            |
| RELTONE                                                            | T3        | PA HD                            |
| URSO FORTE ( <i>ursodiol</i> )                                     | T3        | HD                               |
| <i>ursodiol 200 mg capsule</i>                                     | T1        | PA HD                            |
| <i>ursodiol 250 mg tablet</i>                                      | T1        | HD                               |
| <i>ursodiol 300 mg capsule</i>                                     | T1        | HD                               |
| <i>ursodiol 400 mg capsule</i>                                     | T1        | PA HD                            |
| <i>ursodiol 500 mg tablet</i> (Urso Forte)                         | T1        | HD                               |
| <b>CHRONIC INFLAM. COLON DX, 5-A-SALICYLAT, RECTAL TX</b>          |           |                                  |
| CANASA ( <i>mesalamine</i> )                                       | T3        | PA                               |
| <i>mesalamine 1,000 mg supp</i> (Canasa)                           | T1        |                                  |
| <i>mesalamine 4 gm/60 ml enema</i> (Sfrowasa)                      | T1        |                                  |
| <i>mesalamine 4 gm/60 ml kit</i> (Rowasa)                          | T1        |                                  |
| ROWASA ( <i>mesalamine</i> )                                       | T3        | PA                               |
| SFROWASA ( <i>mesalamine</i> )                                     | T3        |                                  |
| <b>DRUG TX-CHRONIC INFLAM. COLON DX, 5-AMINOSALICYLAT</b>          |           |                                  |
| APRISO ( <i>mesalamine</i> )                                       | T3        | HD                               |
| ASACOL HD ( <i>mesalamine</i> )                                    | T3        | ST HD                            |
| AZULFIDINE ( <i>sulfasalazine</i> )                                | T3        | PA HD                            |

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### GASTROINTESTINAL (Gastrointestinal/Heartburn) (cont.)

| Prescription Drug Name                                             | Drug Tier | Coverage Requirements and Limits |
|--------------------------------------------------------------------|-----------|----------------------------------|
| <b>DRUG TX-CHRONIC INFLAM. COLON DX, 5-AMINOSALICYLAT (cont.)</b>  |           |                                  |
| <i>balsalazide disodium</i> (Colazal)                              | T1        | HD                               |
| COLAZAL ( <i>balsalazide disodium</i> )                            | T3        | ST HD                            |
| DIPENTUM                                                           | T3        | ST HD                            |
| LIALDA ( <i>mesalamine</i> )                                       | T3        | ST                               |
| <i>mesalamine</i>                                                  | T1        | HD                               |
| <i>mesalamine</i> (Apriso)                                         | T1        | HD                               |
| <i>mesalamine</i> (Pentasa)                                        | T1        | HD                               |
| <i>mesalamine</i> 800 mg dr tablet (Asacol Hd)                     | T1        | HD                               |
| <i>mesalamine</i> dr 1.2 gm tablet (Lialda)                        | T1        | HD                               |
| PENTASA 250 MG CAPSULE                                             | T3        | ST HD                            |
| PENTASA 500 MG CAPSULE ( <i>mesalamine</i> )                       | T3        | HD                               |
| <i>sulfasalazine</i> (Azulfidine)                                  | T1        | HD                               |
| <b>FARNESOID X RECEPTOR (FXR) AGONIST, BILE AC ANALOG</b>          |           |                                  |
| OCALIVA                                                            | T4        | PA SP HD                         |
| <b>FECAL MICROBIOTA TRANSPLANTATION (FMT)</b>                      |           |                                  |
| VOWST                                                              | T4        | PA QL (12 CAPS/56 DAYS) SP       |
| <b>GASTRIC ENZYMES</b>                                             |           |                                  |
| SUCRAID                                                            | T4        | PA SP                            |
| <b>HISTAMINE H2-RECEPTOR INHIBITORS</b>                            |           |                                  |
| ANALPRAM HC 1% CREAM                                               | T3        |                                  |
| ANALPRAM HC 2.5%-1% CREAM ( <i>hydrocortisone/pramoxine</i> )      | T3        | PA                               |
| ANALPRAM HC 2.5%-1% CRM SINGLE ( <i>hydrocortisone/pramoxine</i> ) | T3        | PA                               |
| <i>hydrocortisone/pramoxine</i>                                    | T1        |                                  |
| <i>hydrocortisone/pramoxine</i> (Analpram Hc)                      | T1        |                                  |
| PROCORT                                                            | T3        |                                  |
| PROCTOFOAM-HC                                                      | T2        |                                  |
| <b>HISTAMINE H2-RECEPTOR INHIBITORS</b>                            |           |                                  |
| <i>cimetidine hcl</i>                                              | T1        | HD                               |
| <i>famotidine</i>                                                  | T1        | HD                               |
| <i>famotidine</i> (Pepcid)                                         | T1        | HD                               |
| <i>nizatidine</i>                                                  | T1        | HD                               |
| PEPCID ( <i>famotidine</i> )                                       | T1        | PA HD                            |
| <b>IBS AGENTS, MIXED OPIOID RECEPTOR AGONISTS/ANTAGONISTS</b>      |           |                                  |
| VIBERZI                                                            | T2        | HD                               |

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## List of Prescription Medications

### GASTROINTESTINAL (Gastrointestinal/Heartburn) (cont.)

| Prescription Drug Name                                     | Drug Tier | Coverage Requirements and Limits |
|------------------------------------------------------------|-----------|----------------------------------|
| <b>IBS AGENTS, SODIUM-HYDROGEN EXCHANGER 3(NHE3) INHIB</b> |           |                                  |
| IBSRELA                                                    | T3        | PA QL (2 TABS/DAY)               |
| <b>IBS-C/CIC AGENTS, GUANYLATE CYCLASE-C AGONIST</b>       |           |                                  |
| LINZESS                                                    | T2        |                                  |
| TRULANCE                                                   | T2        |                                  |
| <b>ILEAL BILE ACID TRANSPORTER (IBAT) INHIBITOR</b>        |           |                                  |
| BYLVAY                                                     | T4        | PA SP HD                         |
| LIVMARLI                                                   | T4        | PA SP                            |
| <b>INTEGRIN RECEPTOR ANTAGONIST, MONOCLONAL ANTIBODY</b>   |           |                                  |
| ENTYVIO                                                    | T4        | PA SP HD                         |
| <b>INTESTINAL MOTILITY STIMULANTS</b>                      |           |                                  |
| GIMOTI                                                     | T4        | PA SP                            |
| metoclopramide hcl                                         | T1        |                                  |
| metoclopramide hcl (Reglan)                                | T1        |                                  |
| MOTEGRITY                                                  | T3        | PA                               |
| prucalopride succinate (Motegrity)                         | T1        |                                  |
| REGLAN (metoclopramide hcl)                                | T3        |                                  |
| <b>IRRITABLE BOWEL SYND. AGENT, 5-HT4 PARTIAL AGONIST</b>  |           |                                  |
| ZELNORM                                                    | T3        | PA                               |
| <b>IRRITABLE BOWEL SYNDROME AGENTS, 5-HT3 ANTAGONIST</b>   |           |                                  |
| alosetron hcl (Lotronex)                                   | T4        | SP HD                            |
| LOTROXEX (alosetron hcl)                                   | T4        | PA SP HD                         |
| <b>LAXATIVES AND CATHARTICS</b>                            |           |                                  |
| AMITIZA (lubiprostone)                                     | T3        | PA                               |
| bisac/nahco3/kcl/peg 3350                                  | T1        | PPACA                            |
| CLENPIQ                                                    | T3        | PA PPACA                         |
| GOLYTELY (peg-3350 and electrolytes)                       | T3        | PA PPACA                         |
| KRISTALOSE                                                 | T3        | PA                               |
| lactulose                                                  | T1        |                                  |
| lactulose 10 gm packet                                     | T1        | PA                               |
| lactulose 10 gm/15 ml soln cup                             | T1        |                                  |
| lactulose 10 gm/15 ml solution                             | T1        |                                  |
| lactulose 20 gm packet                                     | T1        |                                  |
| lactulose 20 gm/30 ml soln cup                             | T1        |                                  |
| lactulose 20 gm/30 ml solution                             | T1        |                                  |

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## List of Prescription Medications

### GASTROINTESTINAL (Gastrointestinal/Heartburn) (cont.)

| Prescription Drug Name                             | Drug Tier | Coverage Requirements and Limits |
|----------------------------------------------------|-----------|----------------------------------|
| <b>LAXATIVES AND CATHARTICS (cont.)</b>            |           |                                  |
| <i>lubiprostone</i> (Amitiza)                      | T1        |                                  |
| MOVIPREP ( <i>peg3350-sod sul-nacl-kcl-asb-c</i> ) | T3        | PA PPACA                         |
| OSMOPREP                                           | T3        | PA PPACA                         |
| <i>peg3350/sod sul/nacl/kcl/asb/c</i> (Moviprep)   | T1        | PPACA                            |
| <i>peg3350/sod sulf,bicarb,cl/kcl</i>              | T1        | PPACA                            |
| <i>peg3350/sod sulf, bicarb, cl/kcl</i> (Golytely) | T1        | PPACA                            |
| PLENVU                                             | T3        | PA PPACA                         |
| <i>sodium chloride/naHCO<sub>3</sub>/kcl/peg</i>   | T1        | PPACA                            |
| <i>sodium, potassium,mag sulfates</i> (Suprep)     | T1        | PPACA                            |
| SUFLAVE                                            | T3        | PA PPACA                         |
| SUPREP ( <i>sodium, potassium,mag sulfates</i> )   | T3        | PA PPACA                         |
| SUTAB                                              | T3        | PA PPACA                         |
| <b>LOCAL ANORECTAL NITRATE PREPARATIONS</b>        |           |                                  |
| <i>nitroglycerin 0.4% ointment</i> (Rectiv)        | T1        |                                  |
| RECTIV ( <i>nitroglycerin</i> )                    | T3        |                                  |
| <b>PANCREATIC ENZYMES</b>                          |           |                                  |
| CREON                                              | T3        | PA HD                            |
| PANCREAZE                                          | T2        | HD                               |
| PERTZYE                                            | T3        | PA HD                            |
| VIOKACE                                            | T3        | HD                               |
| ZENPEP                                             | T2        | HD                               |
| <b>POTASSIUM-COMPETITIVE ACID BLOCKERS (PCABS)</b> |           |                                  |
| VOQUEENZA                                          | T3        | PA QL (1 TAB/DAY)                |
| <b>PROTON-PUMP INHIBITORS</b>                      |           |                                  |
| ACIPHEX ( <i>rabeprazole sodium</i> )              | T3        | PA QL (1 TAB/DAY)                |
| DEXILANT DR 30 MG CAPSULE                          | T3        | PA QL (2 CAPS/DAY)               |
| DEXILANT DR 60 MG CAPSULE                          | T3        | PA QL (1 CAP/DAY)                |
| <i>dexlansoprazole dr 30 mg cap</i>                | T1        | QL (2 CAPS/DAY)                  |
| <i>dexlansoprazole dr 60 mg cap</i> (Dexilant)     | T1        | QL (1 CAP/DAY)                   |
| <i>esomeprazole dr 10 mg packet</i> (Nexium)       | T1        | QL (4 PACKS/DAY) HD              |
| <i>esomeprazole dr 2.5 mg packet</i> (Nexium)      | T1        | QL (16 PACKS/DAY) HD             |
| <i>esomeprazole dr 20 mg packet</i> (Nexium)       | T1        | QL (2 PACKS/DAY) HD              |
| <i>esomeprazole dr 40 mg packet</i> (Nexium)       | T1        | QL (1 PACK/DAY) HD               |
| <i>esomeprazole dr 5 mg packet</i> (Nexium)        | T1        | QL (8 PACKS/DAY) HD              |

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### GASTROINTESTINAL (Gastrointestinal/Heartburn) (cont.)

| Prescription Drug Name                                    | Drug Tier | Coverage Requirements and Limits |
|-----------------------------------------------------------|-----------|----------------------------------|
| <b>PROTON-PUMP INHIBITORS (cont.)</b>                     |           |                                  |
| <i>esomeprazole mag dr 20 mg cap</i> (Nexium)             | T1        | QL(2 CAPS/DAY) HD                |
| <i>esomeprazole mag dr 40 mg cap</i> (Nexium)             | T1        | QL(1 CAP/DAY) HD                 |
| ESOMEPRAZOLE STRONTIUM                                    | T3        | QL(1 CAP/DAY) HD                 |
| KONVOMEF                                                  | T3        | PA QL(20 MLS/DAY) HD             |
| <i>lansoprazole dr 15 mg capsule</i>                      | T1        | QL(2 CAPS/DAY) HD                |
| <i>lansoprazole dr 15 mg capsule</i> (Prevacid)           | T1        | QL(2 TABS/DAY) HD                |
| <i>lansoprazole dr 30 mg capsule</i> (Prevacid)           | T1        | QL(1 CAP/DAY) HD                 |
| <i>lansoprazole odt 30 mg tablet</i> (Prevacid)           | T1        | QL(1 TAB/DAY) HD                 |
| NEXIUM DR 10 MG PACKET ( <i>esomeprazole magnesium</i> )  | T3        | PA QL(4 PACKS/DAY) HD            |
| NEXIUM DR 2.5 MG PACKET                                   | T3        | PA QL(16 PACKS/DAY) HD           |
| NEXIUM DR 20 MG CAPSULE ( <i>esomeprazole magnesium</i> ) | T3        | PA QL(2 CAPS/DAY) HD             |
| NEXIUM DR 20 MG PACKET ( <i>esomeprazole magnesium</i> )  | T3        | PA QL(2 PACKS/DAY) HD            |
| NEXIUM DR 40 MG CAPSULE ( <i>esomeprazole magnesium</i> ) | T3        | PA QL(1 CAP/DAY) HD              |
| NEXIUM DR 40 MG PACKET ( <i>esomeprazole magnesium</i> )  | T3        | PA QL(1 PACK/DAY) HD             |
| NEXIUM DR 5 MG PACKET                                     | T3        | PA QL(8 PACKS/DAY) HD            |
| <i>omeprazole dr 10 mg capsule</i>                        | T1        | QL(4 CAPS/DAY) HD                |
| <i>omeprazole dr 20 mg capsule</i>                        | T1        | QL(2 CAPS/DAY) HD                |
| <i>omeprazole dr 40 mg capsule</i>                        | T1        | QL(1 CAP/DAY) HD                 |
| <i>omeprazole-bicarb 20-1, 100 cap</i> (Zegerid)          | T1        | PA QL(2 CAPS/DAY) HD             |
| <i>omeprazole-bicarb 20-1, 680 pkt</i> (Zegerid)          | T1        | PA QL(2 PACKS/DAY) HD            |
| <i>omeprazole-bicarb 40-1, 100 cap</i> (Zegerid)          | T1        | PA QL(1 CAP/DAY) HD              |
| <i>omeprazole-bicarb 40-1, 680 pkt</i> (Zegerid)          | T1        | PA QL(1 PACK/DAY) HD             |
| <i>pantoprazole 40 mg suspension</i> (Protonix)           | T1        | QL(1 PACK/DAY) HD                |
| <i>pantoprazole sod dr 20 mg tab</i> (Protonix)           | T1        | QL(2 TABS/DAY) HD                |
| <i>pantoprazole sod dr 40 mg tab</i> (Protonix)           | T1        | QL(1 TAB/DAY) HD                 |
| PREVACID DR 15 MG SOLUTAB ( <i>lansoprazole</i> )         | T3        | PA QL(2 TABS/DAY)                |
| PREVACID DR 30 MG CAPSULE ( <i>lansoprazole</i> )         | T3        | PA QL(1 CAP/DAY)                 |
| PREVACID DR 30 MG SOLUTAB ( <i>lansoprazole</i> )         | T3        | PA QL(1 TAB/DAY)                 |
| PRILOSEC DR 10 MG SUSPENSION                              | T3        | QL(4 PACKS/DAY) HD               |
| PRILOSEC DR 2.5 MG SUSPENSION                             | T3        | QL(16 PACKS/DAY) HD              |
| PROTONIX 40 MG SUSPENSION ( <i>pantoprazole sodium</i> )  | T3        | PA QL(1 PACK/DAY)                |
| PROTONIX DR 20 MG TABLET ( <i>pantoprazole sodium</i> )   | T3        | PA QL(2 TABS/DAY)                |
| PROTONIX DR 40 MG TABLET ( <i>pantoprazole sodium</i> )   | T3        | PA QL(1 TAB/DAY)                 |

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## List of Prescription Medications

### GASTROINTESTINAL (Gastrointestinal/Heartburn) (cont.)

| Prescription Drug Name                                             | Drug Tier | Coverage Requirements and Limits |
|--------------------------------------------------------------------|-----------|----------------------------------|
| <b>PROTON-PUMP INHIBITORS (cont.)</b>                              |           |                                  |
| RABEPRAZOLE DR 10 MG SPRNKL CP                                     | T3        | QL(2 CAPS/DAY) HD                |
| <i>rabeprazole sod dr 20 mg tab</i> (Aciphex)                      | T1        | QL(1 TAB/DAY) HD                 |
| ZEGERID 20 MG CAPSULE ( <i>omeprazole-sodium bicarbonate</i> )     | T3        | PA QL(2 CAPS/DAY) HD             |
| ZEGERID 20 MG PACKET ( <i>omeprazole-sodium bicarbonate</i> )      | T3        | PA QL(2 PACKS/DAY) HD            |
| ZEGERID 40 MG CAPSULE ( <i>omeprazole-sodium bicarbonate</i> )     | T3        | PA QL(1 CAP/DAY) HD              |
| ZEGERID 40 MG PACKET ( <i>omeprazole-sodium bicarbonate</i> )      | T3        | PA QL(1 PACK/DAY) HD             |
| <b>RECTAL PREPARATIONS</b>                                         |           |                                  |
| ANUSOL-HC ( <i>hydrocortisone acetate</i> )                        | T3        | PA                               |
| <i>hydrocortisone acetate</i>                                      | T1        |                                  |
| <i>hydrocortisone acetate</i> (Anusol-hc)                          | T1        |                                  |
| <b>SBS - GLUCAGON-LIKE PEPTIDE-2 (GLP-2) ANALOGS</b>               |           |                                  |
| GATTEX                                                             | T4        | PA SP HD                         |
| <b>GASTROINTESTINAL (Pain Relief And Inflammatory Disease)</b>     |           |                                  |
| <b>HEMORRHOID PREP, ANTI-INFLAM STEROID-LOCAL ANESTHET</b>         |           |                                  |
| ANA-LEX                                                            | T1        |                                  |
| ANALPRAM HC 1% CREAM                                               | T3        |                                  |
| ANALPRAM HC 2.5%-1% CREAM ( <i>hydrocortisone/pramoxine</i> )      | T3        | PA                               |
| ANALPRAM HC 2.5%-1% CRM SINGLE ( <i>hydrocortisone/pramoxine</i> ) | T3        | PA                               |
| <i>hydrocortisone/lidocaine/aloe</i>                               | T1        |                                  |
| <i>hydrocortisone/pramoxine</i>                                    | T1        |                                  |
| <i>hydrocortisone/pramoxine</i> (Analpram Hc)                      | T1        |                                  |
| <i>lidocaine/hydrocortisone ac</i>                                 | T1        |                                  |
| LIDOCAINE-HYDROCORTISONE                                           | T1        |                                  |
| PROCORT                                                            | T3        |                                  |
| PROCTOFOAM-HC                                                      | T2        |                                  |
| <b>HEMATOPOIETIC GROWTH FACTORS (Miscellaneous)</b>                |           |                                  |
| <b>HYPOXIA INDUCIBLE FACTOR PROLYL HYDROXYLASE INH.</b>            |           |                                  |
| VAFSEO 150 MG TABLET                                               | T3        | PA QL(1 TAB/DAY)                 |
| VAFSEO 300 MG TABLET                                               | T3        | PA QL(2 TABS/DAY)                |
| <b>HORMONES (Gastrointestinal/Heartburn)</b>                       |           |                                  |
| <b>RECTAL/LOWER BOWEL PREP., GLUCOCORT. (NON-HEMORR)</b>           |           |                                  |
| <i>budesonide 2 mg rectal foam</i> (Uceris)                        | T1        | QL(2 KITS/180 DAYS)              |
| CORTENEMA ( <i>hydrocortisone</i> )                                | T3        |                                  |

T1 – Typically Generics

T2 – Typically Preferred Brands

T3 – Typically Non-Preferred Brands

T4 – Specialty Medications

PA – Prior Authorization

QL – Quantity Limit

ST – Step Therapy

AGE – Age Requirement

SP – Specialty Medication

HD – May require home delivery pharmacy

PPACA – No Cost-Share Preventive Medication

CSL – Oral cancer medication subject to cost-share limits

## List of Prescription Medications

| HORMONES (Gastrointestinal/Heartburn) (cont.)            |           |                                  |
|----------------------------------------------------------|-----------|----------------------------------|
| Prescription Drug Name                                   | Drug Tier | Coverage Requirements and Limits |
| <b>RECTAL/LOWER BOWEL PREP., GLUCOCORT. (NON-HEMORR)</b> |           |                                  |
| CORTIFOAM                                                | T3        | PA                               |
| <i>hydrocortisone</i> (Cortenema)                        | T1        |                                  |
| UCERIS 2 MG RECTAL FOAM ( <i>budesonide</i> )            | T3        | PA QL(2 KITS/180 DAYS)           |
| <b>HORMONES (Hormonal Agents)</b>                        |           |                                  |
| <b>ADRENAL STEROID INHIBITORS</b>                        |           |                                  |
| ISTURISA 1 MG TABLET                                     | T4        | PA QL(8 TABS/DAY) SP             |
| ISTURISA 5 MG TABLET                                     | T4        | PA QL(2 TABS/DAY) SP             |
| RECORLEV                                                 | T4        | PA QL(8 TABS/DAY) SP             |
| <b>ADRENOCORTICOTROPHIC HORMONES</b>                     |           |                                  |
| ACTHAR SELFJECT                                          | T4        | PA SP HD                         |
| CORTROPHIN                                               | T4        | PA SP HD                         |
| <b>ANDROGEN/ESTROGEN PREPS FOR FEMALE SEXUAL DYSFUNC</b> |           |                                  |
| INTRAROSA                                                | T3        | QL(30 INSERTS/30 DAYS)           |
| <b>ANDROGENIC AGENTS</b>                                 |           |                                  |
| ANDROGEL 1% (25 MG/2.5 G) PKT ( <i>testosterone</i> )    | T3        | PA QL(150 GMS/30 DAYS)           |
| ANDROGEL 1% (50 MG/5 G) PKT ( <i>testosterone</i> )      | T3        | PA QL(300 GMS/30 DAYS)           |
| ANDROGEL 1.62% GEL PUMP ( <i>testosterone</i> )          | T3        | PA QL(150 GMS/30 DAYS)           |
| DEPO-TESTOSTERONE                                        | T3        |                                  |
| DEPO-TESTOSTERONE ( <i>testosterone cypionate</i> )      | T3        |                                  |
| JATENZO 158 MG CAPSULE                                   | T3        | PA QL(4 CAPS/DAY)                |
| JATENZO 198 MG CAPSULE                                   | T3        | PA QL(4 CAPS/DAY)                |
| JATENZO 237 MG CAPSULE                                   | T3        | PA QL(2 CAPS/DAY)                |
| KYZATREX 100 MG CAPSULE                                  | T3        | PA QL(2 CAPS/DAY)                |
| KYZATREX 150 MG CAPSULE                                  | T3        | PA QL(4 CAPS/DAY)                |
| KYZATREX 200 MG CAPSULE                                  | T3        | PA QL(4 CAPS/DAY)                |
| METHITEST                                                | T1        |                                  |
| <i>methyltestosterone</i>                                | T1        |                                  |
| NATESTO                                                  | T3        | PA QL(3 UNITS/30 DAYS)           |
| <i>oxandrolone</i>                                       | T1        | PA                               |
| TESTIM ( <i>testosterone</i> )                           | T3        | PA QL(10 GMS/DAY)                |
| <i>testosterone 1% (25mg/2.5g) pk</i> (Androgel)         | T1        | PA QL(150 GMS/30 DAYS)           |
| <i>testosterone 1% (50 mg/5 g) pk</i> (Vogelxo)          | T1        | PA QL(300 GMS/30 DAYS)           |
| <i>testosterone 1.62% (2.5 g) pkt</i> (Androgel)         | T1        | PA QL(150 GMS/30 DAYS)           |

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AGE – Age Requirement  
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HD – May require home delivery pharmacy  
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CSL – Oral cancer medication subject to cost-share limits

## List of Prescription Medications

### HORMONES (Hormonal Agents) (cont.)

| Prescription Drug Name                         | Drug Tier | Coverage Requirements and Limits |
|------------------------------------------------|-----------|----------------------------------|
| <b>ANDROGENIC AGENTS (cont.)</b>               |           |                                  |
| testosterone 1.62% gel pump (Androgel)         | T1        | PA QL (150 GMS/30 DAYS)          |
| testosterone 1.62% (1.25 g) pkt (Androgel)     | T1        | PA QL (75 GMS/30 DAYS)           |
| testosterone 10 mg gel pump                    | T1        | PA QL (120 GMS/30 DAYS)          |
| testosterone 12.5 mg/1.25 gram                 | T1        | PA QL (150 GMS/30 DAYS)          |
| testosterone 30 mg/1.5 ml pump                 | T1        | PA QL (180 MLS/30 DAYS)          |
| testosterone 50 mg/5 gram gel (Testim)         | T1        | PA QL (10 GMS/DAY)               |
| testosterone 50 mg/5 gram gel (Vogelxo)        | T1        | PA QL (10 GMS/DAY)               |
| TESTOSTERONE 50 MG/5 GRAM PKT                  | T1        | PA QL (300 GMS/30 DAYS)          |
| testosterone cypionate                         | T1        |                                  |
| testosterone cypionate (Depo-Testosterone)     | T1        |                                  |
| testosterone enanthate                         | T1        |                                  |
| TLANDO                                         | T3        | PA QL (4 CAPS/DAY)               |
| UNDECATREX                                     | T3        | PA QL (4 CAPS/DAY)               |
| VOGELXO 12.5 MG/1.25 GRAM PUMP                 | T3        | PA QL (150 GMS/30 DAYS)          |
| VOGELXO 50 MG/5 GRAM GEL (testosterone)        | T3        | PA QL (10 GMS/DAY)               |
| VOGELXO 50 MG/5 GRAM GEL PACKET                | T3        | PA QL (300 GMS/30 DAYS)          |
| XYOSTED                                        | T3        | PA QL (2 ML/28 DAYS)             |
| <b>ANTI-DIURETIC AND VASOPRESSOR HORMONES</b>  |           |                                  |
| DDAVP 0.1 MG TABLET (desmopressin acetate)     | T3        | PA HD                            |
| DDAVP 0.2 MG TABLET (desmopressin acetate)     | T3        | PA HD                            |
| DDAVP 4 MCG/ML AMPUL (desmopressin acetate)    | T4        | PA SP                            |
| DDAVP 40 MCG/10 ML VIAL (desmopressin acetate) | T4        | PA SP                            |
| desmopressin 0.01% solution                    | T1        | HD                               |
| desmopressin 10 mcg/0.1 ml spr                 | T1        | HD                               |
| desmopressin 40 mcg/10 ml vial (Ddavp)         | T4        | SP                               |
| desmopressin ac 4 mcg/ml ampul (Ddavp)         | T4        | SP                               |
| desmopressin ac 4 mcg/ml vial (Ddavp)          | T4        | SP                               |
| desmopressin acetate 0.1 mg tb (Ddavp)         | T1        | HD                               |
| desmopressin acetate 0.2 mg tb (Ddavp)         | T1        | HD                               |
| NOCTIVA                                        | T3        | PA                               |
| <b>ESTROGEN AND PROGESTIN COMBINATIONS</b>     |           |                                  |
| BIJUVA                                         | T3        |                                  |

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## List of Prescription Medications

### HORMONES (Hormonal Agents) (cont.)

| Prescription Drug Name                                    | Drug Tier | Coverage Requirements and Limits |
|-----------------------------------------------------------|-----------|----------------------------------|
| <b>ESTROGEN/ANDROGEN COMBINATIONS</b>                     |           |                                  |
| ESTRATEST H.S. ( <i>estrogen, ester/me-testosterone</i> ) | T3        | PA HD                            |
| <i>estrogen, ester/me-testosterone</i>                    | T1        | HD                               |
| <i>estrogen, ester/me-testosterone</i> (Estratest H.S.)   | T1        | HD                               |
| <b>ESTROGENIC AGENTS</b>                                  |           |                                  |
| ACTIVELLA ( <i>estradiol/norethindrone acet</i> )         | T3        | PA HD                            |
| CLIMARA ( <i>estradiol</i> )                              | T3        | PA HD                            |
| CLIMARA PRO                                               | T3        | PA HD                            |
| COMBIPATCH                                                | T2        |                                  |
| DELESTROGEN ( <i>estradiol valerate</i> )                 | T3        | PA HD                            |
| DEPO-ESTRADIOL                                            | T3        | HD                               |
| DIVIGEL ( <i>estradiol</i> )                              | T3        | PA HD                            |
| ELESTRIN                                                  | T3        | PA HD                            |
| ESTRACE ( <i>estradiol</i> )                              | T1        | HD                               |
| <i>estradiol</i> (Climara)                                | T1        | QL (16 PATCHES/28 DAYS) HD       |
| <i>estradiol</i> (Minivelle)                              | T1        | QL (16 PATCHES/28 DAYS) HD       |
| <i>estradiol</i> (Vivelle-dot)                            | T1        | QL (16 patches/28 days) HD       |
| <i>estradiol</i> 0.06% 1.25g gel pump (Estrogel)          | T1        | HD                               |
| <i>estradiol</i> 0.1% (0.25mg) gel pk (Divigel)           | T1        | HD                               |
| <i>estradiol</i> 0.1% (0.5mg) gel pkt (Divigel)           | T1        | HD                               |
| <i>estradiol</i> 0.1% (0.75mg) gel pk (Divigel)           | T1        | HD                               |
| <i>estradiol</i> 0.1% (1 mg) gel pkt (Divigel)            | T1        | HD                               |
| <i>estradiol</i> 0.1% (1.25mg) gel pk (Divigel)           | T1        | HD                               |
| <i>estradiol</i> 0.5 mg tablet                            | T1        | HD                               |
| <i>estradiol</i> 1 mg tablet                              | T1        | HD                               |
| <i>estradiol</i> 2 mg tablet                              | T1        | HD                               |
| <i>estradiol valerate</i> (Delestrogen)                   | T1        | HD                               |
| <i>estradiol/norethindrone acet</i>                       | T1        | HD                               |
| <i>estradiol/norethindrone acet</i> (Activella)           | T1        | HD                               |
| ESTROGEL ( <i>estradiol</i> )                             | T3        | PA HD                            |
| <i>estrogens, conjugated</i> (Preamarin)                  | T1        | HD                               |
| EVAMIST                                                   | T3        | HD                               |
| MENEST                                                    | T3        | HD                               |
| MENOSTAR                                                  | T3        | QL (8 PATCHES/28 DAYS) HD        |
| MINIVELLE ( <i>Jyllana</i> )                              | T3        | PA QL (16 PATCHES/28 DAYS) HD    |

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## List of Prescription Medications

### HORMONES (Hormonal Agents) (cont.)

| Prescription Drug Name                                      | Drug Tier | Coverage Requirements and Limits |
|-------------------------------------------------------------|-----------|----------------------------------|
| <b>ESTROGENIC AGENTS (cont.)</b>                            |           |                                  |
| <i>norethind-eth estrad 0.5-2.5 (Femhrt)</i>                | T1        | HD                               |
| <i>norethindrone ac/eth estradiol</i>                       | T1        | HD                               |
| <i>norethin-eth estrad 1 mg-5 mcg</i>                       | T1        | HD                               |
| PREMARIN ( <i>estrogens, conjugated</i> )                   | T2        | HD                               |
| PREMPHASE                                                   | T2        | HD                               |
| PREMPRO                                                     | T2        | HD                               |
| VIVELLE-DOT ( <i>estradiol</i> )                            | T3        | PA QL (16 PATCHES/28 DAYS) HD    |
| <b>ESTROGEN-PROGESTIN WITH ANTI-MINERALOCORTICOID COMB</b>  |           |                                  |
| ANGELIQ                                                     | T3        | HD                               |
| <b>ESTROGEN-SELECTIVE ESTROGEN RECEPTOR MOD (SERM) COMB</b> |           |                                  |
| DUAVEE                                                      | T2        |                                  |
| <b>GLUCOCORTICOIDS</b>                                      |           |                                  |
| AGAMREE                                                     | T4        | PA QL (10 MLS/DAY) SP            |
| ALKINDI SPRINKLE                                            | T4        | PA SP                            |
| <i>budesonide</i>                                           | T1        |                                  |
| <i>budesonide (Uceris)</i>                                  | T1        | PA QL (1 TAB/DAY)                |
| CORTEF ( <i>hydrocortisone</i> )                            | T3        | PA                               |
| <i>cortisone acetate</i>                                    | T1        |                                  |
| <i>deflazacort (Emflaza)</i>                                | T4        | PA SP                            |
| <i>deflazacort (Emflaza)</i>                                | T4        | PA SP HD                         |
| <i>dexamethasone</i>                                        | T1        |                                  |
| <i>dexamethasone 0.5 mg tablet</i>                          | T1        |                                  |
| <i>dexamethasone 0.5 mg/5 ml elx</i>                        | T1        |                                  |
| <i>dexamethasone 0.5 mg/5 ml liq</i>                        | T1        |                                  |
| <i>dexamethasone 0.75 mg tablet</i>                         | T1        |                                  |
| <i>dexamethasone 1 mg tablet</i>                            | T1        |                                  |
| <i>dexamethasone 1.5 mg tablet</i>                          | T1        |                                  |
| <i>dexamethasone 10 day 1.5 mg tb</i>                       | T1        | PA                               |
| <i>dexamethasone 13 day 1.5 mg tb</i>                       | T1        | PA                               |
| <i>dexamethasone 2 mg tablet</i>                            | T1        |                                  |
| <i>dexamethasone 4 mg tablet</i>                            | T1        |                                  |
| <i>dexamethasone 6 day 1.5 mg tab</i>                       | T1        | PA                               |
| <i>dexamethasone 6 mg tablet</i>                            | T1        |                                  |
| EMFLAZA ( <i>deflazacort</i> )                              | T4        | PA SP HD                         |

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## List of Prescription Medications

### HORMONES (Hormonal Agents) (cont.)

| Prescription Drug Name                                     | Drug Tier | Coverage Requirements and Limits |
|------------------------------------------------------------|-----------|----------------------------------|
| <b>GLUCOCORTICOIDS (cont.)</b>                             |           |                                  |
| EOHILIA                                                    | T3        | PA QL (1800 MLS/180 DAYS)        |
| HEMADY                                                     | T3        |                                  |
| <i>hydrocortisone</i> (Cortef)                             | T1        |                                  |
| KHINDIVI                                                   | T4        | PA SP                            |
| MEDROL 16 MG TABLET ( <i>methylprednisolone</i> )          | T3        |                                  |
| MEDROL 2 MG TABLET                                         | T2        |                                  |
| MEDROL 4 MG DOSEPAK ( <i>methylprednisolone</i> )          | T3        |                                  |
| MEDROL 4 MG TABLET ( <i>methylprednisolone</i> )           | T3        |                                  |
| MEDROL 8 MG TABLET ( <i>methylprednisolone</i> )           | T3        |                                  |
| <i>methylprednisolone</i>                                  | T1        |                                  |
| <i>methylprednisolone</i> (Medrol)                         | T1        |                                  |
| ORAPRED ODT ( <i>prednisolone sodium phos odt</i> )        | T3        |                                  |
| <i>prednisolone</i>                                        | T1        |                                  |
| <i>prednisolone sodium phosphate</i>                       | T1        |                                  |
| <i>prednisolone sodium phosphate</i> (Orapred Odt)         | T1        |                                  |
| <i>prednisone</i>                                          | T1        |                                  |
| TAPERDEX                                                   | T1        | PA                               |
| TARPEYO                                                    | T4        | PA QL (4 CAPS/DAY) SP            |
| UCERIS 9 MG ER TABLET ( <i>budesonide</i> )                | T3        | PA QL (1 TAB/DAY)                |
| ZCORT                                                      | T3        | PA                               |
| <b>GROWTH HORMONE RELEASING HORMONE (GHRH) AND ANALOGS</b> |           |                                  |
| EGRIFTA SV                                                 | T4        | PA SP HD                         |
| EGRIFTA WR                                                 | T4        | PA SP HD                         |
| <b>GROWTH HORMONES</b>                                     |           |                                  |
| GENOTROPIN                                                 | T4        | PA SP HD                         |
| HUMATROPE                                                  | T4        | PA SP HD                         |
| NGENLA                                                     | T4        | PA SP                            |
| NORDITROPIN FLEXPPO                                        | T4        | PA SP HD                         |
| NUTROPIN AQ NUSPIN                                         | T4        | PA SP HD                         |
| OMNITROPE                                                  | T4        | PA SP HD                         |
| SEROSTIM                                                   | T4        | PA SP HD                         |
| SKYTROFA                                                   | T4        | PA SP HD                         |
| SOGROYA                                                    | T4        | PA SP                            |
| ZOMACTON                                                   | T4        | PA SP HD                         |

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## List of Prescription Medications

### HORMONES (Hormonal Agents) (cont.)

| Prescription Drug Name                                      | Drug Tier | Coverage Requirements and Limits |
|-------------------------------------------------------------|-----------|----------------------------------|
| <b>INSULIN-LIKE GROWTH FACTOR-I (IGF-I) HORMONES</b>        |           |                                  |
| INCRELEX                                                    | T4        | PA SP                            |
| <b>LHRH (GNRH) AGONIST ANALOG PITUITARY SUPPRESSANTS</b>    |           |                                  |
| LUPRON DEPOT 11.25 MG 3MO KIT                               | T4        | PA SP HD                         |
| LUPRON DEPOT 3.75 MG KIT                                    | T4        | PA SP HD                         |
| SYNAREL                                                     | T4        | PA SP HD                         |
| <b>LHRH (GNRH) ANTAGONIST, ESTROGEN AND PROGESTIN COMB</b>  |           |                                  |
| MYFEMBREE                                                   | T2        | PA QL(1 TAB/DAY)                 |
| ORIAHNN                                                     | T2        | PA QL(2 CAPS/DAY)                |
| <b>LHRH (GNRH) ANTAGONIST, PITUITARY SUPPRESSANT AGENTS</b> |           |                                  |
| <i>cetorelix acetate</i> (Cetrotide)                        | T4        | PA SP                            |
| CETROTIDE ( <i>cetorelix acetate</i> )                      | T4        | PA SP                            |
| <i>ganirelix acet 250 mcg/0.5 ml</i> (Ganirelix Acetate)    | T4        | PA SP                            |
| GANIRELIX ACET 250 MCG/0.5 ML ( <i>ganirelix acetate</i> )  | T4        | PA SP                            |
| <i>ganirelix acetate</i> (Ganirelix Acetate)                | T4        | PA SP                            |
| ORILISSA 150 MG TABLET                                      | T2        | PA QL(1 TAB/DAY)                 |
| ORILISSA 200 MG TABLET                                      | T2        | PA QL(2 TABS/DAY)                |
| <b>LHRH (GNRH) AGNST PIT.SUP-CENTRAL PRECOCIOUS PUBERTY</b> |           |                                  |
| FENSOLVI                                                    | T4        | PA SP                            |
| LUPRON DEPOT-PED                                            | T4        | PA SP HD                         |
| <b>MINERALOCORTICIDS</b>                                    |           |                                  |
| <i>fludrocortisone acetate</i>                              | T1        | HD                               |
| <b>OXYTOCICS</b>                                            |           |                                  |
| CERVIDIL                                                    | T3        |                                  |
| <i>methylergonovine maleate</i>                             | T1        |                                  |
| PREPIDIL                                                    | T3        |                                  |
| <b>PARATHYROID HORMONES</b>                                 |           |                                  |
| YORVIPATH                                                   | T4        | PA SP                            |
| <b>PITUITARY SUPPRESSIVE AGENTS</b>                         |           |                                  |
| <i>cabergoline</i>                                          | T1        | QL(16 TABS/28 DAYS) HD           |
| CRENESSITY 25 MG CAPSULE                                    | T4        | PA QL(4 CAPS/DAY) SP             |
| CRENESSITY 50 MG CAPSULE                                    | T4        | PA QL(2 CAPS/DAY) SP             |
| CRENESSITY 100 MG CAPSULE                                   | T4        | PA QL(2 CAPS/DAY) SP             |
| CRENESSITY 50 MG/ML SOLUTION                                | T4        | PA QL(8 MLS/DAY) SP              |
| <i>danazol</i>                                              | T1        | HD                               |

T1 – Typically Generics

T2 – Typically Preferred Brands

T3 – Typically Non-Preferred Brands

T4 – Specialty Medications

PA – Prior Authorization

QL – Quantity Limit

ST – Step Therapy

AGE – Age Requirement

SP – Specialty Medication

HD – May require home delivery pharmacy

PPACA – No Cost-Share Preventive Medication

CSL – Oral cancer medication subject to cost-share limits

## List of Prescription Medications

### HORMONES (Hormonal Agents) (cont.)

| Prescription Drug Name                                | Drug Tier | Coverage Requirements and Limits |
|-------------------------------------------------------|-----------|----------------------------------|
| <b>PROGESTATIONAL AGENTS</b>                          |           |                                  |
| CRINONE 4% GEL                                        | T3        | PA HD                            |
| medroxyprogesterone 10 mg tab (Provera)               | T1        | HD                               |
| medroxyprogesterone 2.5 mg tab (Provera)              | T1        | HD                               |
| medroxyprogesterone 5 mg tab (Provera)                | T1        | HD                               |
| norethindrone acetate                                 | T1        | HD                               |
| progesterone 100 mg capsule (Prometrium)              | T1        | HD                               |
| progesterone 200 mg capsule (Prometrium)              | T1        | HD                               |
| PROMETRIUM (progesterone, micronized)                 | T3        | PA HD                            |
| PROVERA (medroxyprogesterone acetate)                 | T3        | PA HD                            |
| <b>SOMATOSTATIC AGENTS</b>                            |           |                                  |
| lanreotide 120 mg/0.5 ml syrng                        | T4        | PA SP HD                         |
| LANREOTIDE 120 MG/0.5 ML SYRNG                        | T4        | PA SP HD                         |
| MYCAPSSA                                              | T4        | PA QL (4 CAPS/DAY) SP            |
| octreotide acetate                                    | T4        | PA SP HD                         |
| octreotide acetate (Sandostatin)                      | T4        | PA SP HD                         |
| octreotide acetate,mi-spheres (Sandostatin Lar Depot) | T4        | PA SP                            |
| SANDOSTATIN (octreotide acetate)                      | T4        | PA SP HD                         |
| SANDOSTATIN LAR DEPOT (octreotide acetate,mi-spheres) | T4        | PA SP                            |
| SIGNIFOR                                              | T4        | PA SP                            |
| SIGNIFOR LAR                                          | T4        | PA SP                            |
| SOMATULINE DEPOT                                      | T4        | PA SP HD                         |
| <b>VAGINAL ESTROGEN FOR SEXUAL DYSFUNCTION</b>        |           |                                  |
| IMVEXXY 10 MCG MAINTENANCE PAK                        | T3        | PA QL (16 INSERTS/28 DAYS) HD    |
| IMVEXXY 10 MCG STARTER PACK                           | T3        | PA QL (36 INSERTS/28 DAYS) HD    |
| IMVEXXY 4 MCG MAINTENANCE PACK                        | T3        | PA QL (16 INSERTS/28 DAYS) HD    |
| IMVEXXY 4 MCG STARTER PACK                            | T3        | PA QL (36 INSERTS/28 DAYS) HD    |
| <b>VAGINAL ESTROGEN PREPARATIONS</b>                  |           |                                  |
| ESTRACE (estradiol)                                   | T3        | PA HD                            |
| estradiol (Vagifem)                                   | T1        | QL (36 TABS/28 DAYS)             |
| estradiol 0.01% cream (Estrace)                       | T1        | HD                               |
| estradiol 10 mcg vaginal insrt (Vagifem)              | T1        | QL (36 TABS/28 DAYS) HD          |
| ESTRING                                               | T3        | PA QL (2 RINGS/90 DAYS) HD       |
| FEMRING                                               | T3        | PA HD                            |
| PREMARIN                                              | T2        | HD                               |
| VAGIFEM (estradiol)                                   | T3        | PA QL (36 TABS/28 DAYS) HD       |

T1 – Typically Generics

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T4 – Specialty Medications

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CSL – Oral cancer medication subject to cost-share limits

## List of Prescription Medications

| HORMONES (Infertility)                                    |           |                                  |
|-----------------------------------------------------------|-----------|----------------------------------|
| Prescription Drug Name                                    | Drug Tier | Coverage Requirements and Limits |
| <b>FERTILITY STIMULATING PREPARATIONS, NON-FSH</b>        |           |                                  |
| <i>clomiphene citrate</i>                                 | T1        |                                  |
| <b>FOLLICLE-STIMULATING AND LUTEINIZING HORMONES</b>      |           |                                  |
| MENOPUR                                                   | T4        | PA SP                            |
| <b>FOLLICLE-STIMULATING HORMONE (FSH)</b>                 |           |                                  |
| FOLLISTIM AQ                                              | T4        | PA SP                            |
| GONAL-F                                                   | T4        | PA SP                            |
| GONAL-F RFF REDI-JECT                                     | T4        | PA SP                            |
| <b>HUMAN CHORIONIC GONADOTROPIN (HCG)</b>                 |           |                                  |
| CHORIONIC GONADOTROPIN                                    | T4        | PA SP                            |
| NOVAREL                                                   | T4        | PA SP                            |
| OVIDREL                                                   | T4        | PA SP                            |
| PREGNYL                                                   | T4        | PA SP                            |
| <b>PREGNANCY FACILITATING/MAINTAINING AGENT, HORMONAL</b> |           |                                  |
| CRINONE 8% GEL                                            | T3        | PA                               |
| ENDOMETRIN ( <i>progesterone, micronized</i> )            | T2        |                                  |
| <i>progesterone 100 mg vag insert</i> (Endometrin)        | T1        |                                  |
| HORMONES (Miscellaneous)                                  |           |                                  |
| <b>LEPTIN HORMONE ANALOGS</b>                             |           |                                  |
| MYALEPT                                                   | T4        | PA SP HD                         |
| HORMONES (Osteoporosis Products)                          |           |                                  |
| <b>BONE FORMATION STIMULATING AGTS - PTH REL PEPTIDES</b> |           |                                  |
| TYMLOS                                                    | T4        | PA QL (1 PEN/30 DAYS) SP HD      |
| <b>BONE RESORPTION INHIBITORS</b>                         |           |                                  |
| <i>calcitonin, salmon, synthetic</i>                      | T1        | HD                               |
| <i>calcitonin, salmon, synthetic</i> (Miacalcin)          | T1        | HD                               |
| MIACALCIN ( <i>calcitonin, salmon, synthetic</i> )        | T3        | HD                               |
| IMMUNOSUPPRESSANTS (Pain Relief And Inflammatory Disease) |           |                                  |
| <b>HUMAN INTERLEUKIN 12/23 (IL-12/13) INHIBITORS, MAB</b> |           |                                  |
| IMULDOSA                                                  | T4        | PA QL (1 SYRINGE/84 DAYS) SP     |
| OTULFI                                                    | T4        | PA QL (1 SYRINGE/84 DAYS) SP     |
| PYZCHIVA                                                  | T4        | PA QL (1 SYRINGE/84 DAYS) SP     |
| SELARSDI                                                  | T4        | PA QL (1 SYRINGE/84 DAYS) SP     |
| STELARA                                                   | T4        | PA QL (1 SYRINGE/84 DAYS) SP HD  |

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T3 – Typically Non-Preferred Brands

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QL – Quantity Limit

ST – Step Therapy  
AGE – Age Requirement  
SP – Specialty Medication

HD – May require home delivery pharmacy  
PPACA – No Cost-Share Preventive Medication  
CSL – Oral cancer medication subject to cost-share limits

## List of Prescription Medications

### IMMUNOSUPPRESSANTS (Pain Relief And Inflammatory Disease) (cont.)

| Prescription Drug Name                                            | Drug Tier | Coverage Requirements and Limits      |
|-------------------------------------------------------------------|-----------|---------------------------------------|
| <b>HUMAN INTERLEUKIN 12/23 (IL-12/13) INHIBITORS, MAB (con't)</b> |           |                                       |
| STEQEYMA                                                          | T4        | PA QL (1 SYRINGE/84 DAYS) SP          |
| USTEKINUMAB                                                       | T4        | PA QL (1 SYRINGE/84 DAYS) SP HD       |
| USTEKINUMAB-AEKN 45 MG SYRINGE                                    | T4        | PA QL (1 SYRINGE/84 DAYS) SP          |
| USTEKINUMAB-AEKN 90 MG/ML SYR                                     | T4        | PA QL (1 SYRINGE/84 DAYS) SP          |
| USTEKINUMAB-TTWE                                                  | T4        | PA QL (1 SYRINGE/84 DAYS) SP HD       |
| YESINTEK                                                          | T4        | PA QL (1 SYRINGE/84 DAYS) SP          |
| <b>IL-23 RECEPTOR ANTAGONIST, MONOCLONAL ANTIBODY</b>             |           |                                       |
| OMVOH 100 MG/ML PEN                                               | T4        | PA QL (2 PENS/28 DAYS) SP HD          |
| OMVOH 100 MG/ML SYRINGE                                           | T4        | PA QL (2 SYRINGES/28 DAYS) SP HD      |
| OMVOH 200 MG DOSE - 2 PENS                                        | T4        | PA QL (2 PENS/28 DAYS) SP HD          |
| OMVOH 200 MG DOSE - 2 SYRINGES                                    | T4        | PA QL (2 SYRINGES/28 DAYS) SP HD      |
| OMVOH 200 MG/2 ML PEN                                             | T4        | PA QL SP HD                           |
| OMVOH 200 MG/2 ML SYRINGE                                         | T4        | PA QL SP HD                           |
| OMVOH 300 MG DOSE - 2 PENS                                        | T4        | PA QL (3 MLS/28 DAYS) SP HD           |
| OMVOH 300 MG DOSE - 2 SYRINGES                                    | T4        | PA QL (3 MLS/28 DAYS) SP HD           |
| SKYRIZI ON-BODY                                                   | T4        | PA QL (1 CARTRIDGE/56 DAYS) SP HD     |
| TREMFYA                                                           | T4        | PA QL (1 SYRINGE/56 DAYS) SP HD       |
| TREMFYA 100 MG/ML PEN                                             | T4        | PA QL (1 ML/56 DAYS) SP HD            |
| TREMFYA 200 MG/2 ML PEN                                           | T4        | PA QL (2 SYRINGE/28 DAYS) SP HD       |
| TREMFYA ONE-PRESS                                                 | T4        | PA QL (1 AUTO-INJ/56 DAYS) SP HD      |
| TREMFYA PEN INDUCTION (2 PEN)                                     | T4        | PA QL (12 MLS/365 DAYS) SP HD         |
| <b>INTERLEUKIN-4(IL-4) RECEPTOR ALPHA ANTAGONIST, MAB</b>         |           |                                       |
| DUPIXENT PEN                                                      | T4        | PA SP HD                              |
| DUPIXENT SYRINGE                                                  | T4        | PA SP HD                              |
| <b>INTERLEUKIN-6 (IL-6) RECEPTOR INHIBITORS</b>                   |           |                                       |
| ACTEMRA                                                           | T4        | PA QL (3.6 ML/28 DAYS) SP HD          |
| ACTEMRA ACTPEN                                                    | T4        | PA QL (3.6 ML/28 DAYS) SP HD          |
| ENSPRYNG                                                          | T4        | PA SP HD                              |
| KEVZARA                                                           | T4        | PA QL (2 PENS/SYRINGES/28 DAYS) SP HD |
| TYENNE                                                            | T4        | PA QL (3.6 ML/28 DAYS) SP             |
| TYENNE AUTOINJECTOR                                               | T4        | PA QL (3.6 ML/28 DAYS) SP             |
| <b>INTERLEUKIN-3I(IL-3I)RECEPTOR ALPHA ANTAGONIST,MAB</b>         |           |                                       |
| NEMLUVIO                                                          | T4        | PA SP HD                              |

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AGE – Age Requirement  
SP – Specialty Medication

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CSL – Oral cancer medication subject to cost-share limits

## List of Prescription Medications

### IMMUNOSUPPRESSANTS (Skin Conditions)

| Prescription Drug Name                  | Drug Tier | Coverage Requirements and Limits |
|-----------------------------------------|-----------|----------------------------------|
| <b>TOPICAL IMMUNOSUPPRESSIVE AGENTS</b> |           |                                  |
| ELIDEL ( <i>pimecrolimus</i> )          | T3        | PA                               |
| HYFTOR                                  | T4        | PA SP                            |
| <i>pimecrolimus</i> (Elidel)            | T1        |                                  |
| <i>tacrolimus</i> 0.03% ointment        | T1        |                                  |
| <i>tacrolimus</i> 0.1% ointment         | T1        |                                  |

### IMMUNOSUPPRESSANTS (Transplant Medications)

|                                                 |    |                       |
|-------------------------------------------------|----|-----------------------|
| <b>IMMUNOSUPPRESSIVES</b>                       |    |                       |
| ASTAGRAF XL                                     | T4 | SP HD                 |
| AZASAN ( <i>azathioprine</i> )                  | T4 | PA SP HD              |
| <i>azathioprine</i> 100 mg tablet (Azasan)      | T4 | PA SP HD              |
| <i>azathioprine</i> 50 mg tablet (Imuran)       | T4 | SP HD                 |
| <i>azathioprine</i> 75 mg tablet (Azasan)       | T4 | PA SP HD              |
| CELLCEPT ( <i>mycophenolate mofetil</i> )       | T4 | PA SP HD              |
| <i>cyclosporine</i> 100 mg capsule (Sandimmune) | T4 | SP HD                 |
| <i>cyclosporine</i> 25 mg capsule (Sandimmune)  | T4 | SP HD                 |
| <i>cyclosporine</i> , modified                  | T4 | SP HD                 |
| <i>cyclosporine</i> , modified (Neoral)         | T4 | SP HD                 |
| ENVARUS XR                                      | T4 | SP HD                 |
| <i>everolimus</i> 0.25 mg tablet (Zortress)     | T4 | SP HD                 |
| <i>everolimus</i> 0.5 mg tablet (Zortress)      | T4 | SP HD                 |
| <i>everolimus</i> 0.75 mg tablet (Zortress)     | T4 | SP HD                 |
| <i>everolimus</i> 1 mg tablet (Zortress)        | T4 | SP HD                 |
| IMURAN ( <i>azathioprine</i> )                  | T4 | PA SP HD              |
| LUPKYNIS                                        | T4 | PA QL (6 CAPS/DAY) SP |
| <i>mycophenolate mofetil</i> (Cellcept)         | T4 | SP HD                 |
| <i>mycophenolate sodium</i> (Myfortic)          | T4 | SP HD                 |
| MYFORTIC ( <i>mycophenolate sodium</i> )        | T4 | PA SP HD              |
| MYHIBBIN                                        | T4 | PA SP                 |
| NEORAL ( <i>cyclosporine</i> , modified)        | T4 | PA SP HD              |
| PROGRAF 0.2 MG GRANULE PACKET                   | T4 | SP HD                 |
| PROGRAF 0.5 MG CAPSULE ( <i>tacrolimus</i> )    | T4 | PA SP HD              |
| PROGRAF 1 MG CAPSULE ( <i>tacrolimus</i> )      | T4 | PA SP HD              |
| PROGRAF 1 MG GRANULE PACKET                     | T4 | SP HD                 |

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SP – Specialty Medication

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## List of Prescription Medications

### IMMUNOSUPPRESSANTS (Transplant Medications) (cont.)

| Prescription Drug Name                                              | Drug Tier | Coverage Requirements and Limits |
|---------------------------------------------------------------------|-----------|----------------------------------|
| <b>IMMUNOSUPPRESSIVES (cont.)</b>                                   |           |                                  |
| PROGRAF 5 MG CAPSULE ( <i>tacrolimus</i> )                          | T4        | PA SP HD                         |
| RAPAMUNE ( <i>sirolimus</i> )                                       | T4        | PA SP HD                         |
| SANDIMMUNE 100 MG CAPSULE ( <i>cyclosporine</i> )                   | T4        | PA SP HD                         |
| SANDIMMUNE 100 MG/ML SOLN                                           | T4        | SP HD                            |
| SANDIMMUNE 25 MG CAPSULE ( <i>cyclosporine</i> )                    | T4        | PA SP HD                         |
| <i>sirolimus</i>                                                    | T4        | SP HD                            |
| <i>sirolimus</i> (Rapamune)                                         | T4        | SP HD                            |
| <i>tacrolimus</i> 0.5 mg capsule (ir) (Prograf)                     | T4        | SP HD                            |
| <i>tacrolimus</i> 1 mg capsule (ir) (Prograf)                       | T4        | SP HD                            |
| <i>tacrolimus</i> 5 mg capsule (ir) (Prograf)                       | T4        | SP HD                            |
| ZORTRESS ( <i>everolimus</i> )                                      | T4        | SP HD                            |
| <b>MISCELLANEOUS MEDICAL SUPPLIES, DEVICES, NON-DRUG (Diabetes)</b> |           |                                  |
| <b>DIABETIC SUPPLIES</b>                                            |           |                                  |
| ACCU-CHEK                                                           | T1        |                                  |
| ACCU-CHEK FASTCLIX LANCING DEV                                      | T1        |                                  |
| ACCU-CHEK GUIDE CONTROL SOLN                                        | T1        |                                  |
| ACCU-CHEK SMARTVIEW CONTRL SOL                                      | T1        |                                  |
| ACCU-CHEK SOFTCLIX                                                  | T1        |                                  |
| ACCUTREND GLUCOSE CONTROL                                           | T1        | PA QL (1 syringe/365 days)       |
| ADJUSTABLE LANCING DEVICE                                           | T1        | PA QL (3/30 days)                |
| ADVANCED LANCING DEVICE                                             | T1        | PA QL (1 syringe/67 days)        |
| ADVOCATE CONTROL SOLUTION                                           | T1        | PA QL(1 UNIT/365 DAYS)           |
| ADVOCATE LANCING DEVICE                                             | T1        | PA QL(3 sensors/30 days)         |
| ADVOCATE RAPID-SAFE LANCING DV                                      | T1        |                                  |
| ADVOCATE REDI-CODE+ CTRL SOLN                                       | T1        |                                  |
| AGAMATRIX CONTROL                                                   | T1        |                                  |
| AGAMATRIX CONTROL SOLUTION                                          | T1        | PA QL(2 units/28 days)           |
| ALKALINE BATTERIES                                                  | T1        | PA QL (1 reader/day)             |
| ALTERNATE SITE LANCING DEVICE                                       | T1        | PA QL(2 sensors/21 days)         |
| AQUA LANCE LANCING DEVICE                                           | T1        | PA QL(2 units/28 days)           |
| ASSURE 4 CONTROL SOLUTION                                           | T1        | PA QL(1 unit/720 days)           |
| ASSURE CONTROL SOLUTION                                             | T1        | PA QL(1 unit/720 days)           |
| ASSURE DOSE                                                         | T1        | PA QL(1 unit/720 days)           |

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## List of Prescription Medications

### MISCELLANEOUS MEDICAL SUPPLIES, DEVICES, NON-DRUG (Diabetes) (cont.)

| Prescription Drug Name           | Drug Tier | Coverage Requirements and Limits |
|----------------------------------|-----------|----------------------------------|
| <b>DIABETIC SUPPLIES (cont.)</b> |           |                                  |
| ASSURE PRISM                     | T1        |                                  |
| AT HOME A1C                      | T1        |                                  |
| AUTOJECT 2                       | T1        |                                  |
| AUTO-LANCET MINI                 | T1        |                                  |
| AUTOLET IMPRESSION               | T1        |                                  |
| AUTOLET LANCING DEVICE           | T1        |                                  |
| AUTOLET LITE                     | T1        |                                  |
| AUTOLET PLUS                     | T1        |                                  |
| AUTOPEN                          | T1        |                                  |
| BLOOD GLUCOSE CONTROL            | T1        |                                  |
| BLOOD-GLUCOSE CONTROL            | T1        |                                  |
| BREEZE 2                         | T1        |                                  |
| CAREONE                          | T1        |                                  |
| CARESENS                         | T1        |                                  |
| CARESENS S CONTROL SOLUTION      | T1        |                                  |
| CARETOUCH CONTROL SOLUTION       | T1        |                                  |
| CARETOUCH LANCING DEVICE         | T1        |                                  |
| CEQR SIMPLICITY                  | T2        |                                  |
| CEQR SIMPLICITY INSERTER         | T2        |                                  |
| CHEMSTRIP BG DIARY               | T1        |                                  |
| CHOSEN LANCING DEVICE            | T1        |                                  |
| CLEVER CHOICE CONTROL SOLUTION   | T1        |                                  |
| CONTOUR                          | T1        |                                  |
| CONTOUR NEXT CONTROL SOLUTION    | T1        |                                  |
| CONTROL SOLUTION                 | T1        |                                  |
| COOL CONTROL SOLUTION            | T1        |                                  |
| DEXCOM G6 RECEIVER               | T2        | PA QL(1 UNIT/365 DAYS)           |
| DEXCOM G6 SENSOR                 | T2        | PA QL(3 SENSORS/30 DAYS)         |
| DEXCOM G6 TRANSMITTER            | T2        | PA QL(1 UNIT/90 DAYS)            |
| DEXCOM G7 15 DAY SENSOR          | T2        | PA QL(3 SENSORS/30 DAYS)         |
| DEXCOM G7 RECEIVER               | T2        | PA QL(1 UNIT/365 DAYS)           |
| DEXCOM G7 SENSOR                 | T2        | PA QL(3 SENSORS/30 DAYS)         |
| DIATRUE                          | T1        |                                  |
| DROPLET GENTEEL LANCING DEVICE   | T1        |                                  |

T1 – Typically Generics

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## List of Prescription Medications

### MISCELLANEOUS MEDICAL SUPPLIES, DEVICES, NON-DRUG (Diabetes) (cont.)

| Prescription Drug Name           | Drug Tier | Coverage Requirements and Limits |
|----------------------------------|-----------|----------------------------------|
| <b>DIABETIC SUPPLIES (cont.)</b> |           |                                  |
| DROPLET LANCING DEVICE           | T1        |                                  |
| EASY MINI EJECT LANCING DEVICE   | T1        |                                  |
| EASY PLUS II CONTROL SOLN HIGH   | T1        |                                  |
| EASY PLUS II CONTROL SOLN LOW    | T1        |                                  |
| EASY STEP CONTROL SOLUTION       | T1        |                                  |
| EASY TALK CONTROL SOLN LOW       | T1        |                                  |
| EASY TALK HIGH CONTROL SOLN      | T1        |                                  |
| EASY TALK PLUS II HIGH CONTROL   | T1        |                                  |
| EASY TALK PLUS II LOW CTRL SLN   | T1        |                                  |
| EASY TOUCH BLULINK CTRL SOLN     | T1        |                                  |
| EASY TOUCH CONTROL SOLUTION      | T1        |                                  |
| EASY TOUCH LANCING DEVICE        | T1        |                                  |
| EASY TRAK CONTROL SOLN HIGH      | T1        |                                  |
| EASY TRAK CONTROL SOLN LOW       | T1        |                                  |
| EASY TRAK II CONTROL SOLUTION    | T1        |                                  |
| EASYGLUCO PLUS CONTROL NORMAL    | T1        |                                  |
| EASYMAX 15 LEVEL 2 SOLUTION      | T1        |                                  |
| EASYMAX NORMAL CONTROL SOLN      | T1        |                                  |
| ELEMENT COMPACT CONTROL SOLN     | T1        |                                  |
| ELEMENT CONTROL SOLUTION         | T1        |                                  |
| EMBRACE EVO LEVEL 1 CTRL SOLN    | T1        |                                  |
| EMBRACE GLUC CONTROL SOLN HIGH   | T1        |                                  |
| EMBRACE GLUCOSE CONTROL SOLN     | T1        |                                  |
| EMBRACE LANCING DEVICE           | T1        |                                  |
| EMBRACE PRO                      | T1        |                                  |
| EMBRACE TALK CONTROL SOLUTION    | T1        |                                  |
| ENLITE SERTER                    | T1        |                                  |
| EVENCARE G2 CONTROL SOLUTION     | T1        |                                  |
| EVENCARE G3 CONTROL SOLUTION     | T1        |                                  |
| EVOLUTION CONTROL SOLUTION       | T1        |                                  |
| FONDCIRCLE CONTROL SOLUTION      | T1        |                                  |
| FONDCIRCLE LANCING DEVICE        | T1        |                                  |
| FORA 6 CONNECT MULTIFUNCTN MTR   | T3        |                                  |

T1 – Typically Generics

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T3 – Typically Non-Preferred Brands

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## List of Prescription Medications

### MISCELLANEOUS MEDICAL SUPPLIES, DEVICES, NON-DRUG (Diabetes) (cont.)

| Prescription Drug Name           | Drug Tier | Coverage Requirements and Limits |
|----------------------------------|-----------|----------------------------------|
| <b>DIABETIC SUPPLIES (cont.)</b> |           |                                  |
| FORA CONTROL SOLUTION            | T1        |                                  |
| FORA GTEL MULTIFUNCTN MONITOR    | T1        |                                  |
| FORA KETONE CONTROL SOLUTION     | T3        |                                  |
| FORA LANCING DEVICE              | T1        |                                  |
| FORA TN'G ADVANCE PRO MONITOR    | T3        |                                  |
| FORA TN'GO ADV MOBILE MULT MTR   | T3        |                                  |
| FORA TN'GO ADVANCE MULTIFN MTR   | T3        |                                  |
| FORACARE GDH                     | T1        |                                  |
| FORTISCARE                       | T1        |                                  |
| FREESTYLE CONTROL SOLUTION       | T1        |                                  |
| FREESTYLE LIBRE 14 DAY READER    | T2        | PA QL(1 UNIT/720 DAYS)           |
| FREESTYLE LIBRE 14 DAY SENSOR    | T2        | PA QL(2 SENSORS/28 DAYS)         |
| FREESTYLE LIBRE 2 PLUS SENSOR    | T2        | PA QL(2 UNITS/30 DAYS)           |
| FREESTYLE LIBRE 2 READER         | T2        | PA QL(1 UNIT/720 DAYS)           |
| FREESTYLE LIBRE 2 SENSOR         | T2        | PA QL(2 SENSORS/28 DAYS)         |
| FREESTYLE LIBRE 3 PLUS SENSOR    | T2        | PA QL(2 UNITS/28 DAYS)           |
| FREESTYLE LIBRE 3 READER         | T2        | PA QL(1 UNIT/720 DAYS)           |
| FREESTYLE LIBRE 3 SENSOR         | T2        | PA QL(2 UNITS/28 DAYS)           |
| GE100 CONTROL SOLUTION NORMAL    | T1        |                                  |
| GENTEEL VACUUM LANCING DEVICE    | T1        |                                  |
| GLUCOCARD 01 CONTROL             | T1        |                                  |
| GLUCOCARD EXPRESSION CNTRL SLN   | T1        |                                  |
| GLUCOCARD SHINE CONTROL SOLN     | T1        |                                  |
| GLUCOCOM AUTOLINK                | T1        |                                  |
| GLUCOCOM CONTROL SOLUTION        | T1        |                                  |
| GLUCOSE CONTROL                  | T1        |                                  |
| GLUCOSE CONTROL SOLUTION         | T1        |                                  |
| GOJJI GLUCOSE CONTROL SOLUTION   | T1        |                                  |
| GOJJI KETONE CONTROL SOLUTION    | T3        |                                  |
| GOJJI LANCING DEVICE             | T1        |                                  |
| GOJJI MULTI-FUNCTIONAL METER     | T3        |                                  |
| GUARDIAN RT CHARGER              | T1        |                                  |
| GUARDIAN TEST PLUG               | T1        |                                  |

T1 – Typically Generics

T2 – Typically Preferred Brands

T3 – Typically Non-Preferred Brands

T4 – Specialty Medications

PA – Prior Authorization

QL – Quantity Limit

ST – Step Therapy

AGE – Age Requirement

SP – Specialty Medication

HD – May require home delivery pharmacy

PPACA – No Cost-Share Preventive Medication

CSL – Oral cancer medication subject to cost-share limits

## List of Prescription Medications

### MISCELLANEOUS MEDICAL SUPPLIES, DEVICES, NON-DRUG (Diabetes) (cont.)

| Prescription Drug Name           | Drug Tier | Coverage Requirements and Limits |
|----------------------------------|-----------|----------------------------------|
| <b>DIABETIC SUPPLIES (cont.)</b> |           |                                  |
| GUARDIAN TRANSMITTER TAPE        | T1        |                                  |
| HEALTHPRO GLUCOSE CONTROL SOLN   | T1        |                                  |
| HEALTHY ACCENTS AUTOLET          | T1        |                                  |
| HYPOLANCE                        | T1        |                                  |
| IHEALTH CONTROL SOLN LEVEL 2     | T1        |                                  |
| INCONTROL LANCING DEVICE         | T1        |                                  |
| INFINITY CONTROL SOLUTION        | T1        |                                  |
| INFINITY VOICE CONTROL SOLN      | T1        |                                  |
| INPEN (FOR HUMALOG)              | T1        |                                  |
| INPEN (FOR NOVOLOG OR FIASP)     | T1        |                                  |
| INSUL-CAP                        | T1        |                                  |
| INSUL-EZE                        | T1        |                                  |
| LANCING DEVICE                   | T1        |                                  |
| LANCING SYSTEM                   | T1        |                                  |
| LANZO                            | T1        |                                  |
| LITE TOUCH LANCING PEN           | T1        |                                  |
| MEDISENSE                        | T1        |                                  |
| MEDISENSE GLUCOSE KETONE         | T1        |                                  |
| MEDISENSE GLUCOSE KETONE CONTR   | T1        |                                  |
| MEDTRONIC REMOTE CONTROL         | T1        |                                  |
| MICRODOT HIGH-LOW CONTROL SOL    | T1        |                                  |
| MICRODOT NORMAL CONTROL SOLUT    | T1        |                                  |
| MICROLET 2                       | T1        |                                  |
| MICROLET NEXT LANCING DEVICE     | T1        |                                  |
| MINI LANCING DEVICE              | T1        |                                  |
| MINIMED QUICK-SERTER             | T1        |                                  |
| MULTI-LANCET                     | T1        |                                  |
| MYGLUCOHEALTH CONTROL SOLUTION   | T1        |                                  |
| NOVA MAX PLUS GLUC-KETON METER   | T1        |                                  |
| NOVAMAX PLUS GLU-KET             | T1        |                                  |
| NOVOPEN ECHO                     | T1        |                                  |
| OMNIPOD 5 (G6/LIBRE 2 PLUS)      | T2        | QL(30 CRTGS/30 DAYS)             |
| OMNIPOD 5 DEXG7G6 INTRO(GEN 5)   | T2        | QL(1 UNIT/365 DAYS)              |
| OMNIPOD 5 DEXG7G6 PODS (GEN 5)   | T2        | QL(30 CRTGS/30 DAYS)             |

T1 – Typically Generics

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T4 – Specialty Medications

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## List of Prescription Medications

### MISCELLANEOUS MEDICAL SUPPLIES, DEVICES, NON-DRUG (Diabetes) (cont.)

| Prescription Drug Name           | Drug Tier | Coverage Requirements and Limits |
|----------------------------------|-----------|----------------------------------|
| <b>DIABETIC SUPPLIES (cont.)</b> |           |                                  |
| OMNIPOD 5 G6-G7 INTRO KT(GEN5)   | T2        | QL(1 UNIT/365 DAYS)              |
| OMNIPOD 5 G6-G7 PODS (GEN 5)     | T2        | QL(30 CRTGS/30 DAYS)             |
| OMNIPOD 5 INTRO(G6/LIBRE2PLUS)   | T2        | QL(1 UNIT/365 DAYS)              |
| OMNIPOD CLASSIC PDM KIT(GEN 3)   | T2        | QL(1 UNIT/365 DAYS)              |
| OMNIPOD CLASSIC PODS (GEN 3)     | T2        | QL(30 CRTGS/30 DAYS)             |
| OMNIPOD DASH INTRO KIT (GEN 4)   | T2        | QL(1 UNIT/365 DAYS)              |
| OMNIPOD DASH PODS (GEN 4)        | T2        | QL(30 CRTGS/30 DAYS)             |
| OMNIPOD GO PODS                  | T2        | QL(30 CRTGS/30 DAYS)             |
| ON CALL EXPRESS CONTROL SOLN     | T1        |                                  |
| ON CALL LANCING DEVICE           | T1        |                                  |
| ON CALL PLUS CONTROL             | T1        |                                  |
| ON CALL PLUS LANCING DEVICE      | T1        |                                  |
| ON CALL VIVID CONTROL            | T1        |                                  |
| ONETOUCH DELICA PLUS LANC DEV    | T1        |                                  |
| ONETOUCH ULTRA CONTROL SOLN      | T1        |                                  |
| ONETOUCH VERIO HIGH CNTRL SOLN   | T1        |                                  |
| ONETOUCH VERIO MID CNTRL SOLN    | T1        |                                  |
| OPTUMRX GLUCOSE CONTROL SOLN     | T1        |                                  |
| OVAL TAPE                        | T1        |                                  |
| PIP GLUCOSE CONTROL SOLUTION     | T1        |                                  |
| PRECISION XTRA KETONE-GLUCOSE    | T3        |                                  |
| PRODIGY CONTROL SOLUTION         | T1        |                                  |
| PRODIGY LANCING DEVICE           | T1        |                                  |
| REFUAH PLUS GLUCOSE CONTROL      | T1        |                                  |
| RELIAMED MINI LANCING DEVICE     | T1        |                                  |
| RIGHTEST CONTROL SOLUTION        | T1        |                                  |
| RIGHTEST GD500                   | T1        |                                  |
| SAFE-CLIP                        | T1        |                                  |
| SIL-SERTER                       | T1        |                                  |
| SIMPLERA SENSOR                  | T3        | PA                               |
| SIMPLERA SYNC SENSOR             | T3        | PA                               |
| SMARTDIABETES VANTAGE            | T1        |                                  |
| SMARTEST                         | T1        |                                  |

T1 – Typically Generics

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T3 – Typically Non-Preferred Brands

T4 – Specialty Medications

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ST – Step Therapy

AGE – Age Requirement

SP – Specialty Medication

HD – May require home delivery pharmacy

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## List of Prescription Medications

### MISCELLANEOUS MEDICAL SUPPLIES, DEVICES, NON-DRUG (Diabetes) (cont.)

| Prescription Drug Name                          | Drug Tier | Coverage Requirements and Limits |
|-------------------------------------------------|-----------|----------------------------------|
| <b>DIABETIC SUPPLIES (cont.)</b>                |           |                                  |
| SOLUS V2 CONTROL SOLUTION                       | T1        |                                  |
| SOLUS V2 LANCING DEVICE                         | T1        |                                  |
| SURE COMFORT LANCING PEN                        | T1        |                                  |
| SUREFLEX                                        | T1        |                                  |
| SURE-PEN                                        | T1        |                                  |
| SURE-TEST EASYPLUS MINI SOLN                    | T1        |                                  |
| TELCARE CONTROL SOLUTION                        | T1        |                                  |
| TRUE METRIX                                     | T1        |                                  |
| TRUECONTROL                                     | T1        |                                  |
| TRUEDRAW                                        | T1        |                                  |
| TWIIST REFILL KT(CSST-NDL-SYR)                  | T2        | QL(30 KITS/30 DAYS)              |
| TWIIST RFL(INFUS-CSST-NDL-SYR)                  | T2        | QL(30 KITS/30 DAYS)              |
| TWIIST STARTER KIT                              | T2        | QL(1 KIT/365 DAYS)               |
| ULTI-LANCE                                      | T1        |                                  |
| ULTRATRAK CONTROL SOL NORMAL                    | T1        |                                  |
| ULTRATRAK CONTROL SOLUTION                      | T1        |                                  |
| ULTRATRAK ULTIMATE CNTRL SOLN                   | T1        |                                  |
| UNISTIK 2                                       | T1        |                                  |
| UNISTRIP                                        | T1        |                                  |
| V-GO 20                                         | T2        |                                  |
| V-GO 30                                         | T2        |                                  |
| V-GO 40                                         | T2        |                                  |
| VIVAGUARD INO CONTROL SOLUTION                  | T1        |                                  |
| VIVAGUARD LANCING DEVICE                        | T1        |                                  |
| <b>DURABLE MEDICAL EQUIPMENT,MISC (GROUP I)</b> |           |                                  |
| 1ST TIER UNILET COMFORTOUCH                     | T1        |                                  |
| 2-IN-1 LANCET DEVICE                            | T1        |                                  |
| ACCU-CHEK FASTCLIX LANCET DRUM                  | T1        |                                  |
| ACCU-CHEK SAFE-T-PRO                            | T1        |                                  |
| ACCU-CHEK SAFE-T-PRO PLUS                       | T1        |                                  |
| ACCU-CHEK SOFTCLIX                              | T1        |                                  |
| ACTI-LANCE                                      | T1        |                                  |
| ADVANCED TRAVEL LANCETS                         | T1        |                                  |

T1 – Typically Generics

T2 – Typically Preferred Brands

T3 – Typically Non-Preferred Brands

T4 – Specialty Medications

PA – Prior Authorization

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ST – Step Therapy

AGE – Age Requirement

SP – Specialty Medication

HD – May require home delivery pharmacy

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## List of Prescription Medications

### MISCELLANEOUS MEDICAL SUPPLIES, DEVICES, NON-DRUG (Diabetes) (cont.)

| Prescription Drug Name                                  | Drug Tier | Coverage Requirements and Limits |
|---------------------------------------------------------|-----------|----------------------------------|
| <b>DURABLE MEDICAL EQUIPMENT,MISC (GROUP I) (cont.)</b> |           |                                  |
| ADVOCATE LANCET                                         | T1        |                                  |
| ADVOCATE LANCETS                                        | T1        |                                  |
| ADVOCATE SAFETY LANCET                                  | T1        |                                  |
| AGAMATRIX ULTRA-THIN LANCET                             | T1        |                                  |
| ALTERNATE SITE LANCETS                                  | T1        |                                  |
| ASSURE HAEMOLANCE PLUS                                  | T1        |                                  |
| ASSURE LANCE                                            | T1        |                                  |
| ASSURE LANCE PLUS                                       | T1        |                                  |
| BD MICROTAINER LANCETS                                  | T1        |                                  |
| BLOOD LANCETS                                           | T1        |                                  |
| BULLSEYE MINI SAFETY LANCETS                            | T1        |                                  |
| BUTTERFLY TOUCH LANCET                                  | T1        |                                  |
| CAREONE                                                 | T1        |                                  |
| CARESENS LANCET                                         | T1        |                                  |
| CARETOUCH SAFETY LANCETS                                | T1        |                                  |
| CARETOUCH TWIST LANCET                                  | T1        |                                  |
| CHOSEN LANCET                                           | T1        |                                  |
| CHOSEN SAFETY LANCET                                    | T1        |                                  |
| CLEVER CHEK LANCETS                                     | T1        |                                  |
| COAGUCHEK                                               | T1        |                                  |
| COLOR LANCETS                                           | T1        |                                  |
| COMFORT EZ                                              | T1        |                                  |
| COMFORT LANCETS                                         | T1        |                                  |
| COMFORT TOUCH PLUS SAFETY LANC                          | T1        |                                  |
| COMFORT TOUCH ULT THIN LANCET                           | T1        |                                  |
| DROPLET LANCETS                                         | T1        |                                  |
| DROPSAFE ACTI-LANCE                                     | T1        |                                  |
| EASY COMFORT LANCETS                                    | T1        |                                  |
| EASY TOUCH PULL-TOP 26G LANCET                          | T1        |                                  |
| EASY TOUCH PULL-TOP 28G LANCET                          | T1        |                                  |
| EASY TOUCH PULL-TOP 30G LANCET                          | T1        |                                  |
| EASY TOUCH PULL-TOP 32G LANCET                          | T1        |                                  |
| EASY TOUCH SAFETY 21G LANCETS                           | T1        |                                  |
| EASY TOUCH SAFETY 23G LANCETS                           | T1        |                                  |

T1 – Typically Generics

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T3 – Typically Non-Preferred Brands

T4 – Specialty Medications

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## List of Prescription Medications

### MISCELLANEOUS MEDICAL SUPPLIES, DEVICES, NON-DRUG (Diabetes) (cont.)

| Prescription Drug Name                                  | Drug Tier | Coverage Requirements and Limits |
|---------------------------------------------------------|-----------|----------------------------------|
| <b>DURABLE MEDICAL EQUIPMENT,MISC (GROUP I) (cont.)</b> |           |                                  |
| EASY TOUCH SAFETY 26G LANCETS                           | T1        |                                  |
| EASY TOUCH SAFETY 28G LANCETS                           | T1        |                                  |
| EASY TOUCH SAFETY 30G LANCETS                           | T1        |                                  |
| EASY TOUCH SAFETY 32G LANCETS                           | T1        |                                  |
| EASY TOUCH TWIST 26G LANCETS                            | T1        |                                  |
| EASY TOUCH TWIST 28G LANCETS                            | T1        |                                  |
| EASY TOUCH TWIST 30G LANCETS                            | T1        |                                  |
| EASY TOUCH TWIST 32G LANCETS                            | T1        |                                  |
| EASY TOUCH TWIST 33G LANCETS                            | T1        |                                  |
| EASY TWIST & CAP LANCETS                                | T1        |                                  |
| EMBRACE 30G LANCETS                                     | T1        |                                  |
| EMBRACE SAFETY LANCET                                   | T1        |                                  |
| EZ SMART LANCETS                                        | T1        |                                  |
| EZ-LETS                                                 | T1        |                                  |
| FIFTY50 SAFETY SEAL LANCETS                             | T1        |                                  |
| FINGERSTIX                                              | T1        |                                  |
| FONDCIRCLE LANCET                                       | T1        |                                  |
| FORA LANCETS                                            | T1        |                                  |
| FORACARE LANCETS                                        | T1        |                                  |
| FREESTYLE LANCETS                                       | T1        |                                  |
| FREESTYLE UNISTIK 2                                     | T1        |                                  |
| GLUCOCOM                                                | T1        |                                  |
| GLUCOCOM LANCETS                                        | T1        |                                  |
| GOJJI LANCETS                                           | T1        |                                  |
| HEALTHY ACCENTS UNILET LANCET                           | T1        |                                  |
| INCONTROL SUPER THIN LANCETS                            | T1        |                                  |
| INCONTROL ULTRA THIN LANCETS                            | T1        |                                  |
| INJECT EASE LANCETS                                     | T1        |                                  |
| INVACARE LANCETS                                        | T1        |                                  |
| lancets                                                 | T1        |                                  |
| LANCETS                                                 | T1        |                                  |
| LITE TOUCH 28G LANCETS                                  | T1        |                                  |
| LITE TOUCH 30G LANCETS                                  | T1        |                                  |

T1 – Typically Generics

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T4 – Specialty Medications

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## List of Prescription Medications

### MISCELLANEOUS MEDICAL SUPPLIES, DEVICES, NON-DRUG (Diabetes) (cont.)

| Prescription Drug Name                                  | Drug Tier | Coverage Requirements and Limits |
|---------------------------------------------------------|-----------|----------------------------------|
| <b>DURABLE MEDICAL EQUIPMENT,MISC (GROUP I) (cont.)</b> |           |                                  |
| LITE TOUCH 33G LANCETS                                  | T1        |                                  |
| MEDISENSE THIN LANCETS                                  | T1        |                                  |
| MEDLANCE PLUS                                           | T1        |                                  |
| MICRO THIN LANCET                                       | T1        |                                  |
| MICRO THIN LANCETS                                      | T1        |                                  |
| MICROLET                                                | T1        |                                  |
| MOBILE LANCETS                                          | T1        |                                  |
| MONOLET LANCETS                                         | T1        |                                  |
| MONOLET THIN LANCETS                                    | T1        |                                  |
| MYGLUCOHEALTH LANCETS                                   | T1        |                                  |
| NOVA SAFETY LANCETS                                     | T1        |                                  |
| NOVA SUREFLEX                                           | T1        |                                  |
| ON CALL LANCET                                          | T1        |                                  |
| ON CALL PLUS LANCET                                     | T1        |                                  |
| ONETOUCH DELICA PLUS LANCET                             | T1        |                                  |
| ONETOUCH DELICA SAFETY LANCET                           | T1        |                                  |
| ONETOUCH LANCETS                                        | T1        |                                  |
| ONETOUCH SURESOFT                                       | T1        |                                  |
| ONETOUCH ULTRASOFT 2 LANCET                             | T1        |                                  |
| ON-THE-GO                                               | T1        |                                  |
| PERFECT POINT SAFETY LANCETS                            | T1        |                                  |
| PIP LANCET                                              | T1        |                                  |
| PRESSURE ACTIVATED LANCETS                              | T1        |                                  |
| PRO COMFORT LANCET                                      | T1        |                                  |
| PRO COMFORT LANCETS                                     | T1        |                                  |
| PRO COMFORT SAFETY LANCET                               | T1        |                                  |
| PRODIGY LANCETS                                         | T1        |                                  |
| PRODIGY TWIST TOP LANCET                                | T1        |                                  |
| PURE COMFORT LANCETS                                    | T1        |                                  |
| PURE COMFORT SAFETY LANCETS                             | T1        |                                  |
| PUSH BUTTON SAFETY LANCETS                              | T1        |                                  |
| READYLANCE SAFETY LANCETS                               | T1        |                                  |
| RELIAMED                                                | T1        |                                  |

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## List of Prescription Medications

### MISCELLANEOUS MEDICAL SUPPLIES, DEVICES, NON-DRUG (Diabetes) (cont.)

| Prescription Drug Name                                  | Drug Tier | Coverage Requirements and Limits |
|---------------------------------------------------------|-----------|----------------------------------|
| <b>DURABLE MEDICAL EQUIPMENT,MISC (GROUP I) (cont.)</b> |           |                                  |
| RELIAMED SAFETY SEAL LANCETS                            | T1        |                                  |
| RIGHTEST GL300 LANCETS                                  | T1        |                                  |
| SAFETY LANCETS                                          | T1        |                                  |
| SAFETY SEAL LANCETS                                     | T1        |                                  |
| SAFETY-LET                                              | T1        |                                  |
| SINGLE-LET                                              | T1        |                                  |
| SMART SENSE                                             | T1        |                                  |
| SMART SENSE LANCETS                                     | T1        |                                  |
| SMARTTEST LANCET                                        | T1        |                                  |
| SOLUS V2                                                | T1        |                                  |
| SOLUS V2 LANCETS                                        | T1        |                                  |
| STERILANCE TL                                           | T1        |                                  |
| STERILE LANCETS                                         | T1        |                                  |
| SUPER THIN LANCETS                                      | T1        |                                  |
| SURE COMFORT LANCETS                                    | T1        |                                  |
| SURE-LANCE                                              | T1        |                                  |
| SURE-TOUCH                                              | T1        |                                  |
| TECHLITE LANCETS                                        | T1        |                                  |
| TELCARE ULTRA THIN 30G LANCETS                          | T1        |                                  |
| THIN LANCETS                                            | T1        |                                  |
| TOPCARE UNIVERSAL1 LANCET                               | T1        |                                  |
| TOPCARE UNIVERSAL1 THIN LANCET                          | T1        |                                  |
| TRUE COMFORT LANCET                                     | T1        |                                  |
| TRUE COMFORT SAFETY LANCET                              | T1        |                                  |
| TRUEPLUS LANCET                                         | T1        |                                  |
| TRUEPLUS LANCETS                                        | T1        |                                  |
| TWIST LANCETS                                           | T1        |                                  |
| TWIST TOP LANCET                                        | T1        |                                  |
| ULTILET BASIC                                           | T1        |                                  |
| ULTILET CLASSIC                                         | T1        |                                  |
| ULTILET LANCETS                                         | T1        |                                  |
| ULTILET SAFETY                                          | T1        |                                  |
| ULTRA THIN LANCET                                       | T1        |                                  |
| ULTRA THIN LANCETS                                      | T1        |                                  |

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## List of Prescription Medications

### MISCELLANEOUS MEDICAL SUPPLIES, DEVICES, NON-DRUG (Diabetes) (cont.)

| Prescription Drug Name                                  | Drug Tier | Coverage Requirements and Limits |
|---------------------------------------------------------|-----------|----------------------------------|
| <b>DURABLE MEDICAL EQUIPMENT,MISC (GROUP I) (cont.)</b> |           |                                  |
| ULTRA THIN PLUS LANCETS                                 | T1        |                                  |
| ULTRA-CARE LANCETS                                      | T1        |                                  |
| ULTRALANCE                                              | T1        |                                  |
| ULTRA-THIN II 28G LANCETS                               | T1        |                                  |
| ULTRA-THIN II 30G LANCETS                               | T1        |                                  |
| ULTRALC LANCETS                                         | T1        |                                  |
| UNILET COMFORTOUCH                                      | T1        |                                  |
| UNILET EXCELITE                                         | T1        |                                  |
| UNILET EXCELITE II                                      | T1        |                                  |
| UNILET GP LANCET                                        | T1        |                                  |
| UNILET LANCET                                           | T1        |                                  |
| UNILET LANCETS                                          | T1        |                                  |
| UNISTIK 2 COMFORT                                       | T1        |                                  |
| UNISTIK 2 EXTRA                                         | T1        |                                  |
| UNISTIK 2 NORMAL                                        | T1        |                                  |
| UNISTIK 3                                               | T1        |                                  |
| UNISTIK 3 COMFORT                                       | T1        |                                  |
| UNISTIK 3 DUAL                                          | T1        |                                  |
| UNISTIK 3 EXTRA                                         | T1        |                                  |
| UNISTIK 3 NORMAL                                        | T1        |                                  |
| UNISTIK COMFORT                                         | T1        |                                  |
| UNISTIK CZT                                             | T1        |                                  |
| UNISTIK EXTRA                                           | T1        |                                  |
| UNISTIK NORMAL                                          | T1        |                                  |
| UNISTIK PRO                                             | T1        |                                  |
| UNISTIK SAFETY                                          | T1        |                                  |
| UNISTIK TOUCH                                           | T1        |                                  |
| UNIVERSAL 1                                             | T1        |                                  |
| VERIFINE SAFETY LANCET MINI                             | T1        |                                  |
| VERIFINE UNIVERSAL LANCET                               | T1        |                                  |
| VIVAGUARD LANCET                                        | T1        |                                  |
| VIVAGUARD SAFETY LANCET                                 | T1        |                                  |

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PPACA – No Cost-Share Preventive Medication

CSL – Oral cancer medication subject to cost-share limits

## List of Prescription Medications

### MISCELLANEOUS MEDICAL SUPPLIES, DEVICES, NON-DRUG (Diabetes) (cont.)

| Prescription Drug Name            | Drug Tier | Coverage Requirements and Limits |
|-----------------------------------|-----------|----------------------------------|
| <b>NEEDLES/NEEDLELESS DEVICES</b> |           |                                  |
| 1ST TIER UNIFINE PENTIPS          | T1        | PA                               |
| 1ST TIER UNIFINE PENTIPS PLUS     | T1        | PA                               |
| ADVOCATE PEN NEEDLE               | T1        | PA                               |
| ADVOCATE PEN NEEDLES              | T1        | PA                               |
| AQINJECT PEN NEEDLE               | T1        | PA                               |
| ASSURE ID DUO PRO SFTY PEN NDL    | T1        | PA                               |
| ASSURE ID PEN NEEDLE              | T1        | PA                               |
| ASSURE ID PRO PEN NEEDLE          | T1        | PA                               |
| AUTOSHIELD DUO PEN NEEDLE         | T1        |                                  |
| BLUNT NEEDLE                      | T1        |                                  |
| CAREFINE PEN NEEDLE               | T1        | PA                               |
| CAREPOINT PRECISION NEEDLE        | T1        |                                  |
| CARETOUCH HYPODERMIC NEEDLE       | T1        |                                  |
| CARETOUCH PEN NEEDLE              | T1        | PA                               |
| CLICKFINE                         | T1        | PA                               |
| COMFORT EZ PEN NEEDLE             | T1        | PA                               |
| COMFORT EZ PRO SAFETY PEN NDL     | T1        | PA                               |
| COMFORT TOUCH PEN NEEDLE          | T1        | PA                               |
| DROPLET MICRON PEN NEEDLE         | T1        | PA                               |
| DROPLET PEN NEEDLE                | T1        | PA                               |
| DROPSAFE PEN NEEDLE               | T1        | PA                               |
| DROPSAFE SICURA SAFETY NEEDLE     | T1        |                                  |
| EASY COMFORT PEN NEEDLE           | T1        | PA                               |
| EASY COMFORT PEN NEEDLES          | T1        | PA                               |
| EASY COMFORT SAFETY PEN NEEDLE    | T1        | PA                               |
| EASY GLIDE PEN NEEDLE             | T1        | PA                               |
| EASY TOUCH FLIPLOCK NEEDLE        | T1        |                                  |
| EASY TOUCH FLIPLOCK NEEDLES       | T1        |                                  |
| EASY TOUCH HYPODERMIC NEEDLE      | T1        |                                  |
| EASY TOUCH PEN NEEDLE             | T1        | PA                               |
| EASY TOUCH SAFETY PEN NEEDLE      | T1        | PA                               |
| EASYPPOINT NEEDLE                 | T1        |                                  |
| ECLIPSE NEEDLE                    | T1        |                                  |
| EMBRACE PEN NEEDLE                | T1        | PA                               |

T1 – Typically Generics

T2 – Typically Preferred Brands

T3 – Typically Non-Preferred Brands

T4 – Specialty Medications

PA – Prior Authorization

QL – Quantity Limit

ST – Step Therapy

AGE – Age Requirement

SP – Specialty Medication

HD – May require home delivery pharmacy

PPACA – No Cost-Share Preventive Medication

CSL – Oral cancer medication subject to cost-share limits

## List of Prescription Medications

### MISCELLANEOUS MEDICAL SUPPLIES, DEVICES, NON-DRUG (Diabetes) (cont.)

| Prescription Drug Name                    | Drug Tier | Coverage Requirements and Limits |
|-------------------------------------------|-----------|----------------------------------|
| <b>NEEDLES/NEEDLELESS DEVICES (cont.)</b> |           |                                  |
| EXEL HUBER NEEDLE                         | T1        |                                  |
| EXEL HYPODERMIC NEEDLE                    | T1        |                                  |
| EXEL MTI DRAWING NEEDLE                   | T1        |                                  |
| FILTER ASPIRATOR NEEDLE                   | T1        |                                  |
| FILTER NEEDLE                             | T1        |                                  |
| FLOW-EZE                                  | T1        |                                  |
| HEALTHWISE PEN NEEDLE                     | T1        | PA                               |
| HEALTHY ACCENTS UNIFINE PENTIP            | T1        | PA                               |
| INCONTROL PEN NEEDLE                      | T1        |                                  |
| INSULIN PEN NEEDLE                        | T1        | PA                               |
| INSUPEN PEN NEEDLE                        | T1        | PA                               |
| INTEGRA NEEDLE                            | T1        | PA                               |
| INTEGRA PRECISIONGLIDE NEEDLE             | T1        |                                  |
| LIFESHIELD BLUNT CANNULA                  | T1        |                                  |
| LITE TOUCH 31GX1/4" PEN NEEDLE            | T1        |                                  |
| LITE TOUCH PEN NEEDLE 29G                 | T1        | PA                               |
| LITE TOUCH PEN NEEDLE 31G                 | T1        | PA                               |
| MAXICOMFORT II PEN NEEDLE                 | T1        | PA                               |
| MAXICOMFORT SAFETY PEN NEEDLE             | T1        | PA                               |
| MINI PEN NEEDLE                           | T1        | PA                               |
| MINI ULTRA-THIN II                        | T1        | PA                               |
| MONOJECT BLOOD COLLECTION                 | T1        | PA                               |
| MONOJECT FILTER NEEDLE                    | T1        |                                  |
| NANO 2ND GEN PEN NEEDLE                   | T1        |                                  |
| NANO PEN NEEDLE                           | T1        |                                  |
| NEEDLE                                    | T1        |                                  |
| NEEDLES                                   | T1        |                                  |
| <i>needles,safety huber,disposabl</i>     | T1        |                                  |
| NOKOR ADMIX NEEDLE                        | T1        |                                  |
| NOKOR NEEDLE                              | T1        |                                  |
| NOVOFINE 32                               | T1        | PA                               |
| NOVOFINE AUTOCOVER                        | T1        | PA                               |
| NOVOFINE PLUS                             | T1        | PA                               |
| PEN NEEDLE                                | T1        | PA                               |

T1 – Typically Generics

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T4 – Specialty Medications

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## List of Prescription Medications

### MISCELLANEOUS MEDICAL SUPPLIES, DEVICES, NON-DRUG (Diabetes) (cont.)

| Prescription Drug Name                    | Drug Tier | Coverage Requirements and Limits |
|-------------------------------------------|-----------|----------------------------------|
| <b>NEEDLES/NEEDLELESS DEVICES (cont.)</b> |           |                                  |
| PEN NEEDLES                               | T1        | PA                               |
| PENTIPS PEN NEEDLE                        | T1        | PA                               |
| PERFECT POINT SAFETY NEEDLE               | T1        |                                  |
| PHASEAL PROTECTOR                         | T1        |                                  |
| PIP PEN NEEDLE                            | T1        | PA                               |
| POLY HUB NEEDLE                           | T1        |                                  |
| PRECISIONGLIDE                            | T1        |                                  |
| PRECISIONGLIDE NEEDLE                     | T1        |                                  |
| PREVENT DROPSAFE PEN NEEDLE               | T1        | PA                               |
| PRO COMFORT PEN NEEDLE                    | T1        | PA                               |
| PURE COMFORT PEN NEEDLE                   | T1        | PA                               |
| PURE COMFORT SAFETY PEN NEEDLE            | T1        | PA                               |
| RAYA SURE PEN NEEDLE                      | T1        | PA                               |
| REGULAR BEVEL NEEDLES                     | T1        |                                  |
| SAFETY PEN NEEDLE                         | T1        | PA                               |
| SAFETYGLIDE NEEDLE                        | T1        |                                  |
| SECURESAFE PEN NEEDLE                     | T1        | PA                               |
| SHORT BEVEL NEEDLES                       | T1        |                                  |
| SIMPLI PEN NEEDLE                         | T1        | PA                               |
| SKY SAFETY PEN NEEDLE                     | T1        | PA                               |
| SPECIALTY USE NEEDLES                     | T1        |                                  |
| SURE COMFORT                              | T1        | PA                               |
| SURE COMFORT PEN NEEDLE                   | T1        | PA                               |
| SURE COMFORT SAFETY PEN NEEDLE            | T1        | PA                               |
| SURE-FINE PEN NEEDLES                     | T1        | PA                               |
| TECHLITE PEN NEEDLE                       | T1        | PA                               |
| TECHLITE PLUS PEN NEEDLE                  | T1        | PA                               |
| TERUMO SURGUARD2                          | T1        |                                  |
| THIN WALL NEEDLES                         | T1        |                                  |
| TOPCARE CLICKFINE                         | T1        | PA                               |
| TRANSFER NEEDLE                           | T1        |                                  |
| TRUE COMFORT PEN NEEDLE                   | T1        | PA                               |
| TRUE COMFORT PRO PEN NEEDLE               | T1        | PA                               |
| TRUE COMFORT SAFETY PEN NEEDLE            | T1        | PA                               |

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## List of Prescription Medications

### MISCELLANEOUS MEDICAL SUPPLIES, DEVICES, NON-DRUG (Diabetes) (cont.)

| Prescription Drug Name                    | Drug Tier | Coverage Requirements and Limits |
|-------------------------------------------|-----------|----------------------------------|
| <b>NEEDLES/NEEDLELESS DEVICES (cont.)</b> |           |                                  |
| TRUEPLUS PEN NEEDLE                       | T1        | PA                               |
| ULTICARE PEN NEEDLE                       | T1        | PA                               |
| ULTICARE SAFETY PEN NEEDLE                | T1        | PA                               |
| ULTIGUARD SAFEPACK-PEN NEEDLE             | T1        | PA                               |
| ULTILET PEN NEEDLE                        | T1        | PA                               |
| ULTRA FLO PEN NEEDLE                      | T1        | PA                               |
| ULTRA THIN                                | T1        | PA                               |
| ULTRACARE PEN NEEDLE                      | T1        | PA                               |
| ULTRA-FINE MICRO PEN NEEDLE               | T1        |                                  |
| ULTRA-FINE MINI PEN NEEDLE                | T1        |                                  |
| ULTRA-FINE NANO PEN NEEDLE                | T1        |                                  |
| ULTRA-FINE ORIGINAL PEN NEEDLE            | T1        |                                  |
| ULTRA-FINE PEN NEEDLE                     | T1        |                                  |
| ULTRA-FINE SHORT PEN NEEDLE               | T1        |                                  |
| ULTRA-THIN II PEN NDL 29GX1/2"            | T1        | PA                               |
| ULTRA-THIN II PEN NDL 31GX5/16            | T1        | PA                               |
| UNIFINE PEN NEEDLE                        | T1        | PA                               |
| UNIFINE PENTIPS                           | T1        | PA                               |
| UNIFINE PENTIPS MAXFLOW                   | T1        | PA                               |
| UNIFINE PENTIPS PLUS                      | T1        | PA                               |
| UNIFINE PENTIPS PLUS MAXFLOW              | T1        | PA                               |
| UNIFINE PROTECT                           | T1        | PA                               |
| UNIFINE SAFECONTROL PEN NEEDLE            | T1        | PA                               |
| UNIFINE ULTRA PEN NEEDLE                  | T1        | PA                               |
| VERIFINE PEN NEEDLE                       | T1        | PA                               |
| VERIFINE PLUS PEN NEEDLE                  | T1        | PA                               |
| VERIFINE PLUS PEN NEEDLE-SHARP            | T1        | PA                               |
| YALE NEEDLES                              | T1        |                                  |
| <b>SYRINGES AND ACCESSORIES</b>           |           |                                  |
| ADVOCATE SYRINGES                         | T1        | PA                               |
| AQ INSULIN SYR 0.5 ML 30G 8MM             | T1        | PA                               |
| AQ INSULIN SYR 1 ML 31G 8MM               | T1        | PA                               |
| AQ INSULIN SYRIN 1 ML 29G 12MM            | T1        | PA                               |
| ASSURE ID INSULIN SAFETY                  | T1        | PA                               |

T1 – Typically Generics

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## List of Prescription Medications

### MISCELLANEOUS MEDICAL SUPPLIES, DEVICES, NON-DRUG (Diabetes) (cont.)

| Prescription Drug Name                  | Drug Tier | Coverage Requirements and Limits |
|-----------------------------------------|-----------|----------------------------------|
| <b>SYRINGES AND ACCESSORIES (cont.)</b> |           |                                  |
| BD INS SYR 0.3 ML 8MMX31G(1/2)          | T1        |                                  |
| BD INS SYR UF 0.3ML 12.7MMX30G          | T1        |                                  |
| BD INS SYR UF 0.5ML 12.7MMX30G          | T1        |                                  |
| BD INS SYRN UF 1 ML 12.7MMX30G          | T1        |                                  |
| BD INS SYRN UF 1 ML 30G 12.7MM          | T1        |                                  |
| BD INS SYRNG 0.3 ML 29GX12.7MM          | T1        |                                  |
| BD INS SYRNG 0.5 ML 29GX12.7MM          | T1        |                                  |
| BD INS SYRNG UF 0.3 ML 8MMX31G          | T1        |                                  |
| BD INS SYRNG UF 0.5 ML 8MMX31G          | T1        |                                  |
| BD INSULIN SYR 0.5 ML 28GX1/2"          | T1        |                                  |
| BD INSULIN SYR 1 ML 27GX12.7MM          | T1        |                                  |
| BD INSULIN SYR 1 ML 27GX5/8"            | T1        |                                  |
| BD INSULIN SYR 1 ML 28GX1/2"            | T1        |                                  |
| BD INSULIN SYR 1 ML 29GX12.7MM          | T1        |                                  |
| BD INSULIN SYR UF 1 ML 8MMX31G          | T1        |                                  |
| BROOKS INSULIN 0.3ML SYRN               | T1        | PA                               |
| CA INS SYR 0.3 ML 30GX5/16"             | T1        | PA                               |
| CA INS SYR 0.3 ML 31GX5/16"             | T1        | PA                               |
| CA INS SYR 0.5 ML 30GX5/16"             | T1        | PA                               |
| CA INS SYR 0.5 ML 31GX5/16"             | T1        | PA                               |
| CA INSULIN SYR 0.3 ML 29GX1/2"          | T1        | PA                               |
| CA INSULIN SYR 0.5 ML 29GX1/2"          | T1        | PA                               |
| CA INSULIN SYR 1 ML 29GX1/2"            | T1        | PA                               |
| CA INSULIN SYR 1 ML 30GX5/16"           | T1        | PA                               |
| CA INSULIN SYR 1 ML 31GX5/16"           | T1        | PA                               |
| CAREONE SYR 0.3 ML 30GX1/2"             | T1        | PA                               |
| CAREONE SYR 0.5 ML 30GX1/2"             | T1        | PA                               |
| CAREONE SYR 1 ML 30GX1/2"               | T1        | PA                               |
| CARETOUCH INSULIN SYRINGE               | T1        | PA                               |
| COMFORT EZ INSULIN SYRINGE              | T1        | PA                               |
| DROPLET INSULIN SYRINGE                 | T1        | PA                               |
| DROPSAFE INSULIN SYRINGE                | T1        | PA                               |
| EASY COMFORT INSULIN SYRINGE            | T1        | PA                               |
| EASY GLIDE INSULIN SYRINGE              | T1        | PA                               |

T1 – Typically Generics

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## List of Prescription Medications

### MISCELLANEOUS MEDICAL SUPPLIES, DEVICES, NON-DRUG (Diabetes) (cont.)

| Prescription Drug Name                  | Drug Tier | Coverage Requirements and Limits |
|-----------------------------------------|-----------|----------------------------------|
| <b>SYRINGES AND ACCESSORIES (cont.)</b> |           |                                  |
| EASY TOUCH FLIPLOCK INSULIN             | T1        | PA                               |
| EASY TOUCH INSULIN SAFETY               | T1        | PA                               |
| EASY TOUCH INSULIN SYR 0.3 ML           | T1        | PA                               |
| EASY TOUCH INSULIN SYR 0.5 ML           | T1        | PA                               |
| EASY TOUCH INSULIN SYR 1 ML             | T1        | PA                               |
| EASY TOUCH INSULIN SYRINGE              | T1        | PA                               |
| EASY TOUCH LUER LOCK INSULIN            | T1        | PA                               |
| EASY TOUCH SHEATHLOCK INSULIN           | T1        | PA                               |
| EASY TOUCH UNI-SLIP                     | T1        | PA                               |
| EASY-TOUCH INSULIN SYRINGE              | T1        | PA                               |
| ECLIPSE SYRINGE                         | T1        |                                  |
| EQL INS SYR 1 ML 29GX1/2"               | T1        | PA                               |
| EQL INSUL SYR 0.3 ML 31GX5/16"          | T1        | PA                               |
| EQL INSUL SYR 0.5 ML 31GX5/16"          | T1        | PA                               |
| EQL INSULIN 0.3 ML SYRINGE              | T1        | PA                               |
| EQL INSULIN 0.5 ML SYRINGE              | T1        | PA                               |
| EQL INSULIN 1 ML SYRINGE                | T1        | PA                               |
| EQL INSULIN SYR 1 ML 31GX5/16"          | T1        | PA                               |
| EXEL INS SYR U100 1 ML 28GX1/2          | T1        | PA                               |
| EXEL U100 0.3 ML 29GX1/2"               | T1        | PA                               |
| EXEL U100 0.3 ML 30GX5/16"              | T1        | PA                               |
| EXEL U100 0.5 ML 28GX1/2"               | T1        | PA                               |
| EXEL U100 0.5 ML 29GX1/2"               | T1        | PA                               |
| EXEL U100 0.5 ML 30GX5/16"              | T1        | PA                               |
| EXEL U100 1 ML 30GX5/16"                | T1        | PA                               |
| EXEL U100 INS SYR 1 ML 29GX1/2          | T1        | PA                               |
| FIFTY50 INS 0.3 ML 31GX5/16"            | T1        | PA                               |
| FIFTY50 INS 0.5 ML 31GX5/16"            | T1        | PA                               |
| FIFTY50 INS SYR 1 ML 31GX5/16"          | T1        | PA                               |
| FREESTYLE PRECISION                     | T1        | PA                               |
| GNP INS SYR 0.3 ML 29GX1/2"             | T1        | PA                               |
| GNP INS SYRINGE 1 ML 28G 1/2"           | T1        | PA                               |
| GNP INSUL SYR 0.3 ML 31GX5/16"          | T1        | PA                               |

T1 – Typically Generics

T2 – Typically Preferred Brands

T3 – Typically Non-Preferred Brands

T4 – Specialty Medications

PA – Prior Authorization

QL – Quantity Limit

ST – Step Therapy

AGE – Age Requirement

SP – Specialty Medication

HD – May require home delivery pharmacy

PPACA – No Cost-Share Preventive Medication

CSL – Oral cancer medication subject to cost-share limits

## List of Prescription Medications

### MISCELLANEOUS MEDICAL SUPPLIES, DEVICES, NON-DRUG (Diabetes) (cont.)

| Prescription Drug Name                  | Drug Tier | Coverage Requirements and Limits |
|-----------------------------------------|-----------|----------------------------------|
| <b>SYRINGES AND ACCESSORIES (cont.)</b> |           |                                  |
| GNP INSUL SYR 0.5 ML 31GX5/16"          | T1        | PA                               |
| GNP INSULIN SYR 1 ML 31GX5/16"          | T1        | PA                               |
| HEALTHWISE INSULIN SYRINGE              | T1        | PA                               |
| INSULIN 1 ML SYRINGE                    | T1        | PA                               |
| INSULIN 1/2 ML SYRINGE                  | T1        | PA                               |
| INSULIN 3/10 ML SYRINGE                 | T1        | PA                               |
| INSULIN SYR 0.3 ML 30GX5/16"            | T1        | PA                               |
| INSULIN SYR 0.3ML 31GX1/4(1/2)          | T1        | PA                               |
| INSULIN SYR 0.5 ML 28G 12.7MM           | T1        |                                  |
| INSULIN SYRIN 0.3 ML 29GX1/2"           | T1        | PA                               |
| INSULIN SYRIN 0.3 ML 30GX1/2"           | T1        | PA                               |
| INSULIN SYRIN 0.3 ML 30GX5/16"          | T1        | PA                               |
| INSULIN SYRIN 0.3 ML 31GX5/16"          | T1        | PA                               |
| INSULIN SYRIN 0.5 ML 28G 1/2"           | T1        | PA                               |
| INSULIN SYRIN 0.5 ML 28GX1/2"           | T1        | PA                               |
| INSULIN SYRIN 0.5 ML 29GX1/2"           | T1        | PA                               |
| INSULIN SYRIN 0.5 ML 30G 1/2"           | T1        | PA                               |
| INSULIN SYRIN 0.5 ML 30G 5/16"          | T1        | PA                               |
| INSULIN SYRIN 0.5 ML 30GX1/2"           | T1        | PA                               |
| INSULIN SYRIN 0.5 ML 30GX5/16"          | T1        | PA                               |
| INSULIN SYRIN 0.5 ML 31G 5/16"          | T1        | PA                               |
| INSULIN SYRIN 0.5 ML 31GX5/16"          | T1        | PA                               |
| INSULIN SYRIN 1 ML 29GX1/2"             | T1        | PA                               |
| INSULIN SYRING 0.5 ML 27G 1/2"          | T1        | PA                               |
| INSULIN SYRING 0.5 ML 27G 13MM          | T1        | PA                               |
| INSULIN SYRING 0.5 ML 28G 1/2"          | T1        | PA                               |
| INSULIN SYRING 0.5 ML 29G 1/2"          | T1        | PA                               |
| INSULIN SYRING 0.5 ML 29GX1/2"          | T1        | PA                               |
| INSULIN SYRINGE 0.3 ML                  | T1        | PA                               |
| INSULIN SYRINGE 0.3 ML 31GX1/4          | T1        | PA                               |
| INSULIN SYRINGE 0.5 ML 31GX1/4          | T1        | PA                               |
| INSULIN SYRINGE 1 ML                    | T1        | PA                               |
| INSULIN SYRINGE 1 ML 27G 1/2"           | T1        | PA                               |
| INSULIN SYRINGE 1 ML 27G 13MM           | T1        | PA                               |

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## List of Prescription Medications

### MISCELLANEOUS MEDICAL SUPPLIES, DEVICES, NON-DRUG (Diabetes) (cont.)

| Prescription Drug Name                  | Drug Tier | Coverage Requirements and Limits |
|-----------------------------------------|-----------|----------------------------------|
| <b>SYRINGES AND ACCESSORIES (cont.)</b> |           |                                  |
| INSULIN SYRINGE 1 ML 27G 16MM           | T1        |                                  |
| INSULIN SYRINGE 1 ML 27GX1/2"           | T1        | PA                               |
| INSULIN SYRINGE 1 ML 28G 1/2"           | T1        | PA                               |
| INSULIN SYRINGE 1 ML 28G 13MM           | T1        | PA                               |
| INSULIN SYRINGE 1 ML 28GX1/2"           | T1        | PA                               |
| INSULIN SYRINGE 1 ML 29G 1/2"           | T1        | PA                               |
| INSULIN SYRINGE 1 ML 29GX1/2"           | T1        | PA                               |
| INSULIN SYRINGE 1 ML 30G 1/2"           | T1        | PA                               |
| INSULIN SYRINGE 1 ML 30G 5/16"          | T1        | PA                               |
| INSULIN SYRINGE 1 ML 30GX1/2"           | T1        | PA                               |
| INSULIN SYRINGE 1 ML 30GX5/16"          | T1        | PA                               |
| INSULIN SYRINGE 1 ML 31G 5/16"          | T1        | PA                               |
| INSULIN SYRINGE 1 ML 31GX1/4"           | T1        | PA                               |
| INSULIN SYRINGE 1 ML 31GX5/16"          | T1        | PA                               |
| INSULIN SYRINGE 1ML 28G 12.7MM          | T1        |                                  |
| INSULIN SYRINGE U-500                   | T1        |                                  |
| KINRAY INS SYR 1 ML 31GX5/16"           | T1        | PA                               |
| KINRAY SYRING 0.3 ML 31GX5/16"          | T1        | PA                               |
| KINRAY SYRING 0.5 ML 31GX5/16"          | T1        | PA                               |
| KMART VALU PLUS SYR 1/2 ML              | T1        | PA                               |
| KRO INS SYR 0.3 ML 29GX1/2"             | T1        | PA                               |
| KRO INS SYRIN 0.5 ML 31GX5/16"          | T1        | PA                               |
| KRO INSULIN SYR 1 ML 30GX5/16"          | T1        | PA                               |
| KROGER INS SYR 0.3 ML 30GX5/16          | T1        | PA                               |
| KROGER INS SYR 0.5 ML 29GX1/2"          | T1        | PA                               |
| KROGER INS SYR 1 ML 29GX1/2"            | T1        | PA                               |
| KROGER INS SYR 1 ML 31GX5/16"           | T1        | PA                               |
| KROGER SYR 0.5 ML 30GX5/16"             | T1        | PA                               |
| KROGER SYRING 0.3 ML 31GX5/16"          | T1        | PA                               |
| LEADER INS SYR 0.3 ML 29GX1/2"          | T1        | PA                               |
| LEADER INS SYR 0.5 ML 28GX1/2"          | T1        | PA                               |
| LEADER INS SYR 0.5 ML 29GX1/2"          | T1        | PA                               |
| LEADER INS SYR 0.5 ML 30GX1/2"          | T1        | PA                               |

T1 – Typically Generics

T2 – Typically Preferred Brands

T3 – Typically Non-Preferred Brands

T4 – Specialty Medications

PA – Prior Authorization

QL – Quantity Limit

ST – Step Therapy

AGE – Age Requirement

SP – Specialty Medication

HD – May require home delivery pharmacy

PPACA – No Cost-Share Preventive Medication

CSL – Oral cancer medication subject to cost-share limits

## List of Prescription Medications

### MISCELLANEOUS MEDICAL SUPPLIES, DEVICES, NON-DRUG (Diabetes) (cont.)

| Prescription Drug Name                  | Drug Tier | Coverage Requirements and Limits |
|-----------------------------------------|-----------|----------------------------------|
| <b>SYRINGES AND ACCESSORIES (cont.)</b> |           |                                  |
| LEADER INS SYR 1 ML 28GX1/2"            | T1        | PA                               |
| LEADER INS SYR 1 ML 29GX1/2"            | T1        | PA                               |
| LEADER INS SYR 1 ML 30GX5/16"           | T1        | PA                               |
| LEADER INS SYR 1 ML 31GX5/16"           | T1        | PA                               |
| LEADER INSULIN SYRINGE 0.3 ML           | T1        | PA                               |
| LEADER SYRING 0.3 ML 31GX5/16"          | T1        | PA                               |
| LEADER SYRING 0.5 ML 31GX5/16"          | T1        | PA                               |
| LITE TOUCH INSULIN 0.5 ML SYR           | T1        | PA                               |
| LITE TOUCH INSULIN 1 ML SYR             | T1        | PA                               |
| LITE TOUCH INSULIN SYR 0.3 ML           | T1        | PA                               |
| LITE TOUCH INSULIN SYR 0.5 ML           | T1        | PA                               |
| LITE TOUCH INSULIN SYR 1 ML             | T1        | PA                               |
| LITETOUCH INSULIN SYRINGE               | T1        | PA                               |
| MAGELLAN INSULIN SAFETY SYRNG           | T1        | PA                               |
| MAGELLAN INSULIN SYRINGE                | T1        | PA                               |
| MAXI-COMFORT                            | T1        | PA                               |
| MAXICOMFORT INSULIN SYRINGE             | T1        | PA                               |
| MINIMED RESERVOIR                       | T1        |                                  |
| MONOJECT                                | T1        | PA                               |
| MONOJECT INSULIN SAFETY SYRNG           | T1        | PA                               |
| MONOJECT INSULIN SYRINGE                | T1        | PA                               |
| MS INS SYR 0.5 ML 29GX1/2"              | T1        | PA                               |
| MS INS SYR 1 ML 29GX1/2"                | T1        | PA                               |
| MS INS SYRINGE 1 ML 30GX1/2"            | T1        | PA                               |
| MS INSUL SYR 0.3 ML 31GX5/16"           | T1        | PA                               |
| MS INSUL SYR 0.5 ML 30GX1/2"            | T1        | PA                               |
| MS INSUL SYR 0.5 ML 31GX5/16"           | T1        | PA                               |
| MS INSULIN SYR 0.3 ML 29GX1/2"          | T1        | PA                               |
| MS INSULIN SYR 1 ML 31GX5/16"           | T1        | PA                               |
| MS INSULIN SYRINGE 0.3 ML               | T1        | PA                               |
| PARADIGM                                | T1        |                                  |
| PREF PLUS INS 0.3 ML 29GX1/2"           | T1        | PA                               |
| PREF PLUS SYR 0.5 ML 30GX5/16"          | T1        | PA                               |
| PREF PLUS SYRING 1 ML 29GX1/2"          | T1        | PA                               |

T1 – Typically Generics

T2 – Typically Preferred Brands

T3 – Typically Non-Preferred Brands

T4 – Specialty Medications

PA – Prior Authorization

QL – Quantity Limit

ST – Step Therapy

AGE – Age Requirement

SP – Specialty Medication

HD – May require home delivery pharmacy

PPACA – No Cost-Share Preventive Medication

CSL – Oral cancer medication subject to cost-share limits

## List of Prescription Medications

### MISCELLANEOUS MEDICAL SUPPLIES, DEVICES, NON-DRUG (Diabetes) (cont.)

| Prescription Drug Name                  | Drug Tier | Coverage Requirements and Limits |
|-----------------------------------------|-----------|----------------------------------|
| <b>SYRINGES AND ACCESSORIES (cont.)</b> |           |                                  |
| PREFERRED PLUS 0.3 ML 30GX5/16          | T1        | PA                               |
| PREFERRED PLUS 0.5 ML 29GX1/2"          | T1        | PA                               |
| PREFERRED PLUS SYRINGE 0.5 ML           | T1        | PA                               |
| PREFERRED PLUS SYRINGE 1 ML             | T1        | PA                               |
| PREFPLS INS SYR 1 ML 30GX5/16"          | T1        | PA                               |
| PRO COMFORT INSULIN SYRINGE             | T1        | PA                               |
| PRODIGY INSULIN SYRINGE                 | T1        | PA                               |
| PUB INS SYRIN 0.3 ML 30GX1/2"           | T1        | PA                               |
| PUB INS SYRINGE 1 ML 30GX1/2"           | T1        | PA                               |
| PUB INSUL SYR 0.3 ML 31GX5/16"          | T1        | PA                               |
| PUB INSUL SYR 0.5 ML 30GX1/2"           | T1        | PA                               |
| PUB INSUL SYR 0.5 ML 31GX5/16"          | T1        | PA                               |
| PUB INSULIN SYR 1 ML 31GX5/16"          | T1        | PA                               |
| RA INS SYR 0.5 ML 29GX1/2"              | T1        | PA                               |
| RA INS SYR 0.5 ML 30GX5/16"             | T1        | PA                               |
| RA INS SYR 1 ML 29GX1/2"                | T1        | PA                               |
| RA INS SYRINGE 1 ML 30GX5/16"           | T1        | PA                               |
| RELION INS SYR 0.3 ML 29GX1/2"          | T1        | PA                               |
| RELION INS SYR 0.3 ML 31GX6MM           | T1        | PA                               |
| RELION INS SYR 0.5 ML 29GX1/2"          | T1        | PA                               |
| RELION INS SYR 0.5 ML 31GX6MM           | T1        | PA                               |
| RELION INS SYR 1 ML 29GX1/2"            | T1        | PA                               |
| RELION INS SYR 1 ML 31GX15/64"          | T1        | PA                               |
| RELION INS SYR 1 ML 31GX5/16"           | T1        | PA                               |
| RELION INSULIN SYR 0.5 ML               | T1        | PA                               |
| RELION SYRING 0.3 ML 31GX5/16"          | T1        | PA                               |
| RELION SYRING 0.5 ML 31GX5/16"          | T1        | PA                               |
| SAFESNAP INSULIN SYRINGE                | T1        | PA                               |
| SAFETYGLIDE INSULIN SYRINGE             | T1        |                                  |
| SAFETYGLIDE SYRINGE                     | T1        |                                  |
| SECURESAFE INSULIN SYRINGE              | T1        | PA                               |
| SM INS SYR 0.5 ML 29GX1/2"              | T1        | PA                               |
| SM INS SYR 0.5 ML 30GX5/16"             | T1        | PA                               |

T1 – Typically Generics

T2 – Typically Preferred Brands

T3 – Typically Non-Preferred Brands

T4 – Specialty Medications

PA – Prior Authorization

QL – Quantity Limit

ST – Step Therapy

AGE – Age Requirement

SP – Specialty Medication

HD – May require home delivery pharmacy

PPACA – No Cost-Share Preventive Medication

CSL – Oral cancer medication subject to cost-share limits

## List of Prescription Medications

### MISCELLANEOUS MEDICAL SUPPLIES, DEVICES, NON-DRUG (Diabetes) (cont.)

| Prescription Drug Name                  | Drug Tier | Coverage Requirements and Limits |
|-----------------------------------------|-----------|----------------------------------|
| <b>SYRINGES AND ACCESSORIES (cont.)</b> |           |                                  |
| SM INS SYR 1 ML 29GX1/2"                | T1        | PA                               |
| SM INS SYRING 0.3 ML 30GX5/16"          | T1        | PA                               |
| SM INS SYRINGE 1 ML 28GX1/2"            | T1        | PA                               |
| SM INS SYRINGE 1 ML 30GX5/16"           | T1        | PA                               |
| SM INSUL SYR 0.3 ML 31GX5/16"           | T1        | PA                               |
| SM INSUL SYR 0.5 ML 31GX5/16"           | T1        | PA                               |
| SM INSULIN SYR 0.3 ML 29GX1/2"          | T1        | PA                               |
| SM INSULIN SYR 0.5 ML 28GX1/2"          | T1        | PA                               |
| SM INSULIN SYR 1 ML 31GX5/16"           | T1        | PA                               |
| SURE COMFORT                            | T1        | PA                               |
| SURE COMFORT INSULIN SYRINGE            | T1        | PA                               |
| SURE-JECT INS 0.3 ML 31GX5/16"          | T1        | PA                               |
| SURE-JECT INS 0.5 ML 31GX5/16"          | T1        | PA                               |
| SURE-JECT INSULIN SYRINGE               | T1        | PA                               |
| <i>syringe and needle,insulin,1ml</i>   | T1        | PA                               |
| <i>syringe-needle,insulin,0.5 ml</i>    | T1        | PA                               |
| <i>syring-needl,disp,insul,0.3 ml</i>   | T1        | PA                               |
| TECHLITE INSULIN SYRINGE                | T1        | PA                               |
| TERUMO INS SYR 0.3 ML 29GX1/2"          | T1        | PA                               |
| TERUMO INSULIN SYRINGE                  | T1        | PA                               |
| THINPRO INSULIN SYRINGE                 | T1        | PA                               |
| TOPCARE ULTRA COMFORT                   | T1        | PA                               |
| TRUE COMFORT INSULIN SYRINGE            | T1        | PA                               |
| TRUE COMFORT PRO INS SYRINGE            | T1        | PA                               |
| TRUE COMFORT SAFE INSULIN SYRG          | T1        | PA                               |
| TRUEPLUS INSULIN SYRINGE                | T1        | PA                               |
| ULTICARE INS SYR 1 ML 31GX5/16"         | T1        | PA                               |
| ULTICARE                                | T1        | PA                               |
| ULTICARE INS SAFETY 1ML 29X1/2          | T1        | PA                               |
| ULTICARE INS SYR 1 ML 28GX1/2"          | T1        | PA                               |
| ULTICARE INS SYR 1 ML 29GX1/2"          | T1        | PA                               |
| ULTICARE INSULIN SYRINGE                | T1        | PA                               |
| ULTICARE SAFETY 0.5 ML 29GX1/2          | T1        | PA                               |
| ULTICARE SYR 0.3 ML 30GX5/16"           | T1        | PA                               |

T1 – Typically Generics

T2 – Typically Preferred Brands

T3 – Typically Non-Preferred Brands

T4 – Specialty Medications

PA – Prior Authorization

QL – Quantity Limit

ST – Step Therapy

AGE – Age Requirement

SP – Specialty Medication

HD – May require home delivery pharmacy

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CSL – Oral cancer medication subject to cost-share limits

## List of Prescription Medications

### MISCELLANEOUS MEDICAL SUPPLIES, DEVICES, NON-DRUG (Diabetes) (cont.)

| Prescription Drug Name                                                   | Drug Tier | Coverage Requirements and Limits |
|--------------------------------------------------------------------------|-----------|----------------------------------|
| <b>SYRINGES AND ACCESSORIES (cont.)</b>                                  |           |                                  |
| ULTICARE SYR 0.3 ML 31GX5/16"                                            | T1        | PA                               |
| ULTICARE SYR 0.5 ML 29GX1/2"                                             | T1        | PA                               |
| ULTICARE SYR 0.5 ML 30GX5/16"                                            | T1        | PA                               |
| ULTICARE SYR 0.5 ML 31GX5/16"                                            | T1        | PA                               |
| ULTICARE SYR 1 ML 30GX5/16"                                              | T1        | PA                               |
| ULTICARE SYRIN 0.3 ML 29GX1/2"                                           | T1        | PA                               |
| ULTICARE SYRIN 0.5 ML 28GX1/2"                                           | T1        | PA                               |
| ULTIGUARD SAFE 1ML 30G 12.7MM                                            | T3        | PA                               |
| ULTIGUARD SAFE0.3ML 30G 12.7MM                                           | T3        | PA                               |
| ULTIGUARD SAFE0.5ML 30G 12.7MM                                           | T1        | PA                               |
| ULTIGUARD SAFEPACK 1ML 31G 8MM                                           | T3        | PA                               |
| ULTIGUARD SAFEPK 0.3ML 31G 8MM                                           | T3        | PA                               |
| ULTIGUARD SAFEPK 0.5ML 31G 8MM                                           | T1        | PA                               |
| ULTILET INSULIN SYRINGE                                                  | T1        | PA                               |
| ULTRA COMFORT                                                            | T1        | PA                               |
| ULTRA FLO INSULIN SYRINGE                                                | T1        | PA                               |
| ULTRACARE INSULIN SYRINGE                                                | T1        | PA                               |
| ULTRA-FINE INSULIN SYRINGE                                               | T1        |                                  |
| ULTRA-THIN II 1 ML 31GX5/16"                                             | T1        | PA                               |
| ULTRA-THIN II INS 0.3 ML 30G                                             | T1        | PA                               |
| ULTRA-THIN II INS 0.3 ML 31G                                             | T1        | PA                               |
| ULTRA-THIN II INS 0.5 ML 29G                                             | T1        | PA                               |
| ULTRA-THIN II INS 0.5 ML 30G                                             | T1        | PA                               |
| ULTRA-THIN II INS 0.5 ML 31G                                             | T1        | PA                               |
| ULTRA-THIN II INS SYR 1 ML 29G                                           | T1        | PA                               |
| ULTRA-THIN II INS SYR 1 ML 30G                                           | T1        | PA                               |
| VANISHPOINT                                                              | T1        | PA                               |
| VANISHPOINT INSULIN SYRINGE                                              | T1        | PA                               |
| VEO INSULIN SYRINGE                                                      | T1        |                                  |
| VERIFINE INSULIN SYRINGE                                                 | T1        | PA                               |
| <b>MISCELLANEOUS MEDICAL SUPPLIES, DEVICES, NON-DRUG (Miscellaneous)</b> |           |                                  |
| <b>DURABLE MEDICAL EQUIPMENT,MISC(GROUP I)</b>                           |           |                                  |
| 1ST TIER UNILET COMFORTOUCH                                              | T1        |                                  |
| 2-IN-1 LANCET DEVICE                                                     | T1        |                                  |

T1 – Typically Generics

T2 – Typically Preferred Brands

T3 – Typically Non-Preferred Brands

T4 – Specialty Medications

PA – Prior Authorization

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ST – Step Therapy

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## List of Prescription Medications

### MISCELLANEOUS MEDICAL SUPPLIES, DEVICES, NON-DRUG (Miscellaneous) (cont.)

| Prescription Drug Name                                 | Drug Tier | Coverage Requirements and Limits |
|--------------------------------------------------------|-----------|----------------------------------|
| <b>DURABLE MEDICAL EQUIPMENT,MISC(GROUP I) (cont.)</b> |           |                                  |
| ACCU-CHEK FASTCLIX LANCET DRUM                         | T1        |                                  |
| ACCU-CHEK SAFE-T-PRO                                   | T1        |                                  |
| ACCU-CHEK SAFE-T-PRO PLUS                              | T1        |                                  |
| ACCU-CHEK SOFTCLIX                                     | T1        |                                  |
| ACTI-LANCE                                             | T1        |                                  |
| ADVANCED TRAVEL LANCETS                                | T1        |                                  |
| ADVOCATE LANCET                                        | T1        |                                  |
| ADVOCATE LANCETS                                       | T1        |                                  |
| ADVOCATE SAFETY LANCET                                 | T1        |                                  |
| AGAMATRIX ULTRA-THIN LANCET                            | T1        |                                  |
| ALTERNATE SITE LANCETS                                 | T1        |                                  |
| ASSURE HAEMOLANCE PLUS                                 | T1        |                                  |
| ASSURE LANCE                                           | T1        |                                  |
| ASSURE LANCE PLUS                                      | T1        |                                  |
| BD MICROTAINER LANCETS                                 | T1        |                                  |
| BLOOD LANCETS                                          | T1        |                                  |
| BLULINK BG SYSTEM REFILL                               | T3        |                                  |
| BULLSEYE MINI SAFETY LANCETS                           | T1        |                                  |
| BUTTERFLY TOUCH LANCET                                 | T1        |                                  |
| CAREONE                                                | T1        |                                  |
| CARESENS LANCET                                        | T1        |                                  |
| CARETOUCH SAFETY LANCETS                               | T1        |                                  |
| CARETOUCH TWIST LANCET                                 | T1        |                                  |
| CHOSEN LANCET                                          | T1        |                                  |
| CHOSEN SAFETY LANCET                                   | T1        |                                  |
| CLEVER CHEK LANCETS                                    | T1        |                                  |
| COAGUCHEK                                              | T1        |                                  |
| COLOR LANCETS                                          | T1        |                                  |
| COMFORT EZ                                             | T1        |                                  |
| COMFORT LANCETS                                        | T1        |                                  |
| COMFORT TOUCH PLUS SAFETY LANC                         | T1        |                                  |
| COMFORT TOUCH ULT THIN LANCET                          | T1        |                                  |

T1 – Typically Generics

T2 – Typically Preferred Brands

T3 – Typically Non-Preferred Brands

T4 – Specialty Medications

PA – Prior Authorization

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ST – Step Therapy

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## List of Prescription Medications

### MISCELLANEOUS MEDICAL SUPPLIES, DEVICES, NON-DRUG (Miscellaneous) (cont.)

| Prescription Drug Name                                 | Drug Tier | Coverage Requirements and Limits |
|--------------------------------------------------------|-----------|----------------------------------|
| <b>DURABLE MEDICAL EQUIPMENT,MISC(GROUP I) (cont.)</b> |           |                                  |
| DROPLET LANCETS                                        | T1        |                                  |
| DROPSAFE ACTI-LANCE                                    | T1        |                                  |
| EASY COMFORT LANCETS                                   | T1        |                                  |
| EASY TOUCH PULL-TOP 26G LANCET                         | T1        |                                  |
| EASY TOUCH PULL-TOP 28G LANCET                         | T1        |                                  |
| EASY TOUCH PULL-TOP 30G LANCET                         | T1        |                                  |
| EASY TOUCH PULL-TOP 32G LANCET                         | T1        |                                  |
| EASY TOUCH SAFETY 21G LANCETS                          | T1        |                                  |
| EASY TOUCH SAFETY 23G LANCETS                          | T1        |                                  |
| EASY TOUCH SAFETY 26G LANCETS                          | T1        |                                  |
| EASY TOUCH SAFETY 28G LANCETS                          | T1        |                                  |
| EASY TOUCH SAFETY 30G LANCETS                          | T1        |                                  |
| EASY TOUCH SAFETY 32G LANCETS                          | T1        |                                  |
| EASY TOUCH TWIST 26G LANCETS                           | T1        |                                  |
| EASY TOUCH TWIST 28G LANCETS                           | T1        |                                  |
| EASY TOUCH TWIST 30G LANCETS                           | T1        |                                  |
| EASY TOUCH TWIST 32G LANCETS                           | T1        |                                  |
| EASY TOUCH TWIST 33G LANCETS                           | T1        |                                  |
| EASY TWIST & CAP LANCETS                               | T1        |                                  |
| EMBRACE 30G LANCETS                                    | T1        |                                  |
| EMBRACE SAFETY LANCET                                  | T1        |                                  |
| EZ SMART LANCETS                                       | T1        |                                  |
| EZ-LETS                                                | T1        |                                  |
| FIFTY50 SAFETY SEAL LANCETS                            | T1        |                                  |
| FINGERSTIX                                             | T1        |                                  |
| FONDCIRCLE LANCET                                      | T1        |                                  |
| FORA LANCETS                                           | T1        |                                  |
| FORA V10-V12-D10-D20 STRP-LNCT                         | T1        |                                  |
| FORACARE LANCETS                                       | T1        |                                  |
| FREESTYLE LANCETS                                      | T1        |                                  |
| FREESTYLE UNISTIK 2                                    | T1        |                                  |
| GLUCOCOM                                               | T1        |                                  |
| GLUCOCOM LANCETS                                       | T1        |                                  |

T1 – Typically Generics

T2 – Typically Preferred Brands

T3 – Typically Non-Preferred Brands

T4 – Specialty Medications

PA – Prior Authorization

QL – Quantity Limit

ST – Step Therapy

AGE – Age Requirement

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HD – May require home delivery pharmacy

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## List of Prescription Medications

### MISCELLANEOUS MEDICAL SUPPLIES, DEVICES, NON-DRUG (Miscellaneous) (cont.)

| Prescription Drug Name                                 | Drug Tier | Coverage Requirements and Limits |
|--------------------------------------------------------|-----------|----------------------------------|
| <b>DURABLE MEDICAL EQUIPMENT,MISC(GROUP I) (cont.)</b> |           |                                  |
| GOJJI LANCET-GLUCOSE TEST STRP                         | T1        |                                  |
| GOJJI LANCETS                                          | T1        |                                  |
| HEALTHY ACCENTS UNILET LANCET                          | T1        |                                  |
| INCONTROL SUPER THIN LANCETS                           | T1        |                                  |
| INCONTROL ULTRA THIN LANCETS                           | T1        |                                  |
| INJECT EASE LANCETS                                    | T1        |                                  |
| INVACARE LANCETS                                       | T1        |                                  |
| <i>lancets</i>                                         | T1        |                                  |
| LANCETS                                                | T1        |                                  |
| LITE TOUCH 28G LANCETS                                 | T1        |                                  |
| LITE TOUCH 30G LANCETS                                 | T1        |                                  |
| LITE TOUCH 33G LANCETS                                 | T1        |                                  |
| MEDISENSE THIN LANCETS                                 | T1        |                                  |
| MEDLANCE PLUS                                          | T1        |                                  |
| MEDLANCE PLUS SPECIAL BLADE                            | T1        |                                  |
| MICRO THIN LANCET                                      | T1        |                                  |
| MICRO THIN LANCETS                                     | T1        |                                  |
| MICROLET                                               | T1        |                                  |
| MICROTAINER LANCETS                                    | T1        |                                  |
| MOBILE LANCETS                                         | T1        |                                  |
| MONOLET LANCETS                                        | T1        |                                  |
| MONOLET THIN LANCETS                                   | T1        |                                  |
| MYGLUCOHEALTH LANCETS                                  | T1        |                                  |
| NOVA SAFETY LANCETS                                    | T1        |                                  |
| NOVA SUREFLEX                                          | T1        |                                  |
| ON CALL LANCET                                         | T1        |                                  |
| ON CALL PLUS LANCET                                    | T1        |                                  |
| ONETOUCH DELICA PLUS LANCET                            | T1        |                                  |
| ONETOUCH DELICA SAFETY LANCET                          | T1        |                                  |
| ONETOUCH LANCETS                                       | T1        |                                  |
| ONETOUCH SURESOFT                                      | T1        |                                  |
| ONETOUCH ULTRASOFT 2 LANCET                            | T1        |                                  |
| ON-THE-GO                                              | T1        |                                  |

T1 – Typically Generics

T2 – Typically Preferred Brands

T3 – Typically Non-Preferred Brands

T4 – Specialty Medications

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## List of Prescription Medications

### MISCELLANEOUS MEDICAL SUPPLIES, DEVICES, NON-DRUG (Miscellaneous) (cont.)

| Prescription Drug Name                                 | Drug Tier | Coverage Requirements and Limits |
|--------------------------------------------------------|-----------|----------------------------------|
| <b>DURABLE MEDICAL EQUIPMENT,MISC(GROUP I) (cont.)</b> |           |                                  |
| PERFECT POINT SAFETY LANCETS                           | T1        |                                  |
| PIP LANCET                                             | T1        |                                  |
| POGO AUTOMATIC TEST CARTRIDGE                          | T1        |                                  |
| PRESSURE ACTIVATED LANCETS                             | T1        |                                  |
| PRO COMFORT LANCET                                     | T1        |                                  |
| PRO COMFORT LANCETS                                    | T1        |                                  |
| PRO COMFORT SAFETY LANCET                              | T1        |                                  |
| PRODIGY LANCETS                                        | T1        |                                  |
| PRODIGY TWIST TOP LANCET                               | T1        |                                  |
| PURE COMFORT LANCETS                                   | T1        |                                  |
| PURE COMFORT SAFETY LANCETS                            | T1        |                                  |
| PUSH BUTTON SAFETY LANCETS                             | T1        |                                  |
| READYLANCE SAFETY LANCETS                              | T1        |                                  |
| RELIAMED                                               | T1        |                                  |
| RELIAMED SAFETY SEAL LANCETS                           | T1        |                                  |
| RIGHTEST GL300 LANCETS                                 | T1        |                                  |
| SAFETY LANCETS                                         | T1        |                                  |
| SAFETY SEAL LANCETS                                    | T1        |                                  |
| SAFETY-LET                                             | T1        |                                  |
| SINGLE-LET                                             | T1        |                                  |
| SMART SENSE                                            | T1        |                                  |
| SMART SENSE LANCETS                                    | T1        |                                  |
| SMARTTEST LANCET                                       | T1        |                                  |
| SOLUS V2                                               | T1        |                                  |
| SOLUS V2 LANCETS                                       | T1        |                                  |
| STERILANCE TL                                          | T1        |                                  |
| STERILE LANCETS                                        | T1        |                                  |
| SUPER THIN LANCETS                                     | T1        |                                  |
| SURE COMFORT LANCETS                                   | T1        |                                  |
| SURE-LANCE                                             | T1        |                                  |
| SURE-TOUCH                                             | T1        |                                  |
| TECHLITE LANCETS                                       | T1        |                                  |
| TELCARE ULTRA THIN 30G LANCETS                         | T1        |                                  |

T1 – Typically Generics

T2 – Typically Preferred Brands

T3 – Typically Non-Preferred Brands

T4 – Specialty Medications

PA – Prior Authorization

QL – Quantity Limit

ST – Step Therapy

AGE – Age Requirement

SP – Specialty Medication

HD – May require home delivery pharmacy

PPACA – No Cost-Share Preventive Medication

CSL – Oral cancer medication subject to cost-share limits

## List of Prescription Medications

### MISCELLANEOUS MEDICAL SUPPLIES, DEVICES, NON-DRUG (Miscellaneous) (cont.)

| Prescription Drug Name                                 | Drug Tier | Coverage Requirements and Limits |
|--------------------------------------------------------|-----------|----------------------------------|
| <b>DURABLE MEDICAL EQUIPMENT,MISC(GROUP I) (cont.)</b> |           |                                  |
| THIN LANCETS                                           | T1        |                                  |
| TOPCARE UNIVERSAL1 LANCET                              | T1        |                                  |
| TOPCARE UNIVERSAL1 THIN LANCET                         | T1        |                                  |
| TRUE COMFORT LANCET                                    | T1        |                                  |
| TRUE COMFORT SAFETY LANCET                             | T1        |                                  |
| TRUEPLUS LANCET                                        | T1        |                                  |
| TRUEPLUS LANCETS                                       | T1        |                                  |
| TWIST LANCETS                                          | T1        |                                  |
| TWIST TOP LANCET                                       | T1        |                                  |
| ULTILET BASIC                                          | T1        |                                  |
| ULTILET CLASSIC                                        | T1        |                                  |
| ULTILET LANCETS                                        | T1        |                                  |
| ULTILET SAFETY                                         | T1        |                                  |
| ULTRA THIN LANCET                                      | T1        |                                  |
| ULTRA THIN LANCETS                                     | T1        |                                  |
| ULTRA THIN PLUS LANCETS                                | T1        |                                  |
| ULTRA-CARE LANCETS                                     | T1        |                                  |
| ULTRALANCE                                             | T1        |                                  |
| ULTRA-THIN II 28G LANCETS                              | T1        |                                  |
| ULTRA-THIN II 30G LANCETS                              | T1        |                                  |
| ULTRATIC LANCETS                                       | T1        |                                  |
| UNILET COMFORTOUCH                                     | T1        |                                  |
| UNILET EXCELITE                                        | T1        |                                  |
| UNILET EXCELITE II                                     | T1        |                                  |
| UNILET GP LANCET                                       | T1        |                                  |
| UNILET LANCET                                          | T1        |                                  |
| UNILET LANCETS                                         | T1        |                                  |
| UNISTIK 2 COMFORT                                      | T1        |                                  |
| UNISTIK 2 EXTRA                                        | T1        |                                  |
| UNISTIK 2 NORMAL                                       | T1        |                                  |
| UNISTIK 3                                              | T1        |                                  |
| UNISTIK 3 COMFORT                                      | T1        |                                  |
| UNISTIK 3 DUAL                                         | T1        |                                  |

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## List of Prescription Medications

### MISCELLANEOUS MEDICAL SUPPLIES, DEVICES, NON-DRUG (Miscellaneous) (cont.)

| Prescription Drug Name                                 | Drug Tier | Coverage Requirements and Limits |
|--------------------------------------------------------|-----------|----------------------------------|
| <b>DURABLE MEDICAL EQUIPMENT,MISC(GROUP I) (cont.)</b> |           |                                  |
| UNISTIK 3 EXTRA                                        | T1        |                                  |
| UNISTIK 3 NORMAL                                       | T1        |                                  |
| UNISTIK COMFORT                                        | T1        |                                  |
| UNISTIK CZT                                            | T1        |                                  |
| UNISTIK EXTRA                                          | T1        |                                  |
| UNISTIK NORMAL                                         | T1        |                                  |
| UNISTIK PRO                                            | T1        |                                  |
| UNISTIK SAFETY                                         | T1        |                                  |
| UNISTIK TOUCH                                          | T1        |                                  |
| UNIVERSAL 1                                            | T1        |                                  |
| VERIFINE SAFETY LANCET MINI                            | T1        |                                  |
| VERIFINE UNIVERSAL LANCET                              | T1        |                                  |
| VIVAGUARD LANCET                                       | T1        |                                  |
| VIVAGUARD SAFETY LANCET                                | T1        |                                  |
| <b>MEDICAL SUPPLIES,MISCELLANEOUS</b>                  |           |                                  |
| ALCOH-GLOVE                                            | T1        |                                  |
| ALCOH-WIPE                                             | T1        |                                  |
| LASIX ONYU REUSABLE UNIT                               | T3        | PA QL(1 UNIT/365 DAYS)           |
| <b>RESPIRATORY AIDS, DEVICES, EQUIPMENT</b>            |           |                                  |
| ACE AEROSOL CLOUD ENHANCER                             | T2        | QL(1 SPACER/365 DAYS)            |
| AEROCHAMBER MECHANICAL VENT                            | T2        | QL(1 SPACER/365 DAYS)            |
| AEROCHAMBER MINI                                       | T2        | QL(1 SPACER/365 DAYS)            |
| AEROCHAMBER MV                                         | T2        | QL(1 SPACER/365 DAYS)            |
| AEROCHAMBER PLUS FLOW-VU                               | T2        | QL(1 SPACER/365 DAYS)            |
| AEROCHAMBER Z-STAT PLUS                                | T2        | QL(1 SPACER/365 DAYS)            |
| AEROCHAMBER2GO                                         | T2        | QL(1 SPACER/365 DAYS)            |
| AEROTRACH PLUS                                         | T2        | QL(1 SPACER/365 DAYS)            |
| AEROVENT PLUS                                          | T2        | QL(1 SPACER/365 DAYS)            |
| BREATHERITE                                            | T2        | QL(1 SPACER/365 DAYS)            |
| BREATHERITE SPACER-ADULT MASK                          | T2        | QL(1 SPACER/365 DAYS)            |
| BREATHERITE SPACER-INFANT MASK                         | T2        | QL(1 SPACER/365 DAYS)            |
| BREATHERITE SPACER-LG CHLD MSK                         | T2        | QL(1 SPACER/365 DAYS)            |
| BREATHERITE SPACER-NEONATE MSK                         | T2        | QL(1 SPACER/365 DAYS)            |

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## List of Prescription Medications

### MISCELLANEOUS MEDICAL SUPPLIES, DEVICES, NON-DRUG (Miscellaneous) (cont.)

| Prescription Drug Name                              | Drug Tier | Coverage Requirements and Limits |
|-----------------------------------------------------|-----------|----------------------------------|
| <b>RESPIRATORY AIDS, DEVICES, EQUIPMENT (cont.)</b> |           |                                  |
| BREATHERITE SPACER-SM CHLD MSK                      | T2        | QL(1 SPACER/365 DAYS)            |
| BREATHRITE                                          | T2        | QL(1 SPACER/365 DAYS)            |
| CLEVER CHOICE HOLDING CHAMBER                       | T2        | QL(1 SPACER/365 DAYS)            |
| COMFORTSEAL                                         | T2        | QL(1 UNIT/365 DAYS)              |
| COMPACT SPACE CHAMBER                               | T2        | QL(1 SPACER/365 DAYS)            |
| EASIVENT HOLDING CHAMBER                            | T2        | QL(1 SPACER/365 DAYS)            |
| EASIVENT MASK-LARGE                                 | T2        | QL(1 UNIT/365 DAYS)              |
| EASIVENT MASK-MEDIUM                                | T2        | QL(1 UNIT/365 DAYS)              |
| EASIVENT MASK-SMALL                                 | T2        | QL(1 UNIT/365 DAYS)              |
| FLEXICHAMBER                                        | T2        | QL(1 SPACER/365 DAYS)            |
| FLEXICHAMBER MASK                                   | T2        | QL(1 UNIT/365 DAYS)              |
| LITEAIRE                                            | T2        | QL(1 SPACER/365 DAYS)            |
| LITETOUCH                                           | T2        | QL(1 UNIT/365 DAYS)              |
| MICROCHAMBER                                        | T2        | QL(1 SPACER/365 DAYS)            |
| MICROSPACER                                         | T2        | QL(1 SPACER/365 DAYS)            |
| MOUTHPIECE                                          | T2        |                                  |
| ONE WAY MOUTHPIECE                                  | T2        |                                  |
| OPTICHAMBER                                         | T2        | QL(1 UNIT/365 DAYS)              |
| OPTICHAMBER DIAMOND                                 | T2        | QL(1 SPACER/365 DAYS)            |
| PANDA MASK                                          | T2        |                                  |
| PEDIATRIC MASK                                      | T2        |                                  |
| PEDIATRIC PANDA MASK                                | T2        |                                  |
| POCKET CHAMBER                                      | T2        | QL(1 SPACER/365 DAYS)            |
| PRIMEAIRE                                           | T2        | QL(1 SPACER/365 DAYS)            |
| PRO COMFORT SPACER-ADULT MASK                       | T3        | QL(1 SPACER/365 DAYS)            |
| PRO COMFORT SPACER-CHILD MASK                       | T3        | QL(1 SPACER/365 DAYS)            |
| PRO COMFORT SPACER-INFANT MASK                      | T3        |                                  |
| PROCARE SPACER WITH ADULT MASK                      | T2        | QL(1 SPACER/365 DAYS)            |
| PROCARE SPACER WITH CHILD MASK                      | T2        | QL(1 SPACER/365 DAYS)            |
| PROCHAMBER                                          | T2        | QL(1 SPACER/365 DAYS)            |
| PURE COMFORT SPACER WITH MASK                       | T2        | QL(1 SPACER/365 DAYS)            |
| RITEFLO                                             | T2        | QL(1 SPACER/365 DAYS)            |
| SIDESTREAM PEDIATRIC                                | T2        |                                  |

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## List of Prescription Medications

### MISCELLANEOUS MEDICAL SUPPLIES, DEVICES, NON-DRUG (Miscellaneous) (cont.)

| Prescription Drug Name                              | Drug Tier | Coverage Requirements and Limits |
|-----------------------------------------------------|-----------|----------------------------------|
| <b>RESPIRATORY AIDS, DEVICES, EQUIPMENT (cont.)</b> |           |                                  |
| SILICONE MASK-INFANT                                | T2        | QL(1 UNIT/365 DAYS)              |
| SILICONE MASK-PEDIATRIC                             | T2        |                                  |
| SPACE CHAMBER                                       | T2        | QL(1 SPACER/365 DAYS)            |
| SPACE CHAMBER-LARGE MASK                            | T2        | QL(1 SPACER/365 DAYS)            |
| SPACE CHAMBER-MEDIUM MASK                           | T2        | QL(1 SPACER/365 DAYS)            |
| SPACE CHAMBER-SMALL MASK                            | T2        | QL(1 SPACER/365 DAYS)            |
| VORTEX ADULT MASK                                   | T3        |                                  |
| VORTEX HOLDING CHAMBER                              | T2        | QL(1 SPACER/365 DAYS)            |
| VORTEX VHC FROG MASK                                | T2        | QL(1 SPACER/365 DAYS)            |
| VORTEX VHC LADYBUG MASK                             | T2        | QL(1 SPACER/365 DAYS)            |
| VORTEX VHC PEDIATRIC MASK                           | T2        | QL(1 SPACER/365 DAYS)            |

### MUSCLE RELAXANTS (Pain Relief And Inflammatory Disease)

|                                              |    |                  |
|----------------------------------------------|----|------------------|
| <b>SKELETAL MUSCLE RELAXANTS</b>             |    |                  |
| AMRIX ER 15 MG CAPSULE (cyclobenzaprine hcl) | T3 | PA QL(1 CAP/DAY) |
| AMRIX ER 30 MG CAPSULE (cyclobenzaprine hcl) | T3 | PA QL(1 CAP/DAY) |
| baclofen 5 mg, 10mg, 20mg tablet             | T3 | PA               |
| baclofen 5 mg/5 ml solution                  | T1 | HD               |
| baclofen 10 mg/5 ml solution                 | T1 | HD               |
| baclofen 25 mg/5 ml suspension (Fleqsuvy)    | T1 | PA HD            |
| carisoprodol (Soma)                          | T1 | HD               |
| carisoprodol/aspirin                         | T1 | PA HD            |
| chlorzoxazone 250 mg tablet                  | T1 | HD               |
| chlorzoxazone 375 mg tablet (Lorzone)        | T1 | HD               |
| chlorzoxazone 500 mg tablet                  | T1 |                  |
| chlorzoxazone 750 mg tablet (Lorzone)        | T1 |                  |
| cyclobenzaprine er 15 mg cap (Amrix)         | T1 | PA               |
| cyclobenzaprine er 30 mg cap (Amrix)         | T1 | PA               |
| cyclobenzaprine hcl                          | T1 |                  |
| cyclobenzaprine hcl (Fexmid)                 | T1 | PA               |
| DANTRIUM (dantrolene sodium)                 | T1 | PA QL(1 CAP/DAY) |
| dantrolene sodium                            | T1 | PA               |
| dantrolene sodium (Dantrium)                 | T1 |                  |
| FEXMID (cyclobenzaprine hcl)                 | T1 |                  |

T1 – Typically Generics

T2 – Typically Preferred Brands

T3 – Typically Non-Preferred Brands

T4 – Specialty Medications

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## List of Prescription Medications

### MUSCLE RELAXANTS (Pain Relief And Inflammatory Disease) (cont.)

| Prescription Drug Name                                  | Drug Tier | Coverage Requirements and Limits |
|---------------------------------------------------------|-----------|----------------------------------|
| <b>SKELETAL MUSCLE RELAXANTS (cont.)</b>                |           |                                  |
| FLEQSUVY ( <i>baclofen</i> )                            | T3        | PA HD                            |
| LORZONE ( <i>chlorzoxazone</i> )                        | T3        | PA                               |
| LYVISPAH                                                | T3        | PA                               |
| <i>metaxalone 400 mg tablet</i>                         | T1        |                                  |
| METAXALONE 640 MG TABLET                                | T3        | PA                               |
| <i>metaxalone 800 mg tablet</i>                         | T1        |                                  |
| <i>methocarbamol</i>                                    | T1        |                                  |
| <i>methocarbamol 1,000 mg tablet</i>                    | T1        |                                  |
| METHOCARBAMOL 1,000 MG TABLET                           | T3        | PA                               |
| <i>methocarbamol 500 mg tablet</i>                      | T1        |                                  |
| <i>methocarbamol 750 mg tablet</i>                      | T1        |                                  |
| NORGESIC ( <i>orphenadrine/aspirin/caffeine</i> )       | T3        | PA                               |
| NORGESIC FORTE ( <i>orphenadrine/aspirin/caffeine</i> ) | T3        | PA                               |
| <i>orphenadrine citrate</i>                             | T1        |                                  |
| <i>orphenadrine/aspirin/caffeine (Norgesics Forte)</i>  | T1        | PA                               |
| <i>orphenadrine/aspirin/caffeine (Norgesics)</i>        | T1        | PA                               |
| OZOBAX                                                  | T3        | PA HD                            |
| OZOBAX DS                                               | T3        | PA HD                            |
| SOMA ( <i>carisoprodol</i> )                            | T3        | PA                               |
| SOMA ( <i>vanadom</i> )                                 | T1        | PA                               |
| <i>tizanidine hcl 2 mg capsule (Zanaflex)</i>           | T1        |                                  |
| <i>tizanidine hcl 2 mg tablet</i>                       | T1        | PA                               |
| <i>tizanidine hcl 4 mg capsule (Zanaflex)</i>           | T1        |                                  |
| <i>tizanidine hcl 4 mg tablet (Zanaflex)</i>            | T1        | PA                               |
| <i>tizanidine hcl 6 mg capsule (Zanaflex)</i>           | T3        |                                  |
| ZANAFLEX                                                | T3        |                                  |
| ZANAFLEX ( <i>tizanidine hcl</i> )                      | T3        |                                  |

### PRE-NATAL VITAMINS (Nutritional/Dietary)

|                                      |    |  |
|--------------------------------------|----|--|
| <b>PRENATAL VITAMIN PREPARATIONS</b> |    |  |
| BAL-CARE DHA ESSENTIAL               | T2 |  |
| CITRANATAL 90 DHA                    | T2 |  |
| CITRANATAL ASSURE                    | T2 |  |
| CITRANATAL DHA                       | T2 |  |

T1 – Typically Generics

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## List of Prescription Medications

| PRE-NATAL VITAMINS (Nutritional/Dietary) (cont.) |           |                                  |
|--------------------------------------------------|-----------|----------------------------------|
| Prescription Drug Name                           | Drug Tier | Coverage Requirements and Limits |
| <b>PRENATAL VITAMIN PREPARATIONS (cont.)</b>     |           |                                  |
| CITRANATAL HARMONY                               | T2        |                                  |
| CITRANATAL RX                                    | T2        |                                  |
| DERMACINRX PRENATRIX                             | T3        | PA                               |
| DERMACINRX PRENATRYL                             | T3        | PA                               |
| DERMACINRX PRETRATE                              | T3        | PA                               |
| DUET DHA BALANCED                                | T2        |                                  |
| KOSHER PRENATAL PLUS IRON                        | T2        |                                  |
| MARNATAL-F                                       | T2        |                                  |
| <i>mynatal capsule</i>                           | T2        |                                  |
| <i>mynatal ultracaplet</i>                       | T1        |                                  |
| NATACHEW                                         | T2        |                                  |
| NEONATAL COMPLETE                                | T3        |                                  |
| NEONATAL PLUS                                    | T3        |                                  |
| NEONATAL-DHA                                     | T3        |                                  |
| NESTABS                                          | T2        |                                  |
| NESTABS ABC                                      | T2        |                                  |
| NESTABS DHA                                      | T2        |                                  |
| OB COMPLETE ONE                                  | T2        |                                  |
| OB COMPLETE PETITE                               | T2        |                                  |
| OB COMPLETE PREMIER                              | T2        |                                  |
| OB COMPLETE WITH DHA                             | T2        |                                  |
| OBSTETRIX EC                                     | T2        |                                  |
| OBTREX DHA                                       | T2        |                                  |
| <i>pnv 11/iron fum/folic acid/om3</i>            | T1        |                                  |
| <i>pnv 119/iron fum/folic acid</i>               | T1        |                                  |
| <i>pnv 66/iron/folic/docusate/dha</i>            | T1        |                                  |
| <i>pnv 69/iron/folic/docusate/dha</i>            | T1        |                                  |
| <i>pnv 80/iron fum/folic/dss/dha</i>             | T1        |                                  |
| <i>pnv no.118/iron fumarate/fa</i>               | T1        |                                  |
| <i>pnv no.154/iron fum/folic acid</i>            | T1        |                                  |
| <i>pnv no.52/iron/fa/omega-3/dha</i>             | T1        |                                  |
| <i>pnv,calcium 72/iron,carb/folic</i>            | T1        |                                  |
| <i>pnv,calcium 72/iron/folic acid</i>            | T1        |                                  |

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### PRE-NATAL VITAMINS (Nutritional/Dietary) (cont.)

| Prescription Drug Name                                   | Drug Tier | Coverage Requirements and Limits |
|----------------------------------------------------------|-----------|----------------------------------|
| <b>PRENATAL VITAMIN PREPARATIONS (cont.)</b>             |           |                                  |
| <i>pnv19/iron bg,s.p/folic ac/om3</i>                    | T1        | PA                               |
| <i>pnv81/iron ps,edta/folic/omeg3</i>                    | T1        |                                  |
| PREGEN DHA                                               | T3        |                                  |
| PRENATA                                                  | T2        |                                  |
| <i>prenatal 105/iron/folic ac/dha</i>                    | T1        |                                  |
| <i>prenatal 12/iron/folic/dss/om3</i>                    | T1        |                                  |
| PRENATAL 19                                              | T1        |                                  |
| <i>prenatal 53/iron/folic ac/omg3</i>                    | T1        |                                  |
| <i>prenatal 54/iron/folic ac/omg3</i>                    | T1        |                                  |
| <i>prenatal 71/iron/folic ac/dha</i>                     | T1        |                                  |
| <i>prenatal 93/iron/folate 9/dha</i>                     | T1        |                                  |
| <i>prenatal no.42/folic acid (Vitamedmd Redichew Rx)</i> | T2        |                                  |
| PRENATAL PLUS VITAMIN-MINERAL                            | T2        |                                  |
| PRENATAL PLUS-DHA                                        | T1        |                                  |
| <i>prenatal vit 27,calc/iron/fa</i>                      | T1        |                                  |
| <i>prenatal vit 55/iron/folic/om3</i>                    | T1        |                                  |
| <i>prenatal vit,cal 73/iron/folic</i>                    | T2        |                                  |
| <i>prenatal vit,cal 76/iron/folic</i>                    | T3        |                                  |
| <i>prenatal vit,cal 78/iron/folic</i>                    | T3        |                                  |
| <i>prenatal vit/iron fum/folic ac</i>                    | T1        |                                  |
| <i>prenatal vits 86/iron/folic ac</i>                    | T1        |                                  |
| <i>prenatal,calc 40/iron/folate 1</i>                    | T1        |                                  |
| PRENATE ENHANCE                                          | T2        |                                  |
| PRENATE RESTORE                                          | T2        |                                  |
| PRIMACARE                                                | T2        |                                  |
| PROVIDA OB                                               | T2        |                                  |
| SELECT-OB                                                | T2        |                                  |
| SELECT-OB ( <i>prenatal vit 128/iron/folic ac</i> )      | T2        |                                  |
| SELECT-OB + DHA                                          | T2        |                                  |
| THRIVITE RX                                              | T1        |                                  |
| TRICARE                                                  | T2        |                                  |
| TRISTART DHA                                             | T2        |                                  |
| VITAFOL FE PLUS                                          | T3        |                                  |

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| PRE-NATAL VITAMINS (Nutritional/Dietary) (cont.)  |           |                                  |    |
|---------------------------------------------------|-----------|----------------------------------|----|
| Prescription Drug Name                            | Drug Tier | Coverage Requirements and Limits |    |
| PRENATAL VITAMIN PREPARATIONS (cont.)             |           |                                  |    |
| VITAFOL NANO                                      | T2        |                                  |    |
| VITAFOL ULTRA                                     | T2        |                                  |    |
| VITAFOL-OB                                        | T1        |                                  |    |
| VITAFOL-OB+DHA                                    | T2        |                                  |    |
| VITAFOL-ONE                                       | T2        |                                  |    |
| VITAMEDMD ONE RX                                  | T2        |                                  |    |
| VITAMEDMD REDICHEW RX (prenatal no.42/folic acid) | T2        |                                  |    |
| VITAPEARL                                         | T3        |                                  |    |
| VITATRUE                                          | T3        |                                  |    |
| PRENATAL VITAMINS WITH LOW OR NO IRON             |           |                                  |    |
| ALTRIXA OB                                        | T3        | PA                               |    |
| AZESCO                                            | T3        | PA                               |    |
| CITRANATAL B-CALM                                 | T2        |                                  |    |
| DUET DHA 400                                      | T2        |                                  |    |
| EMBRIVA                                           | T3        | PA                               |    |
| FOLATEXCEL                                        | T3        | PA                               |    |
| MATERNACEL                                        | T3        | PA                               |    |
| MATERVIA                                          | T3        | PA                               |    |
| NATAL PNV                                         | T3        | PA                               |    |
| NEOMATERNA                                        | T3        | PA                               |    |
| PNV TABS 20-1                                     | T3        | PA                               |    |
| PREGENNA                                          | T3        | PA                               |    |
| PRENATE DHA                                       | T2        |                                  |    |
| PRENATE ELITE                                     | T2        |                                  |    |
| PRENATE MINI                                      | T2        |                                  |    |
| PRENATE PIXIE                                     | T2        |                                  |    |
| PRENATE STAR                                      | T2        |                                  |    |
| R-NATAL OB                                        | T1        |                                  |    |
| TRINAZ                                            | T3        |                                  | PA |
| VITAFOL GUMMIES                                   | T2        |                                  |    |
| VITALARA                                          | T3        | PA                               |    |
| ZALVIT                                            | T3        | PA                               |    |
| ZIPHEX                                            | T3        | PA                               |    |

T1 – Typically Generics  
T2 – Typically Preferred Brands  
T3 – Typically Non-Preferred Brands

T4 – Specialty Medications  
PA – Prior Authorization  
QL – Quantity Limit

ST – Step Therapy  
AGE – Age Requirement  
SP – Specialty Medication

HD – May require home delivery pharmacy  
PPACA – No Cost-Share Preventive Medication  
CSL – Oral cancer medication subject to cost-share limits

## List of Prescription Medications

### PSYCHOTHERAPEUTIC DRUGS (Anxiety/Depression/Bipolar Disorder)<sup>9</sup>

| Prescription Drug Name                              | Drug Tier | Coverage Requirements and Limits |
|-----------------------------------------------------|-----------|----------------------------------|
| <b>ALPHA-2 RECEPTOR ANTAGONIST ANTI-DEPRESSANTS</b> |           |                                  |
| <i>mirtazapine</i>                                  | T1        | HD                               |
| <i>mirtazapine</i> (Remeron)                        | T1        | HD                               |
| REMERON ( <i>mirtazapine</i> )                      | T3        | PA HD                            |
| <b>ANTI-ANXIETY - BENZODIAZEPINES</b>               |           |                                  |
| <i>alprazolam</i>                                   | T1        |                                  |
| <i>alprazolam</i> (Xanax Xr)                        | T1        |                                  |
| <i>alprazolam</i> (Xanax)                           | T1        |                                  |
| ATIVAN ( <i>lorazepam</i> )                         | T3        | PA                               |
| <i>chlordiazepoxide hcl</i>                         | T1        |                                  |
| <i>clorazepate dipotassium</i>                      | T1        |                                  |
| <i>diazepam 10 mg tablet</i> (Valium)               | T1        |                                  |
| <i>diazepam 2 mg tablet</i> (Valium)                | T1        |                                  |
| <i>diazepam 25 mg/5 ml oral conc</i>                | T1        |                                  |
| <i>diazepam 5 mg tablet</i> (Valium)                | T1        |                                  |
| <i>diazepam 5 mg/5 ml oral cup</i>                  | T1        |                                  |
| <i>diazepam 5 mg/5 ml solution</i>                  | T1        |                                  |
| <i>diazepam 5 mg/ml oral conc</i>                   | T1        |                                  |
| <i>lorazepam</i>                                    | T1        |                                  |
| <i>lorazepam</i> (Ativan)                           | T1        |                                  |
| LOREEV XR                                           | T3        | PA QL(1 CAP/DAY)                 |
| <i>oxazepam</i>                                     | T1        |                                  |
| VALIUM ( <i>diazepam</i> )                          | T3        | PA                               |
| XANAX ( <i>alprazolam</i> )                         | T3        | PA                               |
| XANAX XR ( <i>alprazolam xr</i> )                   | T3        | PA                               |
| <b>ANTI-ANXIETY DRUGS</b>                           |           |                                  |
| BUCAPSOL                                            | T3        | PA                               |
| <i>buspirone hcl</i>                                | T1        | HD                               |
| <i>meprobamate</i>                                  | T1        |                                  |
| <b>ANTIDEPRESSANT - NMDA RECEPTOR ANTAGONIST</b>    |           |                                  |
| SPRAVATO                                            | T4        | PA SP                            |
| <b>ANTIDEPRESSANT- POST PARTUM DEPRESSION (PPD)</b> |           |                                  |
| ZURZUVAE 20 MG CAPSULE                              | T4        | PA QL(28 CAPS/270 DAYS) SP HD    |
| ZURZUVAE 25 MG CAPSULE                              | T4        | PA QL(28 CAPS/270 DAYS) SP HD    |
| ZURZUVAE 30 MG CAPSULE                              | T4        | PA QL(14 CAPS/270 DAYS) SP HD    |

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CSL – Oral cancer medication subject to cost-share limits

## List of Prescription Medications

| PSYCHOTHERAPEUTIC DRUGS (Anxiety/Depression/Bipolar Disorder) <sup>9</sup> (cont.) |           |                                  |
|------------------------------------------------------------------------------------|-----------|----------------------------------|
| Prescription Drug Name                                                             | Drug Tier | Coverage Requirements and Limits |
| <b>BIPOLAR DISORDER DRUGS</b>                                                      |           |                                  |
| EQUETRO                                                                            | T3        | HD                               |
| <i>lithium carbonate</i>                                                           | T1        | HD                               |
| <i>lithium carbonate</i> (Lithobid)                                                | T1        | HD                               |
| <i>lithium citrate</i>                                                             | T1        | HD                               |
| LITHOBID ( <i>lithium carbonate er</i> )                                           | T3        | PA HD                            |
| <b>MAOIS -NON-SELECTIVE, IRREVERSIBLE ANTI-DEPRESSANTS</b>                         |           |                                  |
| MARPLAN                                                                            | T3        | QL(12 TABS/DAY)                  |
| NARDIL ( <i>phenelzine sulfate</i> )                                               | T3        | PA                               |
| PARNATE ( <i>tranylcypromine sulfate</i> )                                         | T3        | PA                               |
| <i>phenelzine sulfate</i> (Nardil)                                                 | T1        |                                  |
| <i>tranylcypromine sulfate</i> (Parnate)                                           | T1        |                                  |
| <b>MONOAMINE OXIDASE (MAO) INHIBITOR ANTI-DEPRESSANTS</b>                          |           |                                  |
| EMSAM 12 MG/24 HOURS PATCH                                                         | T3        | QL(1 PATCH/DAY)                  |
| EMSAM 6 MG/24 HOURS PATCH                                                          | T3        | QL(2 PATCHES/DAY)                |
| EMSAM 9 MG/24 HOURS PATCH                                                          | T3        | QL(1 PATCH/DAY)                  |
| <b>NDMA RECEPTOR ANTAGONIST AND NDRI COMB</b>                                      |           |                                  |
| AUVELITY                                                                           | T2        | ST QL(2 TABS/DAY)                |
| <b>NOREPINEPHRINE AND DOPAMINE REUPTAKE INHIB (NDRIs)</b>                          |           |                                  |
| APLENZIN ER 174 MG TABLET                                                          | T3        | PA QL(3 TABS/DAY) HD             |
| APLENZIN ER 348 MG TABLET                                                          | T3        | PA QL(1 TAB/DAY) HD              |
| APLENZIN ER 522 MG TABLET                                                          | T3        | PA QL(1 TAB/DAY) HD              |
| <i>bupropion hcl 100 mg tablet</i>                                                 | T1        | QL(4 TABS/DAY) HD                |
| <i>bupropion hcl 75 mg tablet</i>                                                  | T1        | QL(6 TABS/DAY) HD                |
| <i>bupropion hcl sr 100 mg tablet</i> (Wellbutrin Sr)                              | T1        | QL(4 TABS/DAY) HD                |
| <i>bupropion hcl sr 150 mg tablet</i> (Wellbutrin Sr)                              | T1        | QL(2 TABS/DAY) HD                |
| <i>bupropion hcl sr 200 mg tablet</i> (Wellbutrin Sr)                              | T1        | QL(2 TABS/DAY) HD                |
| <i>bupropion hcl xl 150 mg tablet</i> (Wellbutrin XL)                              | T1        | QL(3 TABS/DAY) HD                |
| <i>bupropion hcl xl 300 mg tablet</i> (Wellbutrin XL)                              | T1        | QL(1 TAB/DAY) HD                 |
| BUPROPION HCL XL 450 MG TABLET                                                     | T3        | PA QL(1 TAB/DAY) HD              |
| FORFIVO XL                                                                         | T3        | PA QL(1 TAB/DAY) HD              |
| WELLBUTRIN SR 100 MG TABLET ( <i>bupropion hcl sr</i> )                            | T3        | PA QL(4 TABS/DAY)                |
| WELLBUTRIN SR 150 MG TABLET ( <i>bupropion hcl sr</i> )                            | T3        | PA QL(2 TABS/DAY)                |
| WELLBUTRIN SR 200 MG TABLET ( <i>bupropion hcl sr</i> )                            | T3        | PA QL(2 TABS/DAY)                |

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## List of Prescription Medications

### PSYCHOTHERAPEUTIC DRUGS (Anxiety/Depression/Bipolar Disorder)<sup>9</sup> (cont.)

| Prescription Drug Name                                                | Drug Tier | Coverage Requirements and Limits |
|-----------------------------------------------------------------------|-----------|----------------------------------|
| <b>NOREPINEPHRINE AND DOPAMINE REUPTAKE INHIB (NDRIs) (cont.)</b>     |           |                                  |
| WELLBUTRIN XL 150 MG TABLET ( <i>bupropion xl</i> )                   | T3        | PA QL(3 TABS/DAY)                |
| WELLBUTRIN XL 300 MG TABLET ( <i>bupropion xl</i> )                   | T3        | PA QL(1 TAB/DAY)                 |
| <b>SELECTIVE SEROTONIN 5-HT<sub>2A</sub> INVERSE AGONISTS (SSiAs)</b> |           |                                  |
| NUPLAZID                                                              | T4        | PA SP HD                         |
| <b>SELECTIVE SEROTONIN REUPTAKE INHIBITOR (SSRIs)</b>                 |           |                                  |
| CELEXA 10 MG TABLET ( <i>citalopram hbr</i> )                         | T3        | PA QL(6 TABS/DAY) HD             |
| CELEXA 20 MG TABLET ( <i>citalopram hbr</i> )                         | T3        | PA QL(3 TABS/DAY) HD             |
| CELEXA 40 MG TABLET ( <i>citalopram hbr</i> )                         | T3        | PA QL(1 TAB/DAY) HD              |
| <i>citalopram hbr 10 mg tablet</i> (Celexa)                           | T1        | QL(6 TABS/DAY) HD                |
| <i>citalopram hbr 10 mg/5 ml soln</i>                                 | T1        | QL(30 MLS/DAY) HD                |
| <i>citalopram hbr 20 mg tablet</i> (Celexa)                           | T1        | QL(3 TABS/DAY) HD                |
| <i>citalopram hbr 20 mg/10 ml sol</i>                                 | T1        | QL(30 MLS/DAY) HD                |
| CITALOPRAM HBR 30 MG CAPSULE                                          | T3        | PA QL(1 CAP/DAY) HD              |
| <i>citalopram hbr 40 mg tablet</i> (Celexa)                           | T1        | QL(1 TAB/DAY) HD                 |
| <i>escitalopram 10 mg tablet</i> (Lexapro)                            | T1        | QL(2 TABS/DAY) HD                |
| <i>escitalopram 10 mg/10 ml cup</i>                                   | T1        | QL(20 MLS/DAY) HD                |
| <i>escitalopram 20 mg tablet</i> (Lexapro)                            | T1        | QL(1 TAB/DAY) HD                 |
| <i>escitalopram 5 mg tablet</i> (Lexapro)                             | T1        | QL(4 TABS/DAY) HD                |
| <i>escitalopram oxalate 5 mg/5 ml</i>                                 | T1        | QL(20 MLS/DAY) HD                |
| <i>fluoxetine 20 mg/5 ml soln cup</i>                                 | T1        | QL(20 MLS/DAY) HD                |
| <i>fluoxetine 20 mg/5 ml solution</i>                                 | T1        | QL(20 MLS/DAY) HD                |
| <i>fluoxetine hcl</i>                                                 | T1        | QL(4 caps/28 days) HD            |
| <i>fluoxetine hcl 10 mg capsule</i> (Prozac)                          | T1        | QL(8 CAPS/DAY) HD                |
| <i>fluoxetine hcl 10 mg tablet</i>                                    | T1        | HD                               |
| <i>fluoxetine hcl 20 mg capsule</i> (Prozac)                          | T1        | QL(4 CAPS/DAY) HD                |
| <i>fluoxetine hcl 20 mg tablet</i>                                    | T1        | HD                               |
| <i>fluoxetine hcl 40 mg capsule</i> (Prozac)                          | T1        | QL(2 CAPS/DAY) HD                |
| <i>fluoxetine hcl 60 mg tablet</i>                                    | T1        | QL(1 TAB/DAY) HD                 |
| <i>fluvoxamine er 100 mg capsule</i>                                  | T1        | QL(3 CAPS/DAY) HD                |
| <i>fluvoxamine er 150 mg capsule</i>                                  | T1        | QL(2 CAPS/DAY) HD                |

T1 – Typically Generics

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## List of Prescription Medications

### PSYCHOTHERAPEUTIC DRUGS (Anxiety/Depression/Bipolar Disorder)<sup>9</sup> (cont.)

| Prescription Drug Name                                        | Drug Tier | Coverage Requirements and Limits |
|---------------------------------------------------------------|-----------|----------------------------------|
| <b>SELECTIVE SEROTONIN REUPTAKE INHIBITOR (SSRIs) (cont.)</b> |           |                                  |
| <i>fluvoxamine maleate 100 mg tab</i>                         | T1        | QL(3 TABS/DAY) HD                |
| <i>fluvoxamine maleate 25 mg tab</i>                          | T1        | QL(12 TABS/DAY) HD               |
| <i>fluvoxamine maleate 50 mg tab</i>                          | T1        | QL(6 TABS/DAY) HD                |
| LEXAPRO 10 MG TABLET ( <i>escitalopram oxalate</i> )          | T3        | PA QL(2 TABS/DAY)                |
| LEXAPRO 20 MG TABLET ( <i>escitalopram oxalate</i> )          | T3        | PA QL(1 TAB/DAY)                 |
| LEXAPRO 5 MG TABLET ( <i>escitalopram oxalate</i> )           | T3        | PA QL(4 TABS/DAY)                |
| <i>paroxetine cr 12.5 mg tablet (Paxil Cr)</i>                | T1        | QL(1 TAB/DAY) HD                 |
| <i>paroxetine cr 25 mg tablet (Paxil Cr)</i>                  | T1        | QL(3 TABS/DAY) HD                |
| <i>paroxetine cr 37.5 mg tablet (Paxil Cr)</i>                | T1        | QL(2 TABS/DAY) HD                |
| <i>paroxetine er 12.5 mg tablet (Paxil Cr)</i>                | T1        | QL(1 TAB/DAY) HD                 |
| <i>paroxetine er 25 mg tablet (Paxil Cr)</i>                  | T1        | QL(3 TABS/DAY) HD                |
| <i>paroxetine er 37.5 mg tablet (Paxil Cr)</i>                | T1        | QL(2 TABS/DAY) HD                |
| <i>paroxetine hcl 10 mg tablet (Paxil)</i>                    | T1        | QL(6 TABS/DAY) HD                |
| <i>paroxetine hcl 10 mg/5 ml susp</i>                         | T1        | QL(30 MLS/DAY) HD                |
| <i>paroxetine hcl 20 mg tablet (Paxil)</i>                    | T1        | QL(3 TABS/DAY) HD                |
| <i>paroxetine hcl 30 mg tablet (Paxil)</i>                    | T1        | QL(2 TABS/DAY) HD                |
| <i>paroxetine hcl 40 mg tablet (Paxil)</i>                    | T1        | QL(1 TAB/DAY) HD                 |
| PAXIL 10 MG TABLET ( <i>paroxetine hcl</i> )                  | T3        | PA QL(6 TABS/DAY) HD             |
| PAXIL 20 MG TABLET ( <i>paroxetine hcl</i> )                  | T3        | PA QL(3 TABS/DAY) HD             |
| PAXIL 30 MG TABLET ( <i>paroxetine hcl</i> )                  | T3        | PA QL(2 TABS/DAY) HD             |
| PAXIL 40 MG TABLET ( <i>paroxetine hcl</i> )                  | T3        | PA QL(1 TAB/DAY) HD              |
| PAXIL CR 12.5 MG TABLET ( <i>paroxetine er</i> )              | T3        | PA QL(1 TAB/DAY) HD              |
| PAXIL CR 25 MG TABLET ( <i>paroxetine er</i> )                | T3        | PA QL(3 TABS/DAY) HD             |
| PAXIL CR 37.5 MG TABLET ( <i>paroxetine er</i> )              | T3        | PA QL(2 TABS/DAY) HD             |
| PROZAC 10 MG PULVULE ( <i>fluoxetine hcl</i> )                | T3        | PA QL(8 CAPS/DAY)                |
| PROZAC 20 MG PULVULE ( <i>fluoxetine hcl</i> )                | T3        | PA QL(4 CAPS/DAY)                |
| PROZAC 40 MG PULVULE ( <i>fluoxetine hcl</i> )                | T3        | PA QL(2 CAPS/DAY)                |
| <i>sertraline 150 mg capsule</i>                              | T1        | QL(1 CAP/DAY) HD                 |
| <i>sertraline 20 mg/ml oral conc (Zoloft)</i>                 | T1        | QL(10 MLS/DAY) HD                |
| <i>sertraline 200 mg capsule</i>                              | T1        | QL(1 CAP/DAY) HD                 |
| <i>sertraline hcl 100 mg tablet (Zoloft)</i>                  | T1        | QL(2 TABS/DAY) HD                |
| <i>sertraline hcl 25 mg tablet (Zoloft)</i>                   | T1        | QL(8 TABS/DAY) HD                |
| <i>sertraline hcl 50 mg tablet (Zoloft)</i>                   | T1        | QL(4 TABS/DAY) HD                |

T1 – Typically Generics

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T4 – Specialty Medications

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CSL – Oral cancer medication subject to cost-share limits

## List of Prescription Medications

### PSYCHOTHERAPEUTIC DRUGS (Anxiety/Depression/Bipolar Disorder)<sup>9</sup> (cont.)

| Prescription Drug Name                                        | Drug Tier | Coverage Requirements and Limits |
|---------------------------------------------------------------|-----------|----------------------------------|
| <b>SELECTIVE SEROTONIN REUPTAKE INHIBITOR (SSRIs) (cont.)</b> |           |                                  |
| ZOLOFT 100 MG TABLET ( <i>sertraline hcl</i> )                | T3        | PA QL (2 TABS/DAY)               |
| ZOLOFT 20 MG/ML ORAL CONC ( <i>sertraline hcl</i> )           | T3        | PA QL (10 MLS/DAY)               |
| ZOLOFT 25 MG TABLET ( <i>sertraline hcl</i> )                 | T3        | PA QL (8 TABS/DAY)               |
| ZOLOFT 50 MG TABLET ( <i>sertraline hcl</i> )                 | T3        | PA QL (4 TABS/DAY)               |
| <b>SEROTONIN-2 ANTAGONIST/REUPTAKE INHIBITORS (SARIs)</b>     |           |                                  |
| <i>nefazodone hcl</i>                                         | T1        | HD                               |
| RALDESY                                                       | T3        | PA HD                            |
| <i>trazodone hcl</i>                                          | T1        | HD                               |
| <b>SEROTONIN-NOREPINEPHRINE REUPTAKE-INHIB (SNRIs)</b>        |           |                                  |
| CYMBALTA 20 MG CAPSULE ( <i>duloxetine hcl</i> )              | T3        | PA QL (6 CAPS/DAY) HD            |
| CYMBALTA 30 MG CAPSULE ( <i>duloxetine hcl</i> )              | T3        | PA QL (4 CAPS/DAY) HD            |
| CYMBALTA 60 MG CAPSULE ( <i>duloxetine hcl</i> )              | T3        | PA QL (2 CAPS/DAY) HD            |
| DESVENLAFAXINE ER 100 MG TAB                                  | T3        | PA QL (4 TABS/DAY) HD            |
| DESVENLAFAXINE ER 50 MG TAB                                   | T3        | PA QL (8 TABS/DAY) HD            |
| <i>desvenlafaxine succnt er 100mg</i> (Pristiq)               | T1        | QL (4 TABS/DAY) HD               |
| <i>desvenlafaxine succnt er 25 mg</i> (Pristiq)               | T1        | QL (16 TABS/DAY) HD              |
| <i>desvenlafaxine succnt er 50 mg</i> (Pristiq)               | T1        | QL (1 TAB/DAY) HD                |
| DRIZALMA SPRINKLE DR 20 MG CAP                                | T3        | ST QL (1 CAP/DAY) HD             |
| DRIZALMA SPRINKLE DR 30 MG CAP                                | T3        | ST QL (1 CAP/DAY) HD             |
| DRIZALMA SPRINKLE DR 40 MG CAP                                | T3        | ST QL (1 CAP/DAY) HD             |
| DRIZALMA SPRINKLE DR 60 MG CAP                                | T3        | ST QL (2 CAPS/DAY) HD            |
| <i>duloxetine hcl dr 20 mg cap</i> (Cymbalta)                 | T1        | QL (6 CAPS/DAY) HD               |
| <i>duloxetine hcl dr 30 mg cap</i> (Cymbalta)                 | T1        | QL (4 CAPS/DAY) HD               |
| <i>duloxetine hcl dr 40 mg cap</i>                            | T1        | QL (3 CAPS/DAY) HD               |
| <i>duloxetine hcl dr 60 mg cap</i> (Cymbalta)                 | T1        | QL (2 CAPS/DAY) HD               |
| EFFEXOR XR 150 MG CAPSULE ( <i>venlafaxine hcl er</i> )       | T3        | PA QL (2 CAPS/DAY)               |
| EFFEXOR XR 37.5 MG CAPSULE ( <i>venlafaxine hcl er</i> )      | T3        | PA QL (8 CAPS/DAY)               |
| EFFEXOR XR 75 MG CAPSULE ( <i>venlafaxine hcl er</i> )        | T3        | PA QL (4 CAPS/DAY)               |
| FETZIMA 20-40 MG TITRATION PAK                                | T3        | PA QL (28 CAPS/180 DAYS)         |
| FETZIMA ER 120 MG CAPSULE                                     | T3        | PA QL (1 CAP/DAY)                |
| FETZIMA ER 20 MG CAPSULE                                      | T3        | PA QL (6 CAPS/DAY)               |
| FETZIMA ER 40 MG CAPSULE                                      | T3        | PA QL (3 CAPS/DAY)               |
| FETZIMA ER 80 MG CAPSULE                                      | T3        | PA QL (1 CAP/DAY)                |

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## List of Prescription Medications

### PSYCHOTHERAPEUTIC DRUGS (Anxiety/Depression/Bipolar Disorder)<sup>9</sup> (cont.)

| Prescription Drug Name                                          | Drug Tier | Coverage Requirements and Limits |
|-----------------------------------------------------------------|-----------|----------------------------------|
| <b>SEROTONIN-NOREPINEPHRINE REUPTAKE-INHIB (SNRIs) (cont.)</b>  |           |                                  |
| PRISTIQ ER 100 MG TABLET ( <i>desvenlafaxine succinate er</i> ) | T3        | PA QL (4 TABS/DAY) HD            |
| PRISTIQ ER 25 MG TABLET ( <i>desvenlafaxine succinate er</i> )  | T3        | PA QL (16 TABS/DAY) HD           |
| PRISTIQ ER 50 MG TABLET ( <i>desvenlafaxine succinate er</i> )  | T3        | PA QL (1 TAB/DAY) HD             |
| VENLAFAXINE BESYLATE ER                                         | T3        | PA QL (2 TABS/DAY) HD            |
| <i>venlafaxine hcl 100 mg tablet</i>                            | T1        | QL (3 TABS/DAY) HD               |
| <i>venlafaxine hcl 25 mg tablet</i>                             | T1        | QL (15 TABS/DAY) HD              |
| <i>venlafaxine hcl 37.5 mg tablet</i>                           | T1        | QL (10 TABS/DAY) HD              |
| <i>venlafaxine hcl 50 mg tablet</i>                             | T1        | QL (7 TABS/DAY) HD               |
| <i>venlafaxine hcl 75 mg tablet</i>                             | T1        | QL (5 TABS/DAY) HD               |
| <i>venlafaxine hcl er 150 mg cap (Effexor Xr)</i>               | T1        | QL (2 CAPS/DAY) HD               |
| <i>venlafaxine hcl er 150 mg tab</i>                            | T1        | QL (2 TABS/DAY) HD               |
| <i>venlafaxine hcl er 225 mg tab</i>                            | T1        | QL (1 TAB/DAY) HD                |
| <i>venlafaxine hcl er 37.5 mg cap (Effexor Xr)</i>              | T1        | QL (8 CAPS/DAY) HD               |
| <i>venlafaxine hcl er 37.5 mg tab</i>                           | T1        | QL (8 TABS/DAY) HD               |
| <i>venlafaxine hcl er 75 mg cap (Effexor Xr)</i>                | T1        | QL (4 CAPS/DAY) HD               |
| <i>venlafaxine hcl er 75 mg tab</i>                             | T1        | QL (4 TABS/DAY) HD               |
| <b>SSRI AND 5HT1A PARTIAL AGONIST ANTI-DEPRESSANTS</b>          |           |                                  |
| VIIBRYD 10 MG TABLET                                            | T3        | PA QL (1 TAB/DAY) HD             |
| VIIBRYD 20 MG TABLET                                            | T3        | PA QL (1 TAB/DAY) HD             |
| VIIBRYD 40 MG TABLET                                            | T3        | PA HD                            |
| <i>vilazodone hcl 10 mg tablet (Viibryd)</i>                    | T1        | QL (1 TAB/DAY) HD                |
| <i>vilazodone hcl 20 mg tablet (Viibryd)</i>                    | T1        | QL (1 TAB/DAY) HD                |
| <i>vilazodone hcl 40 mg tablet (Viibryd)</i>                    | T1        | HD                               |
| <b>SSRI, SEROTONIN RECEPTOR MODULATOR ANTI-DEPRESSANTS</b>      |           |                                  |
| TRINTELLIX 10 MG TABLET                                         | T2        | QL (1 TAB/DAY)                   |
| TRINTELLIX 20 MG TABLET                                         | T2        |                                  |
| TRINTELLIX 5 MG TABLET                                          | T2        | QL (1 TAB/DAY)                   |
| <b>TRICYCLIC ANTI-DEPRESSANT-BENZODIAZEPINE COMBINATNS</b>      |           |                                  |
| <i>amitriptyline/chlordiazepoxide</i>                           | T1        | HD                               |
| <b>TRICYCLIC ANTI-DEPRESSANT-PHENOTHIAZINE COMBINATNS</b>       |           |                                  |
| <i>perphenazine/amitriptyline hcl</i>                           | T1        | HD                               |
| <b>TRICYCLIC ANTI-DEPRESSANTS, REL.NON-SEL.REUPT-INHIB</b>      |           |                                  |
| <i>amitriptyline hcl</i>                                        | T1        | HD                               |
| <i>amoxapine</i>                                                | T1        | HD                               |

T1 – Typically Generics

T2 – Typically Preferred Brands

T3 – Typically Non-Preferred Brands

T4 – Specialty Medications

PA – Prior Authorization

QL – Quantity Limit

ST – Step Therapy

AGE – Age Requirement

SP – Specialty Medication

HD – May require home delivery pharmacy

PPACA – No Cost-Share Preventive Medication

CSL – Oral cancer medication subject to cost-share limits

## List of Prescription Medications

### PSYCHOTHERAPEUTIC DRUGS (Anxiety/Depression/Bipolar Disorder)<sup>9</sup> (cont.)

| Prescription Drug Name                                             | Drug Tier | Coverage Requirements and Limits |
|--------------------------------------------------------------------|-----------|----------------------------------|
| <b>TRICYCLIC ANTI-DEPRESSANTS, REL.NON-SEL.REUPT-INHIB (cont.)</b> |           |                                  |
| ANAFRANIL (clomipramine hcl)                                       | T3        | PA HD                            |
| clomipramine hcl (Anafranil)                                       | T1        | HD                               |
| desipramine hcl                                                    | T1        | HD                               |
| doxepin 10 mg capsule                                              | T1        | HD                               |
| doxepin 10 mg/ml oral conc                                         | T1        | HD                               |
| doxepin 100 mg capsule                                             | T1        | HD                               |
| doxepin 150 mg capsule                                             | T1        | HD                               |
| doxepin 25 mg capsule                                              | T1        | HD                               |
| doxepin 50 mg capsule                                              | T1        | HD                               |
| doxepin 75 mg capsule                                              | T1        | HD                               |
| imipramine pamoate                                                 | T1        | HD                               |
| imipramine hcl                                                     | T1        | HD                               |
| maprotiline hcl                                                    | T1        | HD                               |
| nortriptyline hcl                                                  | T1        | HD                               |
| nortriptyline hcl (Pamelor)                                        | T1        | HD                               |
| PAMELOR (nortriptyline hcl)                                        | T3        | PA HD                            |
| protriptyline hcl                                                  | T1        | HD                               |
| trimipramine maleate                                               | T1        | HD                               |

### PSYCHOTHERAPEUTIC DRUGS (Attention Deficit Hyperactivity Disorder)<sup>9</sup>

|                                                 |    |                  |
|-------------------------------------------------|----|------------------|
| <b>ADRENERGICS, AROMATIC, NON-CATECHOLAMINE</b> |    |                  |
| lisdexamfetamine 10 mg capsule (Vyvanse)        | T1 | PA QL(1 CAP/DAY) |
| lisdexamfetamine 10 mg tb chew (Vyvanse)        | T1 | PA QL(1 TAB/DAY) |
| lisdexamfetamine 20 mg capsule (Vyvanse)        | T1 | PA QL(1 CAP/DAY) |
| lisdexamfetamine 20 mg tb chew (Vyvanse)        | T1 | PA QL(1 TAB/DAY) |
| lisdexamfetamine 30 mg capsule (Vyvanse)        | T1 | PA QL(1 CAP/DAY) |
| lisdexamfetamine 30 mg tb chew (Vyvanse)        | T1 | PA QL(1 TAB/DAY) |
| lisdexamfetamine 40 mg capsule (Vyvanse)        | T1 | PA QL(1 CAP/DAY) |
| lisdexamfetamine 40 mg tb chew (Vyvanse)        | T1 | PA QL(1 TAB/DAY) |
| lisdexamfetamine 50 mg capsule (Vyvanse)        | T1 | PA QL(1 CAP/DAY) |
| lisdexamfetamine 50 mg tb chew (Vyvanse)        | T1 | PA QL(1 TAB/DAY) |
| lisdexamfetamine 60 mg capsule (Vyvanse)        | T1 | PA QL(1 CAP/DAY) |
| lisdexamfetamine 60 mg tb chew (Vyvanse)        | T1 | PA QL(1 TAB/DAY) |
| lisdexamfetamine 70 mg capsule (Vyvanse)        | T1 | PA QL(1 CAP/DAY) |

T1 – Typically Generics  
T2 – Typically Preferred Brands  
T3 – Typically Non-Preferred Brands

T4 – Specialty Medications  
PA – Prior Authorization  
QL – Quantity Limit

ST – Step Therapy  
AGE – Age Requirement  
SP – Specialty Medication

HD – May require home delivery pharmacy  
PPACA – No Cost-Share Preventive Medication  
CSL – Oral cancer medication subject to cost-share limits

## List of Prescription Medications

### PSYCHOTHERAPEUTIC DRUGS (Attention Deficit Hyperactivity Disorder)<sup>9</sup> (cont.)

| Prescription Drug Name                                               | Drug Tier | Coverage Requirements and Limits |
|----------------------------------------------------------------------|-----------|----------------------------------|
| <b>ADRENERGICS, AROMATIC, NON-CATECHOLAMINE (cont.)</b>              |           |                                  |
| VYVANSE 10 MG CAPSULE ( <i>lisdexamfetamine dimesylate</i> )         | T3        | PA QL(1 CAP/DAY)                 |
| VYVANSE 10 MG CHEWABLE TABLET ( <i>lisdexamfetamine dimesylate</i> ) | T3        | PA QL(1 TAB/DAY)                 |
| VYVANSE 20 MG CAPSULE ( <i>lisdexamfetamine dimesylate</i> )         | T3        | PA QL(1 CAP/DAY)                 |
| VYVANSE 20 MG CHEWABLE TABLET ( <i>lisdexamfetamine dimesylate</i> ) | T3        | PA QL(1 TAB/DAY)                 |
| VYVANSE 30 MG CAPSULE ( <i>lisdexamfetamine dimesylate</i> )         | T3        | PA QL(1 CAP/DAY)                 |
| VYVANSE 30 MG CHEWABLE TABLET ( <i>lisdexamfetamine dimesylate</i> ) | T3        | PA QL(1 TAB/DAY)                 |
| VYVANSE 40 MG CAPSULE ( <i>lisdexamfetamine dimesylate</i> )         | T3        | PA QL(1 CAP/DAY)                 |
| VYVANSE 40 MG CHEWABLE TABLET ( <i>lisdexamfetamine dimesylate</i> ) | T3        | PA QL(1 TAB/DAY)                 |
| VYVANSE 50 MG CAPSULE ( <i>lisdexamfetamine dimesylate</i> )         | T3        | PA QL(1 CAP/DAY)                 |
| VYVANSE 50 MG CHEWABLE TABLET ( <i>lisdexamfetamine dimesylate</i> ) | T3        | PA QL(1 TAB/DAY)                 |
| VYVANSE 60 MG CAPSULE ( <i>lisdexamfetamine dimesylate</i> )         | T3        | PA QL(1 CAP/DAY)                 |
| VYVANSE 60 MG CHEWABLE TABLET ( <i>lisdexamfetamine dimesylate</i> ) | T3        | PA QL(1 TAB/DAY)                 |
| VYVANSE 70 MG CAPSULE ( <i>lisdexamfetamine dimesylate</i> )         | T3        | PA QL(1 CAP/DAY)                 |
| <b>TX FOR ADHD - SELECTIVE ALPHA-2 RECEPTOR AGONIST</b>              |           |                                  |
| clonidine hcl er 0.1 mg tablet (Kapvay)                              | T1        |                                  |
| guanfacine hcl (Intuniv)                                             | T1        | HD                               |
| INTUNIV ( <i>guanfacine hcl er</i> )                                 | T3        | PA HD                            |
| KAPVAY ( <i>clonidine hcl er</i> )                                   | T3        | PA                               |
| ONYDA XR                                                             | T3        | PA                               |
| <b>TX FOR ATTENTION DEFICIT-HYPERACT (ADHD)/NARCOLEPSY</b>           |           |                                  |
| APTENSIO XR ( <i>methylphenidate hcl</i> )                           | T3        | PA ST QL(1 CAP/DAY)              |
| AZSTARYS                                                             | T3        | PA ST QL(1 CAP/DAY)              |
| CONCERTA ER 18 MG TABLET ( <i>methylphenidate hcl</i> )              | T3        | PA ST QL(1 TAB/DAY)              |
| CONCERTA ER 27 MG TABLET ( <i>methylphenidate hcl</i> )              | T3        | PA ST QL(1 TAB/DAY)              |
| CONCERTA ER 36 MG TABLET ( <i>methylphenidate hcl</i> )              | T3        | PA ST QL(2 TABS/DAY)             |
| CONCERTA ER 54 MG TABLET ( <i>methylphenidate hcl</i> )              | T3        | PA ST QL(1 TAB/DAY)              |
| COTEMPLA XR-ODT 17.3 MG TABLET                                       | T3        | PA QL(1 TAB/DAY)                 |
| COTEMPLA XR-ODT 25.9 MG TABLET                                       | T3        | PA QL(2 TABS/DAY)                |
| COTEMPLA XR-ODT 8.6 MG TABLET                                        | T3        | PA QL(1 TAB/DAY)                 |
| DAYTRANA ( <i>methylphenidate</i> )                                  | T3        | PA QL(1 PATCH/DAY)               |
| dexmethylphenidate hcl (Focalin Xr)                                  | T1        | PA QL(1 CAP/DAY)                 |
| dexmethylphenidate hcl (Focalin)                                     | T1        | PA                               |
| FOCALIN ( <i>dexmethylphenidate hcl</i> )                            | T3        | PA ST                            |

T1 – Typically Generics

T2 – Typically Preferred Brands

T3 – Typically Non-Preferred Brands

T4 – Specialty Medications

PA – Prior Authorization

QL – Quantity Limit

ST – Step Therapy

AGE – Age Requirement

SP – Specialty Medication

HD – May require home delivery pharmacy

PPACA – No Cost-Share Preventive Medication

CSL – Oral cancer medication subject to cost-share limits

## List of Prescription Medications

### PSYCHOTHERAPEUTIC DRUGS (Attention Deficit Hyperactivity Disorder)<sup>9</sup> (cont.)

| Prescription Drug Name                                             | Drug Tier | Coverage Requirements and Limits |
|--------------------------------------------------------------------|-----------|----------------------------------|
| <b>TX FOR ATTENTION DEFICIT-HYPERACT (ADHD)/NARCOLEPSY (cont.)</b> |           |                                  |
| FOCALIN XR ( <i>dexmethylphenidate hcl</i> )                       | T3        | PA ST QL(1 CAP/DAY)              |
| JORNAY PM                                                          | T3        | PA ST QL(1 CAP/DAY)              |
| METADATE CD ( <i>methylphenidate hcl</i> )                         | T3        | PA QL(1 CAP/DAY)                 |
| METHYLIN ( <i>methylphenidate hcl</i> )                            | T3        | PA                               |
| <i>methylphenidate</i> (Daytrana)                                  | T1        | PA QL(1 PATCH/DAY)               |
| <i>methylphenidate er 10 mg cap</i> (Aptensio Xr)                  | T1        | PA QL(1 CAP/DAY)                 |
| <i>methylphenidate er 10 mg tab</i>                                | T1        | PA QL(2 TABS/DAY)                |
| <i>methylphenidate er 15 mg cap</i> (Aptensio Xr)                  | T1        | PA QL(1 CAP/DAY)                 |
| <i>methylphenidate er 18 mg tab</i> (Concerta)                     | T1        | PA QL(1 TAB/DAY)                 |
| <i>methylphenidate er 18 mg tab</i> (Relexxii)                     | T1        | PA QL(1 TAB/DAY)                 |
| <i>methylphenidate er 20 mg cap</i> (Aptensio Xr)                  | T1        | PA QL(1 CAP/DAY)                 |
| <i>methylphenidate er 20 mg tab</i>                                | T1        | PA QL(3 TABS/DAY)                |
| <i>methylphenidate er 27 mg tab</i> (Concerta)                     | T1        | PA QL(1 TAB/DAY)                 |
| <i>methylphenidate er 27 mg tab</i> (Relexxii)                     | T1        | PA QL(1 TAB/DAY)                 |
| <i>methylphenidate er 30 mg cap</i> (Aptensio Xr)                  | T1        | PA QL(1 CAP/DAY)                 |
| <i>methylphenidate er 36 mg tab</i> (Concerta)                     | T1        | PA QL(2 TABS/DAY)                |
| <i>methylphenidate er 36 mg tab</i> (Relexxii)                     | T1        | PA QL(2 TABS/DAY)                |
| <i>methylphenidate er 40 mg cap</i> (Aptensio Xr)                  | T1        | PA QL(1 CAP/DAY)                 |
| METHYLPHENIDATE ER 45 MG TAB                                       | T3        | PA QL(1 TAB/DAY)                 |
| <i>methylphenidate er 50 mg cap</i> (Aptensio Xr)                  | T1        | PA QL(1 CAP/DAY)                 |
| <i>methylphenidate er 54 mg tab</i> (Concerta)                     | T1        | PA QL(1 TAB/DAY)                 |
| <i>methylphenidate er 54 mg tab</i> (Relexxii)                     | T1        | PA QL(1 TAB/DAY)                 |
| <i>methylphenidate er 60 mg cap</i> (Aptensio Xr)                  | T1        | PA QL(1 CAP/DAY)                 |
| METHYLPHENIDATE ER 63 MG TAB                                       | T3        | PA QL(1 TAB/DAY)                 |
| <i>methylphenidate er 72 mg tab</i>                                | T1        | PA QL(1 TAB/DAY)                 |
| <i>methylphenidate er(la) 10mg cp</i> (Ritalin La)                 | T1        | PA QL(1 CAP/DAY)                 |
| <i>methylphenidate er(la) 20mg cp</i> (Ritalin La)                 | T1        | PA QL(1 CAP/DAY)                 |
| <i>methylphenidate er(la) 30mg cp</i> (Ritalin La)                 | T1        | PA QL(2 CAPS/DAY)                |
| <i>methylphenidate er(la) 40mg cp</i> (Ritalin La)                 | T1        | PA QL(1 CAP/DAY)                 |
| <i>methylphenidate er(la) 60mg cp</i>                              | T1        | PA QL(1 CAP/DAY)                 |
| <i>methylphenidate hcl</i>                                         | T1        | PA                               |
| <i>methylphenidate hcl</i> (Metadate Cd)                           | T1        | PA QL(1 CAP/DAY)                 |
| <i>methylphenidate hcl</i> (Methylin)                              | T1        | PA                               |

T1 – Typically Generics

T2 – Typically Preferred Brands

T3 – Typically Non-Preferred Brands

T4 – Specialty Medications

PA – Prior Authorization

QL – Quantity Limit

ST – Step Therapy

AGE – Age Requirement

SP – Specialty Medication

HD – May require home delivery pharmacy

PPACA – No Cost-Share Preventive Medication

CSL – Oral cancer medication subject to cost-share limits

## List of Prescription Medications

### PSYCHOTHERAPEUTIC DRUGS (Attention Deficit Hyperactivity Disorder)<sup>9</sup> (cont.)

| Prescription Drug Name                                                     | Drug Tier | Coverage Requirements and Limits |
|----------------------------------------------------------------------------|-----------|----------------------------------|
| <b>TX FOR ATTENTION DEFICIT-HYPERACT (ADHD)/NARCOLEPSY (cont.)</b>         |           |                                  |
| <i>methylphenidate hcl</i> (Ritalin)                                       | T1        | PA                               |
| QUILLICHEW ER 20 MG CHEW TAB                                               | T3        | PA QL (1 TAB/DAY)                |
| QUILLICHEW ER 30 MG CHEW TAB                                               | T3        | PA QL (2 TABS/DAY)               |
| QUILLICHEW ER 40 MG CHEW TAB                                               | T3        | PA QL (1 TAB/DAY)                |
| QUILLIVANT XR                                                              | T3        | PA QL (12 MLS/DAY)               |
| RELEXXII ER 18 MG TABLET ( <i>methylphenidate hcl</i> )                    | T3        | PA QL (1 TAB/DAY)                |
| RELEXXII ER 27 MG TABLET ( <i>methylphenidate hcl</i> )                    | T3        | PA QL (1 TAB/DAY)                |
| RELEXXII ER 36 MG TABLET ( <i>methylphenidate hcl</i> )                    | T3        | PA QL (2 TABS/DAY)               |
| RELEXXII ER 45 MG TABLET                                                   | T3        | PA QL (1 TAB/DAY)                |
| RELEXXII ER 54 MG TABLET ( <i>methylphenidate hcl</i> )                    | T3        | PA QL (1 TAB/DAY)                |
| RELEXXII ER 63 MG TABLET                                                   | T3        | PA QL (1 TAB/DAY)                |
| RELEXXII ER 72 MG TABLET                                                   | T3        | PA QL (1 TAB/DAY)                |
| RITALIN ( <i>methylphenidate hcl</i> )                                     | T3        | PA ST                            |
| RITALIN LA 10 MG CAPSULE ( <i>methylphenidate hcl</i> )                    | T3        | PA ST QL (1 CAP/DAY)             |
| RITALIN LA 20 MG CAPSULE ( <i>methylphenidate hcl</i> )                    | T3        | PA ST QL (1 CAP/DAY)             |
| RITALIN LA 30 MG CAPSULE ( <i>methylphenidate hcl</i> )                    | T3        | PA ST QL (2 CAPS/DAY)            |
| RITALIN LA 40 MG CAPSULE ( <i>methylphenidate hcl</i> )                    | T3        | PA ST QL (1 CAP/DAY)             |
| <b>TX FOR ATTENTION DEFICIT-HYPERACT.(ADHD), NRI-TYPE</b>                  |           |                                  |
| <i>atomoxetine hcl</i> 10, 18, 25, 60, 80, 100 mg capsule (Strattera)      | T1        | HD                               |
| <i>atomoxetine hcl</i> 40 mg capsule (Strattera)                           | T1        | QL (1 CAP/DAY) HD                |
| QELBREE ER 100 MG CAPSULE                                                  | T3        | PA QL (1 CAP/DAY)                |
| QELBREE ER 150 MG CAPSULE                                                  | T3        | PA QL (2 CAPS/DAY)               |
| QELBREE ER 200 MG CAPSULE                                                  | T3        | PA QL (3 CAPS/DAY)               |
| STRATTERA 10 MG CAPSULE ( <i>atomoxetine hcl</i> )                         | T3        | PA HD                            |
| STRATTERA 100 MG CAPSULE ( <i>atomoxetine hcl</i> )                        | T3        | PA HD                            |
| STRATTERA 18 MG CAPSULE ( <i>atomoxetine hcl</i> )                         | T3        | PA HD                            |
| STRATTERA 25 MG CAPSULE ( <i>atomoxetine hcl</i> )                         | T3        | PA HD                            |
| STRATTERA 40 MG CAPSULE ( <i>atomoxetine hcl</i> )                         | T3        | PA QL (1 CAP/DAY) HD             |
| STRATTERA 60 MG CAPSULE ( <i>atomoxetine hcl</i> )                         | T3        | PA HD                            |
| STRATTERA 80 MG CAPSULE ( <i>atomoxetine hcl</i> )                         | T3        | PA HD                            |
| <b>PSYCHOTHERAPEUTIC DRUGS (Schizophrenia/Anti-Psychotics)<sup>9</sup></b> |           |                                  |
| <b>ANTI-PSYCH, DOPAMINE ANTAG., DIPHENYLBUTYLPIPERIDINES</b>               |           |                                  |
| <i>pimozide</i>                                                            | T1        |                                  |

T1 – Typically Generics

T2 – Typically Preferred Brands

T3 – Typically Non-Preferred Brands

T4 – Specialty Medications

PA – Prior Authorization

QL – Quantity Limit

ST – Step Therapy

AGE – Age Requirement

SP – Specialty Medication

HD – May require home delivery pharmacy

PPACA – No Cost-Share Preventive Medication

CSL – Oral cancer medication subject to cost-share limits

## List of Prescription Medications

### PSYCHOTHERAPEUTIC DRUGS (Schizophrenia/Anti-Psychotics)<sup>9</sup> (cont.)

| Prescription Drug Name                                          | Drug Tier | Coverage Requirements and Limits |
|-----------------------------------------------------------------|-----------|----------------------------------|
| <b>ANTI-PSYCHOTIC, ATYPICAL, DOPAMINE, SEROTONIN ANTAGONIST</b> |           |                                  |
| <i>asenapine maleate</i> (Saphris)                              | T1        |                                  |
| CAPLYTA                                                         | T3        | ST QL (1 CAP/DAY)                |
| <i>clozapine</i>                                                | T1        |                                  |
| <i>clozapine</i> (Clozaril)                                     | T1        |                                  |
| CLOZARIL ( <i>clozapine</i> )                                   | T3        | PA                               |
| ERZOFRI                                                         | T3        | PA QL (4 TABS/DAY)               |
| FANAPT 1 MG TABLET                                              | T3        | PA QL (4 TABS/DAY)               |
| FANAPT 10 MG TABLET                                             | T3        | PA                               |
| FANAPT 12 MG TABLET                                             | T3        | PA QL (4 TABS/DAY)               |
| FANAPT 2 MG TABLET                                              | T3        | PA QL (4 TABS/DAY)               |
| FANAPT 4 MG TABLET                                              | T3        | PA QL (4 TABS/DAY)               |
| FANAPT 6 MG TABLET                                              | T3        | PA QL (4 TABS/DAY)               |
| FANAPT 8 MG TABLET                                              | T3        | PA QL (4 TABS/DAY) ST            |
| FANAPT TITRATION PACK A                                         | T3        | PA QL (32 TABS/365 DAYS)         |
| FANAPT TITRATION PACK B                                         | T3        | PA QL (48 TABS/365 DAYS)         |
| FANAPT TITRATION PACK C                                         | T3        | PA QL (32 TABS/365 DAYS)         |
| GEODON ( <i>ziprasidone hcl</i> )                               | T3        | PA                               |
| INVEGA ER 3 MG TABLET ( <i>paliperidone er</i> )                | T3        | PA QL (1 TAB/DAY)                |
| INVEGA ER 6 MG TABLET ( <i>paliperidone er</i> )                | T3        | PA                               |
| INVEGA ER 9 MG TABLET ( <i>paliperidone er</i> )                | T3        | PA                               |
| LATUDA 120 MG TABLET                                            | T3        | PA                               |
| LATUDA 20 MG TABLET                                             | T3        | PA                               |
| LATUDA 40 MG TABLET                                             | T3        | PA QL (1 TAB/DAY)                |
| LATUDA 60 MG TABLET                                             | T3        | PA QL (1 TAB/DAY)                |
| LATUDA 80 MG TABLET                                             | T3        | PA                               |
| <i>lurasidone hcl 120 mg tablet</i> (Latuda)                    | T1        |                                  |
| <i>lurasidone hcl 20 mg tablet</i> (Latuda)                     | T1        |                                  |
| <i>lurasidone hcl 40 mg tablet</i> (Latuda)                     | T1        | QL (1 TAB/DAY)                   |
| <i>lurasidone hcl 60 mg tablet</i> (Latuda)                     | T1        | QL (1 TAB/DAY)                   |
| <i>lurasidone hcl 80 mg tablet</i> (Latuda)                     | T1        |                                  |
| LYBALVI                                                         | T3        | ST QL (1 TAB/DAY)                |
| <i>olanzapine</i>                                               | T1        |                                  |

T1 – Typically Generics

T2 – Typically Preferred Brands

T3 – Typically Non-Preferred Brands

T4 – Specialty Medications

PA – Prior Authorization

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ST – Step Therapy

AGE – Age Requirement

SP – Specialty Medication

HD – May require home delivery pharmacy

PPACA – No Cost-Share Preventive Medication

CSL – Oral cancer medication subject to cost-share limits

## List of Prescription Medications

### PSYCHOTHERAPEUTIC DRUGS (Schizophrenia/Anti-Psychotics)<sup>9</sup> (cont.)

| Prescription Drug Name                                                 | Drug Tier | Coverage Requirements and Limits |
|------------------------------------------------------------------------|-----------|----------------------------------|
| <b>ANTI-PSYCHOTIC, ATYPICAL, DOPAMINE, SEROTONIN ANTAGNIST (cont.)</b> |           |                                  |
| <i>olanzapine</i> (Zyprexa Zydis)                                      | T1        |                                  |
| <i>olanzapine</i> (Zyprexa)                                            | T1        |                                  |
| <i>paliperidone er 1.5 mg tablet</i>                                   | T1        |                                  |
| <i>paliperidone er 3 mg tablet</i> (Invega)                            | T1        | QL(1 TAB/DAY)                    |
| <i>paliperidone er 6 mg tablet</i> (Invega)                            | T1        |                                  |
| <i>paliperidone er 9 mg tablet</i> (Invega)                            | T1        |                                  |
| QUETIAPINE 150 MG TABLET                                               | T3        | PA                               |
| <i>quetiapine fumarate</i> (Seroquel Xr)                               | T1        |                                  |
| <i>quetiapine fumarate 100 mg tab</i> (Seroquel)                       | T1        |                                  |
| <i>quetiapine fumarate 200 mg tab</i> (Seroquel)                       | T1        |                                  |
| <i>quetiapine fumarate 25 mg tab</i> (Seroquel)                        | T1        |                                  |
| <i>quetiapine fumarate 300 mg tab</i> (Seroquel)                       | T1        |                                  |
| <i>quetiapine fumarate 400 mg tab</i> (Seroquel)                       | T1        |                                  |
| <i>quetiapine fumarate 50 mg tab</i> (Seroquel)                        | T1        |                                  |
| RISPERDAL ( <i>risperidone</i> )                                       | T3        | PA                               |
| <i>risperidone</i>                                                     | T1        |                                  |
| <i>risperidone</i> (Risperdal)                                         | T1        |                                  |
| SAPHRIS ( <i>asenapine maleate</i> )                                   | T3        | ST                               |
| SECUADO                                                                | T3        | ST                               |
| SEROQUEL ( <i>quetiapine fumarate</i> )                                | T3        | ST                               |
| SEROQUEL XR ( <i>quetiapine fumarate er</i> )                          | T3        | ST                               |
| VERSACLOZ                                                              | T3        | PA                               |
| <i>ziprasidone hcl</i> (Geodon)                                        | T1        |                                  |
| ZYPREXA ( <i>olanzapine</i> )                                          | T3        | PA                               |
| ZYPREXA ZYDIS ( <i>olanzapine odt</i> )                                | T3        | PA                               |
| <b>ANTI-PSYCHOTIC-ATYPICAL, D3/D2 PARTIAL AG-5HT MIXED</b>             |           |                                  |
| VRAYLAR 1.5 MG CAPSULE                                                 | T3        | ST QL(1 CAP/DAY)                 |
| VRAYLAR 3 MG CAPSULE                                                   | T3        | ST QL(1 CAP/DAY)                 |
| VRAYLAR 4.5 MG CAPSULE                                                 | T3        | ST                               |
| VRAYLAR 6 MG CAPSULE                                                   | T3        | ST                               |
| <b>ANTIPSYCHOTICS, ATYP, D2 PARTIAL AGONIST/5HT MIXED</b>              |           |                                  |
| ABILIFY 10 MG TABLET ( <i>aripiprazole</i> )                           | T3        | ST                               |
| ABILIFY 15 MG TABLET ( <i>aripiprazole</i> )                           | T3        | ST                               |

T1 – Typically Generics

T2 – Typically Preferred Brands

T3 – Typically Non-Preferred Brands

T4 – Specialty Medications

PA – Prior Authorization

QL – Quantity Limit

ST – Step Therapy

AGE – Age Requirement

SP – Specialty Medication

HD – May require home delivery pharmacy

PPACA – No Cost-Share Preventive Medication

CSL – Oral cancer medication subject to cost-share limits

## List of Prescription Medications

### PSYCHOTHERAPEUTIC DRUGS (Schizophrenia/Anti-Psychotics)<sup>9</sup> (cont.)

| Prescription Drug Name                                            | Drug Tier | Coverage Requirements and Limits |
|-------------------------------------------------------------------|-----------|----------------------------------|
| <b>ANTIPSYCHOTICS, ATYP, D2 PARTIAL AGONIST/5HT MIXED (cont.)</b> |           |                                  |
| ABILIFY 2 MG TABLET ( <i>aripiprazole</i> )                       | T3        | ST                               |
| ABILIFY 20 MG TABLET ( <i>aripiprazole</i> )                      | T3        | ST                               |
| ABILIFY 30 MG TABLET ( <i>aripiprazole</i> )                      | T3        | ST                               |
| ABILIFY 5 MG TABLET ( <i>aripiprazole</i> )                       | T3        | ST QL(1 TAB/DAY)                 |
| ABILIFY MYCITE                                                    | T3        | PA                               |
| <i>aripiprazole</i>                                               | T1        |                                  |
| <i>aripiprazole 1 mg/ml solution</i>                              | T1        |                                  |
| <i>aripiprazole 10 mg tablet (Abilify)</i>                        | T1        |                                  |
| <i>aripiprazole 15 mg tablet (Abilify)</i>                        | T1        |                                  |
| <i>aripiprazole 2 mg tablet (Abilify)</i>                         | T1        |                                  |
| <i>aripiprazole 20 mg tablet (Abilify)</i>                        | T1        |                                  |
| <i>aripiprazole 30 mg tablet (Abilify)</i>                        | T1        |                                  |
| <i>aripiprazole 5 mg tablet (Abilify)</i>                         | T1        | QL(1 TAB/DAY)                    |
| OPIPZA 2 MG FILM                                                  | T3        | PA QL(1 FILM/DAY)                |
| OPIPZA 5 MG FILM                                                  | T3        | PA QL(3 FILMS/DAY)               |
| OPIPZA 10 MG FILM                                                 | T3        | PA QL(3 FILMS/DAY)               |
| REXULTI 0.25 MG TABLET                                            | T2        | ST QL(1 TAB/DAY)                 |
| REXULTI 0.5 MG TABLET                                             | T2        | ST QL(1 TAB/DAY)                 |
| REXULTI 1 MG TABLET                                               | T2        | ST QL(1 TAB/DAY)                 |
| REXULTI 2 MG TABLET                                               | T2        | ST QL(1 TAB/DAY)                 |
| REXULTI 3 MG TABLET                                               | T2        | ST                               |
| REXULTI 4 MG TABLET                                               | T2        | ST                               |
| <b>ANTI-PSYCHOTICS, DOPAMINE AND SEROTONIN ANTAGONISTS</b>        |           |                                  |
| <i>loxapine succinate</i>                                         | T1        |                                  |
| <b>ANTIPSYCHOTICS, MUSCARINIC AGONIST/ANTAGONIST COMB</b>         |           |                                  |
| COBENFY                                                           | T3        | PA QL(2 CAPS/DAY)                |
| COBENFY STARTER PACK                                              | T3        | PA QL(56 CAPS/180 DAYS)          |
| <b>ANTI-PSYCHOTICS, DOPAMINE ANTAGONISTS, THIOXANTHENES</b>       |           |                                  |
| <i>thiothixene</i>                                                | T1        |                                  |
| <b>ANTI-PSYCHOTICS, DOPAMINE ANTAGONISTS, BUTYROPHENONES</b>      |           |                                  |
| <i>haloperidol</i>                                                | T1        |                                  |
| <i>haloperidol lactate</i>                                        | T1        |                                  |
| <b>ANTI-PSYCHOTICS, DOPAMINE ANTAGONST, DIHYDROINDOLONES</b>      |           |                                  |
| <i>molindone hcl</i>                                              | T1        |                                  |

T1 – Typically Generics

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## List of Prescription Medications

| PSYCHOTHERAPEUTIC DRUGS (Schizophrenia/Anti-Psychotics) <sup>9</sup> (cont.) |           |                                  |
|------------------------------------------------------------------------------|-----------|----------------------------------|
| Prescription Drug Name                                                       | Drug Tier | Coverage Requirements and Limits |
| <b>ANTI-PSYCHOTICS, PHENOTHIAZINES</b>                                       |           |                                  |
| <i>chlorpromazine hcl</i>                                                    | T1        |                                  |
| <i>fluphenazine hcl</i>                                                      | T1        |                                  |
| <i>perphenazine</i>                                                          | T1        |                                  |
| <i>thioridazine hcl</i>                                                      | T1        |                                  |
| <i>trifluoperazine hcl</i>                                                   | T1        |                                  |
| <b>SSRI-ANTI-PSYCH, ATYPICAL, DOPAMINE, SEROTONIN ANTAG</b>                  |           |                                  |
| <i>olanzapine/fluoxetine hcl</i>                                             | T1        |                                  |
| <b>PSYCHOTHERAPEUTIC DRUGS (Seizure Disorders)</b>                           |           |                                  |
| <b>NEUROACTIVE STEROID GABA-A RECEPTOR MODULATOR</b>                         |           |                                  |
| ZTALMY                                                                       | T4        | PA QL(36 MLS/DAY) SP             |
| <b>PSYCHOTHERAPEUTIC DRUGS (Sleep Disorders/Sedatives)</b>                   |           |                                  |
| <b>NARCOLEPSY AND SLEEP DISORDER THERAPY AGENTS</b>                          |           |                                  |
| <i>armodafinil</i> (Nuvigil)                                                 | T1        | PA                               |
| <i>modafinil</i> (Provigil)                                                  | T1        | PA                               |
| NUVIGIL ( <i>armodafinil</i> )                                               | T3        | PA                               |
| PROVIGIL ( <i>modafinil</i> )                                                | T3        | PA                               |
| SUNOSI                                                                       | T2        | PA QL(1 TAB/DAY)                 |
| <b>SEDATIVE/HYPNOTICS (Sleep Disorders/Sedatives)</b>                        |           |                                  |
| <b>ANTI-NARCOLEPSY,ANTI-CATAPLEXY,SEDATIVE-TYPE AGENT</b>                    |           |                                  |
| LUMRYZ                                                                       | T4        | PA QL(1 PACK/DAY) SP HD          |
| LUMRYZ STARTER PACK                                                          | T4        | PA QL SP HD                      |
| SODIUM OXYBATE                                                               | T4        | PA QL(18 MLS/DAY) SP HD          |
| XYREM                                                                        | T4        | PA QL(18 MLS/DAY) SP HD          |
| XYWAV                                                                        | T4        | PA QL(18 MLS/DAY) SP HD          |
| <b>BARBITURATES</b>                                                          |           |                                  |
| <i>phenobarbital</i>                                                         | T1        |                                  |
| <b>HYPNOTICS, MELATONIN MT1/MT2 RECEPTOR AGONISTS</b>                        |           |                                  |
| HETLIOZ ( <i>tasimelteon</i> )                                               | T4        | PA SP HD                         |
| HETLIOZ LQ                                                                   | T4        | PA SP HD                         |
| <i>ramelteon</i> (Rozerem)                                                   | T1        | QL(1 TAB/DAY)                    |
| ROZEREM ( <i>ramelteon</i> )                                                 | T3        | PA QL(1 TAB/DAY)                 |
| <i>tasimelteon</i> (Hetlioz)                                                 | T4        | PA SP                            |

T1 – Typically Generics  
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T3 – Typically Non-Preferred Brands

T4 – Specialty Medications  
PA – Prior Authorization  
QL – Quantity Limit

ST – Step Therapy  
AGE – Age Requirement  
SP – Specialty Medication

HD – May require home delivery pharmacy  
PPACA – No Cost-Share Preventive Medication  
CSL – Oral cancer medication subject to cost-share limits

## List of Prescription Medications

### SEDATIVE/HYPNOTICS (Sleep Disorders/Sedatives) (cont.)

| Prescription Drug Name                                   | Drug Tier | Coverage Requirements and Limits |
|----------------------------------------------------------|-----------|----------------------------------|
| <b>SEDATIVE-HYPNOTICS, NON-BARBITURATE</b>               |           |                                  |
| DORAL                                                    | T3        |                                  |
| <i>estazolam</i>                                         | T1        |                                  |
| <i>flurazepam hcl</i>                                    | T1        |                                  |
| HALCION ( <i>triazolam</i> )                             | T3        |                                  |
| <i>midazolam hcl</i>                                     | T1        |                                  |
| QUAZEPAM                                                 | T1        |                                  |
| RESTORIL ( <i>temazepam</i> )                            | T3        | PA                               |
| <i>temazepam</i> (Restoril)                              | T1        |                                  |
| <i>triazolam</i>                                         | T1        |                                  |
| <i>triazolam</i> (Halcion)                               | T1        |                                  |
| <b>SEDATIVE-HYPNOTICS, NON-BARBITURATE</b>               |           |                                  |
| AMBIEN ( <i>zolpidem tartrate</i> )                      | T3        | PA                               |
| AMBIEN CR 12.5 MG TABLET ( <i>zolpidem tartrate</i> )    | T3        | PA                               |
| AMBIEN CR 6.25 MG TABLET ( <i>zolpidem tartrate er</i> ) | T3        | PA QL(1 TAB/DAY)                 |
| BELSOMRA                                                 | T3        | PA                               |
| DAYVIGO                                                  | T2        | ST QL(1 TAB/DAY)                 |
| <i>doxepin hcl 3 mg tablet</i> (Silenor)                 | T1        | QL(1 TAB/DAY)                    |
| <i>doxepin hcl 6 mg tablet</i> (Silenor)                 | T1        |                                  |
| EDLUAR 10 MG SL TABLET                                   | T3        | PA                               |
| EDLUAR 5 MG SL TABLET                                    | T3        | PA QL(1 TAB/DAY)                 |
| <i>eszopiclone</i> (Lunesta)                             | T1        |                                  |
| LUNESTA ( <i>eszopiclone</i> )                           | T3        | PA                               |
| QUVIVQ                                                   | T3        | PA QL(1 TAB/DAY)                 |
| SILENOR 3 MG TABLET ( <i>doxepin hcl</i> )               | T3        | PA QL(1 TAB/DAY)                 |
| SILENOR 6 MG TABLET ( <i>doxepin hcl</i> )               | T3        | PA                               |
| <i>zaleplon</i>                                          | T1        |                                  |
| <i>zolpidem tart 1.75 mg tab sl</i>                      | T1        |                                  |
| <i>zolpidem tart 3.5 mg tablet sl</i>                    | T1        |                                  |
| <i>zolpidem tart er 12.5 mg tab</i> (Ambien Cr)          | T1        |                                  |
| <i>zolpidem tart er 6.25 mg tab</i> (Ambien Cr)          | T1        | QL(1 TAB/DAY)                    |
| <i>zolpidem tartrate 10 mg tablet</i> (Ambien)           | T1        |                                  |
| <i>zolpidem tartrate 5 mg tablet</i> (Ambien)            | T1        |                                  |
| ZOLPIDEM TARTRATE 7.5 MG CAP                             | T3        | PA                               |
| ZOLPIMIST                                                | T3        | PA                               |

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## List of Prescription Medications

| SKIN PREPS (Miscellaneous)                           |           |                                  |
|------------------------------------------------------|-----------|----------------------------------|
| Prescription Drug Name                               | Drug Tier | Coverage Requirements and Limits |
| <b>ANTISEPTICS, GENERAL</b>                          |           |                                  |
| <i>alcohol antiseptic pads</i>                       | T1        |                                  |
| ALCOHOL PREP PADS                                    | T1        |                                  |
| ALCOHOL SWAB                                         | T1        |                                  |
| ALCOHOL SWABS                                        | T1        |                                  |
| ALCOHOL WIPES                                        | T1        |                                  |
| CARETOUCH ALCOHOL PREP PAD                           | T1        |                                  |
| CURITY ALCOHOL PREPS                                 | T1        |                                  |
| DROPSAFE PREP PADS                                   | T1        |                                  |
| EASY COMFORT ALCOHOL PAD                             | T1        |                                  |
| EASY TOUCH ALCOHOL PREP PADS                         | T1        |                                  |
| INCONTROL ALCOHOL PADS                               | T1        |                                  |
| PRO COMFORT ALCOHOL PADS                             | T1        |                                  |
| PURE COMFORT ALCOHOL PAD                             | T1        |                                  |
| SINGLE USE SWAB                                      | T1        |                                  |
| SURE COMFORT ALCOHOL                                 | T1        |                                  |
| SURE-PREP ALCOHOL PREP PADS                          | T1        |                                  |
| TRUE COMFORT ALCOHOL PADS                            | T1        |                                  |
| TRUE COMFORT PRO ALCOHOL PADS                        | T1        |                                  |
| ULTILET ALCOHOL SWAB                                 | T1        |                                  |
| WEBCOL                                               | T1        |                                  |
| <b>IRRIGANTS</b>                                     |           |                                  |
| <i>acetic acid</i>                                   | T1        |                                  |
| <i>neomycin sulf/polymyxin b sulf</i>                | T1        |                                  |
| PHYSIOLYTE ( <i>physiological irrig soln no. 1</i> ) | T3        |                                  |
| PHYSIOSOL ( <i>physiological irrig soln no. 1</i> )  | T3        |                                  |
| <i>ringer's solution</i>                             | T1        |                                  |
| <i>ringer's solution, lactated</i>                   | T1        |                                  |
| <i>sod, pot chlor/mag/sod, pot phos</i>              | T3        |                                  |
| <i>sodium chloride 0.9% irrig</i>                    | T1        |                                  |
| <i>sodium chloride 0.9% irrig.</i>                   | T1        |                                  |
| SODIUM CHLORIDE 0.9% IRRIG.                          | T3        |                                  |
| <i>sodium chloride 0.9% prcss sol</i>                | T1        |                                  |
| <i>sodium chloride irrig solution</i>                | T1        |                                  |

T1 – Typically Generics

T2 – Typically Preferred Brands

T3 – Typically Non-Preferred Brands

T4 – Specialty Medications

PA – Prior Authorization

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## List of Prescription Medications

| SKIN PREPS (Miscellaneous) (cont.)                |           |                                      |
|---------------------------------------------------|-----------|--------------------------------------|
| Prescription Drug Name                            | Drug Tier | Coverage Requirements and Limits     |
| <b>IRRIGANTS (cont.)</b>                          |           |                                      |
| SORBITOL                                          | T1        |                                      |
| SORBITOL-MANNITOL                                 | T1        |                                      |
| water for irrigation, sterile                     | T1        |                                      |
| <b>OXIDIZING AGENTS</b>                           |           |                                      |
| hydrogen peroxide                                 | T1        |                                      |
| SKIN PREPS (Pain Relief And Inflammatory Disease) |           |                                      |
| <b>ANTI-PSORIATIC AGENTS, SYSTEMIC</b>            |           |                                      |
| acitretin                                         | T1        |                                      |
| BIMZELX                                           | T4        | PA QL(2 MLS/28 DAYS) SP HD           |
| BIMZELX AUTOINJECTOR                              | T4        | PA QL(2 MLS/28 DAYS) SP HD           |
| COSENTYX (2 SYRINGES)                             | T4        | PA QL(2 MLS/28 DAYS) SP HD           |
| COSENTYX 150 MG/ML SYRINGE                        | T4        | PA QL(1 ML/28 DAYS) SP HD            |
| COSENTYX 75 MG/0.5 ML SYRINGE                     | T4        | PA QL(0.5 MLS/28 DAYS) SP HD         |
| COSENTYX SENSOREADY (2 PENS)                      | T4        | PA QL(2 MLS/28 DAYS) SP HD           |
| COSENTYX SENSOREADY PEN                           | T4        | PA QL(1 ML/28 DAYS) SP HD            |
| COSENTYX UNOREADY PEN                             | T4        | PA QL(2 MLS/28 DAYS) SP HD           |
| ILUMYA                                            | T4        | PA QL(1 UNIT/84 DAYS) SP HD          |
| methoxsalen (Oxsoralen-ultra)                     | T1        |                                      |
| SILIQ                                             | T4        | PA QL(3 MLS/28 DAYS) SP HD           |
| SKYRIZI                                           | T4        | PA QL(150 MG/84 DAYS) SP HD          |
| SKYRIZI PEN                                       | T4        | PA QL(150 MG/84 DAYS) SP HD          |
| SOTYKTU                                           | T4        | PA QL(1 TAB/DAY) SP HD               |
| SPEVIGO                                           | T4        | PA QL(2 MLS/28 DAYS) SP HD           |
| TALTZ AUTOINJECTOR                                | T4        | PA QL(1 AUTO-INJECTOR/28 DAYS) SP HD |
| TALTZ AUTOINJECTOR (2 PACK)                       | T4        | PA QL(1 AUTO-INJECTOR/28 DAYS) SP HD |
| TALTZ AUTOINJECTOR (3 PACK)                       | T4        | PA QL(1 AUTO-INJECTOR/28 DAYS) SP HD |
| TALTZ SYRINGE                                     | T4        | PA QL(1 SYRINGE/28 DAYS) SP HD       |
| <b>TOPICAL ANTI-INFLAMMATORY, NSAIDS</b>          |           |                                      |
| diclofenac 1.5% topical soln                      | T1        | PA HD                                |
| diclofenac 2% solution pump                       | T1        | PA HD                                |
| DICLOFENAC EPOLAMINE                              | T3        | PA QL(2 PATCHES/DAY) HD              |
| diclofenac sodium 1% gel                          | T1        | QL(1000 GMS/30 DAYS) HD              |
| FLECTOR                                           | T2        | PA QL(2 PATCHES/DAY) HD              |
| LICART                                            | T2        | PA QL(1 PATCH/DAY) HD                |

T1 – Typically Generics

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## List of Prescription Medications

| SKIN PREPS (Skin Conditions)                       |           |                                  |
|----------------------------------------------------|-----------|----------------------------------|
| Prescription Drug Name                             | Drug Tier | Coverage Requirements and Limits |
| <b>ACNE AGENTS, SYSTEMIC</b>                       |           |                                  |
| ABSORICA ( <i>isotretinoin</i> )                   | T3        |                                  |
| ABSORICA LD                                        | T3        | ST                               |
| <i>isotretinoin</i> (Absorica)                     | T1        |                                  |
| <b>ACNE AGENTS, TOPICAL</b>                        |           |                                  |
| ACANYA ( <i>clindamycin phos-benzoyl perox</i> )   | T3        |                                  |
| ACZONE ( <i>dapsone</i> )                          | T3        |                                  |
| <i>adapalene/benzoyl peroxide</i>                  | T1        |                                  |
| <i>adapalene/benzoyl peroxide</i> (Epiduo Forte)   | T1        |                                  |
| AZELEX                                             | T2        |                                  |
| CABTREO                                            | T3        | PA                               |
| <i>clindamycin-bnz perox 1.2-3.75%</i> (Onexton)   | T1        | PA                               |
| <i>clindamycin phos/benzoyl perox</i>              | T1        |                                  |
| <i>clindamycin phos/benzoyl perox</i> (Acanya)     | T1        |                                  |
| <i>clindamycin/tretinoin</i> (Veltrin)             | T1        |                                  |
| <i>clindamycin/tretinoin</i> (Ziana)               | T1        |                                  |
| <i>clindamycin-benzoyl perox 1-5%</i>              | T1        |                                  |
| <i>clindamycin-bnz perox 1-5% pmp</i>              | T1        |                                  |
| <b>ACNE AGENTS, TOPICAL</b>                        |           |                                  |
| <i>dapsone 5% gel</i> (Aczone)                     | T1        |                                  |
| DAPSONE 7.5% GEL PUMP                              | T3        | PA                               |
| <i>dapsone 7.5% gel pump</i> (Aczone)              | T1        |                                  |
| EPIDUO FORTE                                       | T3        | PA                               |
| EPIDUO FORTE ( <i>adapalene/benzoyl peroxide</i> ) | T3        | PA                               |
| KLARON ( <i>sulfacetamide sodium</i> )             | T3        |                                  |
| NEUAC 1.2-5% KIT                                   | T3        |                                  |
| <i>neuac gel</i>                                   | T1        |                                  |
| ONEXTON ( <i>clindamycin phos/benzoyl perox</i> )  | T3        |                                  |
| <i>sulfacetamide sodium</i> (Klaron)               | T1        |                                  |
| TWYNEO                                             | T3        |                                  |
| VELTRIN                                            | T3        | PA                               |
| ZIANA ( <i>clindamycin phos-tretinoin</i> )        | T3        | PA                               |
| <b>ANTI-PERSPIRANTS</b>                            |           |                                  |
| DRYSOL                                             | T2        |                                  |

T1 – Typically Generics

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## List of Prescription Medications

| SKIN PREPS (Skin Conditions) (cont.)          |           |                                  |
|-----------------------------------------------|-----------|----------------------------------|
| Prescription Drug Name                        | Drug Tier | Coverage Requirements and Limits |
| <b>ANTI-PRURITICS, TOPICAL</b>                |           |                                  |
| <i>doxepin 5% cream</i> (Zonalon)             | T1        | PA QL(90 GMS/30 DAYS)            |
| <i>doxepin hcl</i> (Zonalon)                  | T3        | PA QL(90 GMS/30 DAYS)            |
| ZONALON                                       | T3        | PA QL(90 GMS/30 DAYS)            |
| ZONALON ( <i>prudoxin</i> )                   | T3        | PA QL(90 GMS/30 DAYS)            |
| <b>ANTI-PSORIATICS AGENTS</b>                 |           |                                  |
| <i>anthralin</i>                              | T1        |                                  |
| <i>calcipotriene 0.005% cream</i>             | T1        |                                  |
| CALCIPOTRIENE 0.005% FOAM                     | T3        | PA                               |
| <i>calcipotriene 0.005% ointment</i>          | T1        |                                  |
| <i>calcipotriene 0.005% solution</i>          | T1        |                                  |
| <i>calcitriol 3 mcg/g ointment</i> (Vectical) | T1        | QL(800 GMS/30 DAYS)              |
| DUOBRII                                       | T3        |                                  |
| SORILUX                                       | T3        | PA                               |
| <i>tazarotene 0.05% cream</i> (Tazorac)       | T1        |                                  |
| <i>tazarotene 0.05% gel</i> (Tazorac)         | T1        |                                  |
| <i>tazarotene 0.1% cream</i> (Tazorac)        | T1        |                                  |
| <i>tazarotene 0.1% gel</i> (Tazorac)          | T1        |                                  |
| TAZORAC 0.05% CREAM ( <i>tazarotene</i> )     | T2        |                                  |
| TAZORAC 0.05% GEL ( <i>tazarotene</i> )       | T2        |                                  |
| TAZORAC 0.1% CREAM ( <i>tazarotene</i> )      | T3        |                                  |
| TAZORAC 0.1% GEL ( <i>tazarotene</i> )        | T2        |                                  |
| VECTICAL ( <i>calcitriol</i> )                | T3        | QL(800 GMS/30 DAYS)              |
| VTAMA                                         | T3        | PA QL(60 GMS/30 DAYS)            |
| ZORYVE 0.3% FOAM                              | T3        | PA QL(1 GM/30 DAYS)              |
| <b>ANTI-SEBORRHEIC AGENTS</b>                 |           |                                  |
| OVACE PLUS                                    | T3        |                                  |
| <i>selenium sulfide</i>                       | T1        |                                  |
| <i>sulfacetamide sodium</i>                   | T1        |                                  |
| <b>ANTISEPTICS, GENERAL</b>                   |           |                                  |
| <i>alcohol antiseptic pads</i>                | T1        |                                  |
| ALCOHOL PREP PADS                             | T1        |                                  |
| ALCOHOL SWAB                                  | T1        |                                  |
| ALCOHOL SWABS                                 | T1        |                                  |

T1 – Typically Generics

T2 – Typically Preferred Brands

T3 – Typically Non-Preferred Brands

T4 – Specialty Medications

PA – Prior Authorization

QL – Quantity Limit

ST – Step Therapy

AGE – Age Requirement

SP – Specialty Medication

HD – May require home delivery pharmacy

PPACA – No Cost-Share Preventive Medication

CSL – Oral cancer medication subject to cost-share limits

## List of Prescription Medications

| SKIN PREPS (Skin Conditions) (cont.) |           |                                  |
|--------------------------------------|-----------|----------------------------------|
| Prescription Drug Name               | Drug Tier | Coverage Requirements and Limits |
| ANTISEPTICS,GENERAL (cont.)          |           |                                  |
| ALCOHOL WIPES                        | T1        |                                  |
| CARETOUCH ALCOHOL PREP PAD           | T1        |                                  |
| CURITY ALCOHOL PREPS                 | T1        |                                  |
| DROPSAFE PREP PADS                   | T1        |                                  |
| EASY COMFORT ALCOHOL PAD             | T1        |                                  |
| EASY TOUCH ALCOHOL PREP PADS         | T1        |                                  |
| INCONTROL ALCOHOL PADS               | T1        |                                  |
| PRO COMFORT ALCOHOL PADS             | T1        |                                  |
| PURE COMFORT ALCOHOL PAD             | T1        |                                  |
| SINGLE USE SWAB                      | T1        |                                  |
| SURE COMFORT ALCOHOL                 | T1        |                                  |
| SURE-PREP ALCOHOL PREP PADS          | T1        |                                  |
| TRUE COMFORT ALCOHOL PADS            | T1        |                                  |
| TRUE COMFORT PRO ALCOHOL PADS        | T1        |                                  |
| ULTILET ALCOHOL SWAB                 | T1        |                                  |
| WEBCOL                               | T1        |                                  |
| ANTISEPTICS, MISCELLANEOUS           |           |                                  |
| GUAIACOL                             | T1        |                                  |
| EMOLLIENTS                           |           |                                  |
| XCLAIR                               | T3        |                                  |
| IMMUNOMODULATORS                     |           |                                  |
| imiquimod 3.75% cream (Zyclara)      | T1        | PA QL(112 PACKS/30 DAYS)         |
| imiquimod 3.75% cream pump (Zyclara) | T1        | PA                               |
| imiquimod 5% cream packet (Aldara)   | T1        |                                  |
| ZYCLARA 2.5% CREAM PUMP              | T3        | PA QL(30 GMS/30 DAYS)            |
| ZYCLARA 3.75% CREAM (imiquimod)      | T3        | PA QL(112 PACKS/30 DAYS)         |
| ZYCLARA 3.75% CREAM PUMP (imiquimod) | T3        | PA                               |
| IRRITANTS/COUNTER-IRRITANTS          |           |                                  |
| methyl salicylate                    | T1        |                                  |
| JANUS KINASE (JAK) INHIBITORS        |           |                                  |
| CIBINQO                              | T4        | PA QL(30 TABS/30 DAYS) SP        |

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## List of Prescription Medications

| SKIN PREPS (Skin Conditions) (cont.)                             |           |                                  |
|------------------------------------------------------------------|-----------|----------------------------------|
| Prescription Drug Name                                           | Drug Tier | Coverage Requirements and Limits |
| <b>KERATOLYTICS</b>                                              |           |                                  |
| <i>benzepro 6% foaming cloths</i>                                | T1        |                                  |
| BENZEPRO 7% CREAMY WASH ( <i>benzoyl peroxide microspheres</i> ) | T3        |                                  |
| <i>benzoyl peroxide</i>                                          | T1        |                                  |
| <i>benzoyl peroxide (Pacnex)</i>                                 | T1        |                                  |
| CONDYLOX ( <i>podofilox</i> )                                    | T3        | PA                               |
| ENZOCLEAR                                                        | T3        |                                  |
| INOVA                                                            | T3        |                                  |
| PACNEX ( <i>benzoyl peroxide</i> )                               | T3        |                                  |
| <i>podofilox</i>                                                 | T1        |                                  |
| <i>podofilox (Condylox)</i>                                      | T1        |                                  |
| PR BENZOYL PEROXIDE ( <i>benzoyl peroxide microspheres</i> )     | T3        |                                  |
| <i>silver nitrate</i>                                            | T1        |                                  |
| <b>PROTECTIVES</b>                                               |           |                                  |
| PHARMABASE BARRIER ( <i>zinc oxide</i> )                         | T3        |                                  |
| <i>zinc oxide</i>                                                | T1        |                                  |
| ZINC OXIDE                                                       | T1        |                                  |
| <b>ROSACEA AGENTS, TOPICAL</b>                                   |           |                                  |
| <i>azelaic acid (Finacea)</i>                                    | T1        |                                  |
| FINACEA                                                          | T3        | PA                               |
| FINACEA ( <i>azelaic acid</i> )                                  | T3        | PA                               |
| <i>ivermectin 1% cream (Soolantra)</i>                           | T1        |                                  |
| METROCREAM ( <i>metronidazole</i> )                              | T3        | PA                               |
| METROGEL ( <i>metronidazole</i> )                                | T3        | PA                               |
| <i>metronidazole</i>                                             | T1        |                                  |
| <i>metronidazole (Metrocream)</i>                                | T1        |                                  |
| <i>metronidazole 0.75% cream (Metrocream)</i>                    | T1        |                                  |
| <i>metronidazole 0.75% lotion</i>                                | T1        |                                  |
| <i>metronidazole top 1% gel pump</i>                             | T1        |                                  |
| <i>metronidazole topical 0.75% gel</i>                           | T1        |                                  |
| <i>metronidazole topical 1% gel (Metrogel)</i>                   | T1        |                                  |
| NORITATE                                                         | T3        | PA                               |
| SOOLANTRA ( <i>ivermectin</i> )                                  | T3        |                                  |

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## List of Prescription Medications

| SKIN PREPS (Skin Conditions) (cont.)                       |           |                                  |
|------------------------------------------------------------|-----------|----------------------------------|
| Prescription Drug Name                                     | Drug Tier | Coverage Requirements and Limits |
| <b>TISSUE/WOUND ADHESIVES</b>                              |           |                                  |
| ARTISS                                                     | T3        |                                  |
| TISSEEL VHSD                                               | T3        |                                  |
| <b>TOP. ANTI-INFLAM., PHOSPHODIESTERASE-4 (PDE4) INHIB</b> |           |                                  |
| EUCRISA                                                    | T2        | ST                               |
| ZORYVE 0.15% CREAM                                         | T2        | ST QL(60 GMS/30 DAYS)            |
| ZORYVE 0.3% FOAM                                           | T3        | PA QL(1 GM/30 DAYS)              |
| <b>TOPICAL ACNE AGENT,RETINOIC ACID RECEPTOR AGONIST</b>   |           |                                  |
| AKLIEF                                                     | T3        |                                  |
| ARAZLO                                                     | T2        |                                  |
| FABIOR                                                     | T3        |                                  |
| TAZAROTENE 0.1% FOAM                                       | T3        |                                  |
| <b>TOPICAL AGENTS, MISCELLANEOUS</b>                       |           |                                  |
| MEDIHONEY                                                  | T3        |                                  |
| <i>trichloroacetic acid</i>                                | T3        |                                  |
| TRICHLOROACETIC ACID                                       | T3        |                                  |
| TRICHLOROACETIC ACID (trichloroacetic acid)                | T3        |                                  |
| <b>TOPICAL ANTIANDROGENIC AGENTS</b>                       |           |                                  |
| WINLEVI                                                    | T3        | PA                               |
| <b>TOPICAL ANTIBIOTIC PLEUROMUTILIN DERIVATIVES</b>        |           |                                  |
| ALTABAX                                                    | T3        |                                  |
| <b>TOPICAL ANTICHOLINERGIC HYPERHIDROSIS TX AGENTS</b>     |           |                                  |
| QBREXZA                                                    | T3        |                                  |
| SOFDRA                                                     | T3        | PA                               |
| <b>TOPICAL ANTI-INFLAMMATORY STEROIDAL</b>                 |           |                                  |
| ALA-SCALP ( <i>scalacort</i> )                             | T3        | ST                               |
| <i>alclometasone dipropionate</i>                          | T1        |                                  |
| <i>amcinonide 0.1% cream</i>                               | T1        |                                  |
| <i>amcinonide 0.1% ointment</i>                            | T1        | PA                               |
| ANUSOL-HC 2.5% CREAM ( <i>proctozone-hc</i> )              | T3        | PA                               |
| AQUA GLYCOLIC HC                                           | T3        |                                  |
| <i>betamethasone dipropionate</i>                          | T1        |                                  |
| <i>betamethasone valerate</i>                              | T1        |                                  |
| <i>betamethasone/propylene glyc</i>                        | T1        |                                  |
| <i>betamethasone/propylene glyc</i> (Diprolene)            | T1        |                                  |

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## List of Prescription Medications

| SKIN PREPS (Skin Conditions) (cont.)                 |           |                                  |
|------------------------------------------------------|-----------|----------------------------------|
| Prescription Drug Name                               | Drug Tier | Coverage Requirements and Limits |
| <b>TOPICAL ANTI-INFLAMMATORY STEROIDAL (cont.)</b>   |           |                                  |
| BRYHALI                                              | T3        | ST                               |
| CAPEX SHAMPOO                                        | T3        | ST                               |
| CLOBETASOL 0.025% CREAM                              | T3        | PA                               |
| <i>clobetasol 0.05% cream</i>                        | T1        |                                  |
| <i>clobetasol 0.05% gel</i>                          | T1        |                                  |
| <i>clobetasol 0.05% ointment (Temovate)</i>          | T1        |                                  |
| <i>clobetasol 0.05% shampoo (Clobex)</i>             | T1        |                                  |
| <i>clobetasol 0.05% solution</i>                     | T1        |                                  |
| <i>clobetasol 0.05% topical lotn</i>                 | T1        |                                  |
| <i>clobetasol prop 0.05% foam (Olux)</i>             | T1        |                                  |
| <i>clobetasol prop 0.05% spray (Clobex)</i>          | T1        |                                  |
| <i>clobetasol propionate/emoll</i>                   | T1        |                                  |
| CLOBEX ( <i>clobetasol propionate</i> )              | T3        | PA                               |
| <i>clocortolone pivalate (Cloderm)</i>               | T1        |                                  |
| CLODAN 0.05% KIT                                     | T3        | ST                               |
| <i>clodan 0.05% shampoo (Clobex)</i>                 | T1        |                                  |
| CLODERM                                              | T3        | ST                               |
| CLODERM ( <i>clocortolone pivalate</i> )             | T3        | ST                               |
| CORDRAN                                              | T3        | PA                               |
| CORDRAN ( <i>flurandrenolide</i> )                   | T3        | PA                               |
| DERMA-SMOOTHIE-FS ( <i>fluocinolone acetonide</i> )  | T3        | ST                               |
| DERMA-SMOOTHIE-FS ( <i>fluocinolone/shower cap</i> ) | T3        | ST                               |
| <i>desonide</i>                                      | T1        |                                  |
| <i>desonide (Tridesilon)</i>                         | T1        |                                  |
| <i>desoximetasone (Topicort)</i>                     | T1        |                                  |
| <i>diflorasone diacet/emollient</i>                  | T1        | PA                               |
| <i>diflorasone diacetate</i>                         | T1        | PA                               |
| DIPROLENE ( <i>betamethasone/propylene glyc</i> )    | T3        | ST                               |
| <i>fluocinolone acetonide</i>                        | T1        |                                  |
| <i>fluocinolone acetonide (Derma-Smoothe-Fs)</i>     | T1        |                                  |
| <i>fluocinolone acetonide (Synalar)</i>              | T1        |                                  |
| <i>fluocinolone/shower cap (Derma-Smoothe-Fs)</i>    | T1        |                                  |
| <i>fluocinonide</i>                                  | T1        |                                  |

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## List of Prescription Medications

| SKIN PREPS (Skin Conditions) (cont.)                      |           |                                  |
|-----------------------------------------------------------|-----------|----------------------------------|
| Prescription Drug Name                                    | Drug Tier | Coverage Requirements and Limits |
| <b>TOPICAL ANTI-INFLAMMATORY STEROIDAL (cont.)</b>        |           |                                  |
| <i>fluocinonide</i> (Vanos)                               | T1        |                                  |
| <i>fluocinonide/emollient base</i>                        | T1        |                                  |
| <i>flurandrenolide</i> (Cordran)                          | T1        | PA                               |
| <i>fluticasone prop 0.005% oint</i>                       | T1        |                                  |
| <i>fluticasone prop 0.05% cream</i>                       | T1        |                                  |
| <i>fluticasone prop 0.05% lotion</i>                      | T1        |                                  |
| <i>fluticasone propionate</i>                             | T1        |                                  |
| <i>halcinonide 0.1% cream</i> (Halog)                     | T1        | PA                               |
| <i>halcinonide 0.1% solution</i>                          | T1        |                                  |
| <i>halobetasol propionate</i>                             | T1        |                                  |
| HALOG 0.1% CREAM ( <i>halcinonide</i> )                   | T3        | PA                               |
| HALOG 0.1% OINTMENT                                       | T3        | PA                               |
| HALOG 0.1% SOLUTION                                       | T3        | ST                               |
| <i>hydrocort buty 0.1% lipo cream</i> (Locoid Lipocream)  | T1        | PA                               |
| <i>hydrocortisone</i>                                     | T1        |                                  |
| <i>hydrocortisone</i> (Ala-Scalp)                         | T1        |                                  |
| <i>hydrocortisone</i> (Anusol-Hc)                         | T1        |                                  |
| <i>hydrocortisone acetate</i>                             | T1        |                                  |
| <i>hydrocortisone buty 0.1% cream</i>                     | T1        |                                  |
| <i>hydrocortisone butyr 0.1% lotn</i>                     | T1        | PA                               |
| <i>hydrocortisone butyr 0.1% oint</i>                     | T1        |                                  |
| <i>hydrocortisone butyr 0.1% soln</i>                     | T1        |                                  |
| <i>hydrocortisone valerate</i>                            | T1        |                                  |
| IMPEKLO                                                   | T3        | PA                               |
| IMPOYZ                                                    | T3        | PA                               |
| KENALOG ( <i>triamcinolone acetonide</i> )                | T3        | PA                               |
| LOCOID LIPOCREAM ( <i>hydrocortisone butyrate/emoll</i> ) | T3        | PA                               |
| MICORT-HC                                                 | T3        | PA                               |
| <i>mometasone furoate 0.1% cream</i>                      | T1        |                                  |
| <i>mometasone furoate 0.1% oint</i>                       | T1        |                                  |
| <i>mometasone furoate 0.1% soln</i>                       | T1        |                                  |
| NUCORT                                                    | T3        | ST                               |
| OLUX ( <i>clobetasol propionate</i> )                     | T3        | PA                               |

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## List of Prescription Medications

| SKIN PREPS (Skin Conditions) (cont.)                      |           |                                  |
|-----------------------------------------------------------|-----------|----------------------------------|
| Prescription Drug Name                                    | Drug Tier | Coverage Requirements and Limits |
| <b>TOPICAL ANTI-INFLAMMATORY STEROIDAL (cont.)</b>        |           |                                  |
| PANDEL                                                    | T3        | PA                               |
| <i>prednicarbate</i>                                      | T1        |                                  |
| SCALACORT DK                                              | T3        | ST                               |
| SERNIVO                                                   | T3        | PA                               |
| SYNALAR                                                   | T3        | ST                               |
| SYNALAR ( <i>fluocinolone acetonide</i> )                 | T3        | ST                               |
| SYNALARTS                                                 | T3        | ST                               |
| TEMOVATE ( <i>clobetasol propionate</i> )                 | T3        | ST                               |
| TEXACORT                                                  | T3        | ST                               |
| TOPICORT ( <i>desoximetasone</i> )                        | T3        | ST                               |
| <i>triamcinolone 0.025% cream</i>                         | T1        |                                  |
| <i>triamcinolone 0.025% lotion</i>                        | T1        |                                  |
| <i>triamcinolone 0.025% oint</i>                          | T1        |                                  |
| <i>triamcinolone 0.05% ointment</i>                       | T1        | PA                               |
| <i>triamcinolone 0.1% cream</i>                           | T1        |                                  |
| <i>triamcinolone 0.1% lotion</i>                          | T1        |                                  |
| <i>triamcinolone 0.1% ointment</i>                        | T1        |                                  |
| <i>triamcinolone 0.147 mg/g spray (Kenalog)</i>           | T1        | PA                               |
| <i>triamcinolone 0.5% cream</i>                           | T1        |                                  |
| <i>triamcinolone 0.5% ointment</i>                        | T1        |                                  |
| <i>triamcinolone acetoneide</i>                           | T1        |                                  |
| <i>triamcinolone acetoneide</i>                           | T1        | PA                               |
| TRIDESILON ( <i>desonide</i> )                            | T3        | PA                               |
| ULTRAVATE                                                 | T3        | PA                               |
| VANOS ( <i>fluocinonide</i> )                             | T3        | PA                               |
| VERDESO                                                   | T3        | PA                               |
| <b>TOPICAL ANTI-INFLAMMATORY STEROID-LOCAL ANESTHETIC</b> |           |                                  |
| ANALPRAM HC 2.5%-1% LOTION                                | T3        | PA                               |
| EPIFOAM                                                   | T3        |                                  |
| <i>hydrocortisone/pramoxine</i>                           | T1        |                                  |
| <i>lidocaine/hydrocortisone ac</i>                        | T1        |                                  |
| PRAMOSONE 1% LOTION                                       | T2        |                                  |
| PRAMOSONE 1%-1% CREAM                                     | T2        |                                  |

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## List of Prescription Medications

| SKIN PREPS (Skin Conditions) (cont.)                              |           |                                  |
|-------------------------------------------------------------------|-----------|----------------------------------|
| Prescription Drug Name                                            | Drug Tier | Coverage Requirements and Limits |
| <b>TOPICAL ANTI-INFLAMMATORY STEROID-LOCAL ANESTHETIC (cont.)</b> |           |                                  |
| PRAMOSONE 1%-1% OINTMENT                                          | T2        |                                  |
| PRAMOSONE 2.5%-1% CREAM                                           | T3        |                                  |
| PRAMOSONE 2.5%-1% LOTION                                          | T3        |                                  |
| PRAMOSONE 2.5%-1% OINTMENT                                        | T2        |                                  |
| <b>TOPICAL JANUS KINASE (JAK) INHIBITORS</b>                      |           |                                  |
| OPZELURA                                                          | T3        | PA                               |
| <b>TOPICAL NITRIC OXIDE RELEASING AGENTS</b>                      |           |                                  |
| ZELSUVMI                                                          | T3        | PA                               |
| <b>TOPICAL PREPARATIONS, ANTIBACTERIALS</b>                       |           |                                  |
| <i>iodine/potassium iodide</i>                                    | T1        |                                  |
| <i>iodine/sodium iodide</i>                                       | T1        |                                  |
| IODOFLEX                                                          | T3        |                                  |
| IODOSORB                                                          | T3        |                                  |
| <i>silver nitrate</i>                                             | T1        |                                  |
| <b>TOPICAL VIT D ANALOG/ANTI-INFLAMMATORY STEROID</b>             |           |                                  |
| <i>calcipotriene/betamethasone</i> (Taclonex)                     | T1        |                                  |
| ENSTILAR                                                          | T3        | PA                               |
| TACLONEX ( <i>calcipotriene/betamethasone</i> )                   | T3        | PA                               |
| WYNZORA                                                           | T3        | PA                               |
| <b>TOPICAL/MUCOUS MEMBR./SUBCUT. ENZYMES</b>                      |           |                                  |
| SANTYL                                                            | T2        | QL(60 GMS/30 DAYS)               |
| <b>VITAMIN A DERIVATIVES</b>                                      |           |                                  |
| <i>adapalene</i> (Differin)                                       | T1        | PA                               |
| ADAPALENE                                                         | T1        | PA                               |
| <i>adapalene</i> (Plixda)                                         | T1        | PA                               |
| ALTRENO                                                           | T3        | PA                               |
| ATRALIN ( <i>tretinoin</i> )                                      | T3        | PA                               |
| DIFFERIN                                                          | T3        | PA                               |
| DIFFERIN ( <i>adapalene</i> )                                     | T3        | PA                               |
| RETIN-A 0.01% GEL ( <i>tretinoin</i> )                            | T3        |                                  |
| RETIN-A 0.025% CREAM ( <i>tretinoin</i> )                         | T3        | PA                               |
| RETIN-A 0.025% GEL ( <i>tretinoin</i> )                           | T3        |                                  |

T1 – Typically Generics

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## List of Prescription Medications

| SKIN PREPS (Skin Conditions) (cont.)                      |           |                                  |
|-----------------------------------------------------------|-----------|----------------------------------|
| Prescription Drug Name                                    | Drug Tier | Coverage Requirements and Limits |
| <b>VITAMIN A DERIVATIVES (cont.)</b>                      |           |                                  |
| RETIN-A 0.05% CREAM ( <i>tretinoin</i> )                  | T3        | PA                               |
| RETIN-A 0.1% CREAM ( <i>tretinoin</i> )                   | T3        | PA                               |
| RETIN-A MICRO ( <i>tretinoin microsphere</i> )            | T3        | PA                               |
| RETIN-A MICRO PUMP                                        | T3        | PA                               |
| RETIN-A MICRO PUMP ( <i>tretinoin microsphere</i> )       | T3        | PA                               |
| <i>tretinoin 0.01% gel</i> (Retin-a)                      | T1        |                                  |
| <i>tretinoin 0.025% cream</i> (Retin-a)                   | T1        | PA                               |
| <i>tretinoin 0.025% gel</i> (Retin-a)                     | T1        |                                  |
| <i>tretinoin 0.05% cream</i> (Retin-a)                    | T1        | PA                               |
| <i>tretinoin 0.05% gel</i> (Atralin)                      | T1        | PA                               |
| <i>tretinoin 0.1% cream</i> (Retin-a)                     | T1        | PA                               |
| <i>tretinoin microspheres</i> (Retin-a Micro Pump)        | T1        | PA                               |
| <i>tretinoin microspheres</i> (Retin-a Micro)             | T1        | PA                               |
| <b>SMOKING DETERRENTS (Smoking Cessation)<sup>8</sup></b> |           |                                  |
| <b>SMOKING DETERRENT AGENTS (GANGLIONIC STIM, OTHERS)</b> |           |                                  |
| NICOTROL                                                  | T2        | PPACA                            |
| NICOTROL NS                                               | T2        | PPACA                            |
| <b>SMOKING DETERRENT-NICOTINIC RECEPT.PARTIAL AGONIST</b> |           |                                  |
| APO-VARENICLINE 0.5 MG TABLET                             | T3        |                                  |
| APO-VARENICLINE 1 MG TABLET                               | T3        |                                  |
| CHANTIX                                                   | T3        | PA                               |
| <i>varenicline 0.5 mg tablet</i>                          | T1        | PPACA                            |
| <i>varenicline 1 mg cont month bx</i>                     | T1        | PPACA                            |
| <i>varenicline 1 mg tablet</i>                            | T1        | PPACA                            |
| <i>varenicline starting month box</i>                     | T1        | PPACA                            |
| <b>SMOKING DETERRENTS, OTHER</b>                          |           |                                  |
| <i>bupropion hcl sr 150 mg tablet</i>                     | T1        | PPACA                            |
| <b>THYROID PREPS (Hormonal Agents)</b>                    |           |                                  |
| <b>ANTI-THYROID PREPARATIONS</b>                          |           |                                  |
| <i>methimazole</i> (Tapazole)                             | T1        | HD                               |
| <i>propylthiouracil</i>                                   | T1        | HD                               |

T1 – Typically Generics

T2 – Typically Preferred Brands

T3 – Typically Non-Preferred Brands

T4 – Specialty Medications

PA – Prior Authorization

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ST – Step Therapy

AGE – Age Requirement

SP – Specialty Medication

HD – May require home delivery pharmacy

PPACA – No Cost-Share Preventive Medication

CSL – Oral cancer medication subject to cost-share limits

## List of Prescription Medications

### THYROID PREPS (Hormonal Agents) (cont.)

| Prescription Drug Name                          | Drug Tier | Coverage Requirements and Limits |
|-------------------------------------------------|-----------|----------------------------------|
| <b>THYROID HORMONES</b>                         |           |                                  |
| <i>adthyza 120 mg tablet</i>                    | T1        | PA HD                            |
| ADTHYZA 130 MG TABLET                           | T3        | PA HD                            |
| <i>adthyza 15 mg tablet</i>                     | T1        | PA HD                            |
| ADTHYZA 16.25 MG TABLET                         | T3        | PA HD                            |
| <i>adthyza 30 mg tablet</i>                     | T1        | PA HD                            |
| ADTHYZA 32.5 MG TABLET                          | T3        | PA HD                            |
| <i>adthyza 60 mg tablet</i>                     | T1        | PA HD                            |
| ADTHYZA 65 MG TABLET                            | T3        | PA HD                            |
| <i>adthyza 90 mg tablet</i>                     | T1        | HD                               |
| ADTHYZA 97.5 MG TABLET                          | T3        | PA HD                            |
| ARMOUR THYROID                                  | T3        | HD                               |
| CYTOMEL ( <i>liothyronine sodium</i> )          | T3        | HD                               |
| ERMEZA                                          | T3        | PA HD                            |
| LEVOTHYROXINE 100 MCG CAPSULE                   | T3        | HD                               |
| <i>levothyroxine 100 mcg tablet (Synthroid)</i> | T1        | HD                               |
| LEVOTHYROXINE 112 MCG CAPSULE                   | T3        | HD                               |
| <i>levothyroxine 112 mcg tablet (Synthroid)</i> | T1        | HD                               |
| LEVOTHYROXINE 125 MCG CAPSULE                   | T3        | HD                               |
| <i>levothyroxine 125 mcg tablet (Synthroid)</i> | T1        | HD                               |
| LEVOTHYROXINE 13 MCG CAPSULE                    | T3        | HD                               |
| LEVOTHYROXINE 137 MCG CAPSULE                   | T3        | HD                               |
| <i>levothyroxine 137 mcg tablet (Synthroid)</i> | T1        | HD                               |
| LEVOTHYROXINE 150 MCG CAPSULE                   | T3        | HD                               |
| <i>levothyroxine 150 mcg tablet (Synthroid)</i> | T1        | HD                               |
| LEVOTHYROXINE 175 MCG CAPSULE                   | T3        | HD                               |
| <i>levothyroxine 175 mcg tablet (Synthroid)</i> | T1        | HD                               |
| LEVOTHYROXINE 200 MCG CAPSULE                   | T3        | HD                               |
| <i>levothyroxine 200 mcg tablet (Synthroid)</i> | T1        | HD                               |
| LEVOTHYROXINE 25 MCG CAPSULE                    | T3        | HD                               |
| <i>levothyroxine 25 mcg tablet (Synthroid)</i>  | T1        | HD                               |
| <i>levothyroxine 300 mcg tablet (Synthroid)</i> | T1        | HD                               |
| LEVOTHYROXINE 50 MCG CAPSULE                    | T3        | HD                               |
| <i>levothyroxine 50 mcg tablet (Synthroid)</i>  | T1        | HD                               |

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## List of Prescription Medications

### THYROID PREPS (Hormonal Agents) (cont.)

| Prescription Drug Name                         | Drug Tier | Coverage Requirements and Limits |
|------------------------------------------------|-----------|----------------------------------|
| <b>THYROID HORMONES (cont.)</b>                |           |                                  |
| LEVOTHYROXINE 75 MCG CAPSULE                   | T3        | HD                               |
| <i>levothyroxine 75 mcg tablet (Synthroid)</i> | T1        | HD                               |
| LEVOTHYROXINE 88 MCG CAPSULE                   | T3        | HD                               |
| <i>levothyroxine 88 mcg tablet (Synthroid)</i> | T1        | HD                               |
| <i>levothyroxine sodium (Synthroid)</i>        | T1        | HD                               |
| <i>levothyroxine sodium (Synthroid)</i>        | T3        | HD                               |
| <i>liothyronine sodium (Cytomel)</i>           | T1        | HD                               |
| SYNTHROID ( <i>levothyroxine sodium</i> )      | T3        | PA HD                            |
| THYQUIDITY                                     | T3        | PA HD                            |
| <i>thyroid, pork</i>                           | T1        | HD                               |
| TIROSINT                                       | T3        | HD                               |
| TIROSINT-SOL                                   | T3        | HD                               |

### UNCLASSIFIED DRUG PRODUCTS (AIDS/HIV)

|                                   |    |    |
|-----------------------------------|----|----|
| <b>CYTOCHROME P450 INHIBITORS</b> |    |    |
| TYBOST                            | T3 | SP |

### UNCLASSIFIED DRUG PRODUCTS (Asthma/COPD/Respiratory)

|                                                           |    |                           |
|-----------------------------------------------------------|----|---------------------------|
| <b>CYSTIC FIBROSIS - INHALED OSMOTIC AGENTS</b>           |    |                           |
| BRONCHITOL                                                | T4 | PA SP HD                  |
| <b>CYSTIC FIBROSIS-CFTR POTENTIATOR-CORRECTOR COMBIN.</b> |    |                           |
| ALYFTREK 10-50-125 MG TABLET                              | T4 | PA QL (2 TABS/DAY) SP HD  |
| ALYFTREK 4-20-50 MG TABLET                                | T4 | PA QL (3 TABS/DAY) SP HD  |
| ORKAMBI 100 MG-125 MG TABLET                              | T4 | PA QL (4 TABS/DAY) SP HD  |
| ORKAMBI 100-125 MG GRANULE PKT                            | T4 | PA QL (2 PACKS/DAY) SP HD |
| ORKAMBI 150-188 MG GRANULE PKT                            | T4 | PA QL (2 PACKS/DAY) SP HD |
| ORKAMBI 200 MG-125 MG TABLET                              | T4 | PA QL (4 TABS/DAY) SP HD  |
| ORKAMBI 75-94 MG GRANULE PKT                              | T4 | PA QL (2 PACKS/DAY) SP HD |
| SYMDEKO                                                   | T4 | PA QL (2 TABS/DAY) SP HD  |
| TRIKAFTA 100-50-75 MG/150 MG                              | T4 | PA QL (3 TABS/DAY) SP HD  |
| TRIKAFTA 100-50-75 MG/75MG PKT                            | T4 | PA QL (2 UNITS/DAY) SP HD |
| TRIKAFTA 50-25-37.5 MG/75 MG                              | T4 | PA QL (3 TABS/DAY) SP HD  |
| TRIKAFTA 80-40-60MG/59.5MG PKT                            | T4 | PA QL (2 UNITS/DAY) SP HD |

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## List of Prescription Medications

| UNCLASSIFIED DRUG PRODUCTS (Asthma/COPD/Respiratory) (cont.)           |           |                                  |
|------------------------------------------------------------------------|-----------|----------------------------------|
| Prescription Drug Name                                                 | Drug Tier | Coverage Requirements and Limits |
| <b>CYSTIC FIB-TRANSMEMB CONDUCT.REG.(CFTR) POTENTIATOR</b>             |           |                                  |
| KALYDECO 13.4 MG GRANULES PKT                                          | T4        | PA QL(2 PACKS/DAY) SP HD         |
| KALYDECO 5.8 MG TABLET                                                 | T4        | PA QL(2 PACKS/DAY) SP HD         |
| KALYDECO 150 MG TABLET                                                 | T4        | PA QL(2 TABS/DAY) SP HD          |
| KALYDECO 25 MG GRANULES PACKET                                         | T4        | PA QL(2 PACKS/DAY) SP HD         |
| KALYDECO 50 MG GRANULES PACKET                                         | T4        | PA QL(2 PACKS/DAY) SP HD         |
| KALYDECO 75 MG GRANULES PACKET                                         | T4        | PA QL(2 PACKS/DAY) SP HD         |
| <b>LUNG SURFACTANTS</b>                                                |           |                                  |
| CUROSURF                                                               | T3        |                                  |
| INFASURF                                                               | T3        |                                  |
| SURVANTA                                                               | T3        |                                  |
| <b>MUCOLYTICS</b>                                                      |           |                                  |
| PULMOZYME                                                              | T4        | PA SP HD                         |
| <b>PULMONARY FIBROSIS - SYSTEMIC ENZYME INHIBITORS</b>                 |           |                                  |
| OFEV                                                                   | T4        | PA SP HD                         |
| <b>SYSTEMIC ENZYME INHIBITORS</b>                                      |           |                                  |
| JOENJA                                                                 | T4        | PA QL(2 TABS/DAY) SP             |
| VIJOICE 125 MG TABLET                                                  | T4        | PA QL(1 TAB/DAY) SP              |
| VIJOICE 250 MG DAILY DOSE PACK                                         | T4        | PA QL(2 TABS/DAY) SP             |
| VIJOICE 50 MG GRANULE PACKET                                           | T4        | PA QL(1 TAB/DAY) SP              |
| VIJOICE 50 MG TABLET                                                   | T4        | PA QL(1 TAB/DAY) SP              |
| ZOKINVY                                                                | T4        | PA QL(4 CAPS/DAY) SP             |
| <b>THYMIC STROMAL LYMPHOPOIETIN (TSLP) INHIBITORS</b>                  |           |                                  |
| TEZSPIRE 210 MG/1.91 ML PEN                                            | T4        | PA QL(1 PEN/28 DAYS) SP HD       |
| TEZSPIRE 210 MG/1.91 ML SYRING                                         | T4        | PA SP HD                         |
| <b>UNCLASSIFIED DRUG PRODUCTS (Blood Modifiers/Bleeding Disorders)</b> |           |                                  |
| <b>SPLEEN TYROSINE KINASE INHIBITORS</b>                               |           |                                  |
| TAVALISSE                                                              | T4        | PA SP                            |
| <b>UNCLASSIFIED DRUG PRODUCTS (Blood Pressure/Heart Medications)</b>   |           |                                  |
| <b>ANTI-INFLAMMATORY-ANTIMITOTICS</b>                                  |           |                                  |
| LODOCO                                                                 | T3        | PA                               |
| <b>BRADYKININ B2 RECEPTOR ANTAGONISTS</b>                              |           |                                  |
| FIRAZYR ( <i>icatibant acetate</i> )                                   | T4        | PA SP                            |
| <i>icatibant acetate</i> (Firazyr)                                     | T4        | PA SP HD                         |

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## List of Prescription Medications

### UNCLASSIFIED DRUG PRODUCTS (Blood Pressure/Heart Medications) (cont.)

| Prescription Drug Name              | Drug Tier | Coverage Requirements and Limits |
|-------------------------------------|-----------|----------------------------------|
| <b>PLASMA KALLIKREIN INHIBITORS</b> |           |                                  |
| KALBITOR                            | T4        | PA SP HD                         |
| ORLADEYO                            | T4        | PA QL (1 CAP/DAY) SP             |

### UNCLASSIFIED DRUG PRODUCTS (Cancer)

|                                            |    |        |
|--------------------------------------------|----|--------|
| <b>CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS</b> |    |        |
| <i>leucovorin calcium</i>                  | T1 | CSL    |
| <i>mesna</i> (Mesnex)                      | T4 | SP CSL |
| MESNEX ( <i>mesna</i> )                    | T4 | SP CSL |
| VISTOGARD                                  | T4 | SP CSL |

### UNCLASSIFIED DRUG PRODUCTS (Dental Products)

|                                           |    |  |
|-------------------------------------------|----|--|
| <b>DENTAL AIDS AND PREPARATIONS</b>       |    |  |
| <i>chlorhexidine gluconate</i> (Peridex)  | T1 |  |
| PERIDEX ( <i>periogard</i> )              | T3 |  |
| <i>triamcinolone</i> 0.1% paste           | T1 |  |
| <i>triamcinolone</i> acetonide            | T1 |  |
| <b>PERIODONTAL COLLAGENASE INHIBITORS</b> |    |  |
| <i>doxycycline hyclate</i> 20 mg tab      | T1 |  |

### UNCLASSIFIED DRUG PRODUCTS (Diabetes)

|                                                           |    |                      |
|-----------------------------------------------------------|----|----------------------|
| <b>ANTIHYPERGLYCEMIC-SOD/GLUC COTRANSPORT2(SGLT2) INH</b> |    |                      |
| INPEFA                                                    | T3 | PA QL (1 TAB/DAY) HD |

### UNCLASSIFIED DRUG PRODUCTS (Erectile Dysfunction)

|                                                        |    |                              |
|--------------------------------------------------------|----|------------------------------|
| <b>DRUGS TO TREAT ERECTILE DYSFUNCTION (ED)</b>        |    |                              |
| <i>avanafil</i> (Stendra)                              | T1 | QL (8 TABS/30 DAYS)          |
| CAVERJECT                                              | T3 | PA QL (6 INJECTIONS/30 DAYS) |
| CIALIS 10 MG TABLET ( <i>tadalafil</i> )               | T3 | ST QL (8 TABS/30 DAYS)       |
| CIALIS 20 MG TABLET ( <i>tadalafil</i> )               | T3 | ST QL (8 TABS/30 DAYS)       |
| CIALIS 5 MG TABLET ( <i>tadalafil</i> )                | T3 | ST QL (1 TAB/DAY)            |
| EDEX                                                   | T3 | PA QL (6 INJECTIONS/30 DAYS) |
| IFE-BIMIX 30/1                                         | T2 |                              |
| MUSE                                                   | T2 | PA QL (6 SUPPS/30 DAYS)      |
| <i>sildenafil</i> 100 mg, 50 mg, 20 mg tablet (Viagra) | T1 | QL (8 TABS/30 DAYS) HD       |
| STENDRA ( <i>avanafil</i> )                            | T3 | ST QL (8 TABS/30 DAYS)       |
| <i>tadalafil</i> 2.5 mg tablet                         | T1 | QL (1 TAB/DAY) HD            |

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## List of Prescription Medications

| UNCLASSIFIED DRUG PRODUCTS (Erectile Dysfunction) (cont.)  |           |                                  |
|------------------------------------------------------------|-----------|----------------------------------|
| Prescription Drug Name                                     | Drug Tier | Coverage Requirements and Limits |
| <b>DRUGS TO TREAT ERECTILE DYSFUNCTION (ED) (cont.)</b>    |           |                                  |
| <i>tadalafil 5 mg tablet</i> (Cialis)                      | T1        | QL(1 TAB/DAY) HD                 |
| <i>tadalafil 10 mg tablet</i> (Cialis)                     | T1        | QL(8 TABS/30 DAYS) HD            |
| <i>tadalafil 20 mg tablet</i> (Cialis)                     | T1        | QL(8 TABS/30 DAYS) HD            |
| <i>varafenafil hcl</i>                                     | T1        | QL(8 TABS/30 DAYS)               |
| VIAGRA ( <i>sildenafil citrate</i> )                       | T3        | ST QL(8 TABS/30 DAYS)            |
| UNCLASSIFIED DRUG PRODUCTS (Eye Conditions)                |           |                                  |
| <b>NICOTINIC RECEPT.PARTIAL AGONIST, ALPHA4BETA2 SPEC</b>  |           |                                  |
| TYRVAYA                                                    | T2        | QL(8.4 MLS/30 DAYS)              |
| UNCLASSIFIED DRUG PRODUCTS (Gastrointestinal/Heartburn)    |           |                                  |
| <b>ORAL MUCOSITIS/STOMATITIS AGENTS</b>                    |           |                                  |
| GELCLAIR                                                   | T3        |                                  |
| ORAMAGICRX                                                 | T3        |                                  |
| <b>PPAR AGONIST</b>                                        |           |                                  |
| IQIRVO                                                     | T4        | PA SP HD                         |
| LIVDELZI                                                   | T4        | PA SP                            |
| <b>SALIVA STIMULANT AGENTS</b>                             |           |                                  |
| NUMOISYN                                                   | T3        |                                  |
| <b>THYROID HORMONE RECEPTOR (THR) AGONIST</b>              |           |                                  |
| REZDIFFRA                                                  | T4        | PA QL(1 TAB/DAY) SP HD           |
| UNCLASSIFIED DRUG PRODUCTS (Hormonal Agents)               |           |                                  |
| <b>GROWTH HORMONE RECEPTOR ANTAGONISTS</b>                 |           |                                  |
| SOMAVERT                                                   | T4        | PA SP HD                         |
| <b>HYPERPARATHYROID TX AGENTS - VITAMIN D ANALOG-TYPE</b>  |           |                                  |
| <i>doxercalciferol</i>                                     | T1        |                                  |
| <i>paricalcitol</i>                                        | T4        | SP HD                            |
| <i>paricalcitol</i> (Zempar)                               | T4        | SP HD                            |
| RAYALDEE                                                   | T3        |                                  |
| ZEMPLAR ( <i>paricalcitol</i> )                            | T4        | SP HD                            |
| <b>MENOPAUSAL SYMPT SUPP-SEL ESTROGEN RECEPT MODULATOR</b> |           |                                  |
| OSPHENA                                                    | T3        | QL(30 TABS/30 DAYS) HD           |

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## List of Prescription Medications

| UNCLASSIFIED DRUG PRODUCTS (Miscellaneous)                |           |                                  |
|-----------------------------------------------------------|-----------|----------------------------------|
| Prescription Drug Name                                    | Drug Tier | Coverage Requirements and Limits |
| <b>ABORTIFACIENT-PROGESTERONE RECEPTOR ANTAGONISTS</b>    |           |                                  |
| MIFEPREX                                                  | T3        |                                  |
| mifepristone 200 mg tablet                                | T1        |                                  |
| <b>AGENTS TO TX PERIODIC PARALYSIS - CARBON ANHYD INH</b> |           |                                  |
| dichlorphenamide (Keveyis)                                | T4        | PA SP HD                         |
| KEVEYIS (dichlorphenamide)                                | T4        | PA SP                            |
| <b>AMMONIA INHIBITORS</b>                                 |           |                                  |
| CARBAGLU (carglumic acid)                                 | T4        | SP HD                            |
| carglumic acid (Carbaglu)                                 | T4        | SP HD                            |
| <b>AMYLOIDOSIS AGENTS-TRANSTHYRETIN (TTR) SUPPRESSION</b> |           |                                  |
| WAINUA                                                    | T4        | PA QL(1 AUTO-INJ/28 DAYS) SP     |
| <b>ANTI-ALCOHOLIC PREPARATIONS</b>                        |           |                                  |
| acamprosate calcium                                       | T1        |                                  |
| disulfiram                                                | T1        |                                  |
| <b>ANTI-FIBROTIC THERAPY - PYRIDONE ANALOGS</b>           |           |                                  |
| ESBRIET                                                   | T4        | PA SP HD                         |
| pirfenidone 267 mg capsule                                | T4        | PA SP HD                         |
| pirfenidone 267 mg tablet (Esbriet)                       | T4        | PA SP HD                         |
| PIRFENIDONE 534 MG TABLET                                 | T4        | PA SP HD                         |
| pirfenidone 801 mg tablet (Esbriet)                       | T4        | PA SP HD                         |
| <b>CI ESTERASE INHIBITORS</b>                             |           |                                  |
| BERINERT                                                  | T4        | PA SP HD                         |
| CINRYZE                                                   | T4        | PA SP HD                         |
| HAEGARDA                                                  | T4        | PA SP HD                         |
| RUCONEST                                                  | T4        | PA SP HD                         |
| <b>CALCIMIMETIC,PARATHYROID CALCIUM ENHANCER</b>          |           |                                  |
| cinacalcet hcl (Sensipar)                                 | T4        | SP                               |
| SENSIPAR (cinacalcet hcl)                                 | T4        | PA SP                            |
| <b>COMPLEMENT INHIBITORS</b>                              |           |                                  |
| ZILBRYSQ                                                  | T4        | PA QL(1 SYRINGE/DAY) SP          |
| <b>CRYOPRESERVATIVE AGENTS</b>                            |           |                                  |
| dimethyl sulfoxide                                        | T1        |                                  |
| <b>FACTOR XII INHIBITORS</b>                              |           |                                  |
| ANDEMBRY AUTOINJECTOR                                     | T4        | PA SP                            |

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## List of Prescription Medications

### UNCLASSIFIED DRUG PRODUCTS (Miscellaneous) (cont.)

| Prescription Drug Name                                    | Drug Tier | Coverage Requirements and Limits |
|-----------------------------------------------------------|-----------|----------------------------------|
| <b>GENERAL INHALATION AGENTS</b>                          |           |                                  |
| HYPER-SAL                                                 | T3        |                                  |
| nebusal 3% vial                                           | T1        |                                  |
| NEBUSAL 6% VIAL                                           | T3        |                                  |
| sodium chloride 0.9% inhal vl                             | T1        |                                  |
| sodium chloride 10% vial                                  | T1        |                                  |
| sodium chloride 3% vial                                   | T1        |                                  |
| sodium chloride 7% vial                                   | T1        |                                  |
| sodium chloride for inhalation                            | T1        |                                  |
| <b>GENETIC D/O TX - SMN PROTEIN DEFICIENCY TREATMENT</b>  |           |                                  |
| EVRYSDI                                                   | T4        | PA SP HD                         |
| <b>GENETIC DISORDER THERAPY - HDAC INHIBITOR</b>          |           |                                  |
| DUVYZAT                                                   | T4        | PA SP                            |
| <b>GLUCOSYLCERAMIDE SYNTHASE (GCS) INHIBITOR</b>          |           |                                  |
| CERDELGA                                                  | T4        | PA SP HD                         |
| miglustat (Zavesca)                                       | T4        | PA SP HD                         |
| OPFOLDA                                                   | T4        | PA QL (8 CAPS/30 DAYS) SP HD     |
| ZAVESCA (miglustat)                                       | T4        | PA SP HD                         |
| <b>HEAT SHOCK PROTEIN (HSP) MODULATING AGENTS</b>         |           |                                  |
| MIPLYFFA                                                  | T4        | PA SP                            |
| <b>HYDROXYPHENYL-PYRUVATE DIOXYGENASE(HPPD) INHIBITOR</b> |           |                                  |
| nitisinone (Orfadin)                                      | T4        | PA SP HD                         |
| NITYR                                                     | T4        | PA SP                            |
| ORFADIN                                                   | T4        | PA SP                            |
| ORFADIN (nitisinone)                                      | T4        | PA SP                            |
| <b>HYPOACTIVE SEXUAL DESIRE DISORDER (HSDD) TX AGENTS</b> |           |                                  |
| ADDYI                                                     | T3        | PA QL (1 TAB/DAY)                |
| VYLEESI                                                   | T4        | PA QL (8 AUTO-INJS/30 DAYS) SP   |
| <b>MENOPAUSAL SYMPTOMS SUPPRESSANT - SSRIs</b>            |           |                                  |
| paroxetine mesylate                                       | T1        | QL (1 CAP/DAY) HD                |
| <b>MENOPAUSAL SYMPTOMS SUPPRESSANT-NK RECEPTOR ANTAG</b>  |           |                                  |
| VEOZAH                                                    | T3        | QL (1 TAB/DAY)                   |
| <b>METABOLIC DISEASE ENZYME REPLACE, HYPOPHOSPHATASIA</b> |           |                                  |
| STRENSIQ                                                  | T4        | PA SP                            |

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## List of Prescription Medications

| UNCLASSIFIED DRUG PRODUCTS (Miscellaneous) (cont.)        |           |                                  |
|-----------------------------------------------------------|-----------|----------------------------------|
| Prescription Drug Name                                    | Drug Tier | Coverage Requirements and Limits |
| <b>METABOLIC DISEASE ENZYME REPLACEMENT, MOCD</b>         |           |                                  |
| NULIBRY                                                   | T4        | PA SP                            |
| <b>METALLIC POISON, AGENTS TO TREAT</b>                   |           |                                  |
| CHEMET                                                    | T3        |                                  |
| CUVRIOR                                                   | T4        | PA SP                            |
| <i>deferasirox</i> (Exjade)                               | T4        | SP HD                            |
| <i>deferasirox</i> (Jadenu Sprinkle)                      | T4        | SP HD                            |
| <i>deferasirox</i> (Jadenu)                               | T4        | SP HD                            |
| <i>deferiprone</i> (Ferriprox (3 Times A Day))            | T4        | PA SP HD                         |
| <i>deferiprone</i> (Ferriprox)                            | T4        | PA SP                            |
| EXJADE ( <i>deferasirox</i> )                             | T4        | PA SP HD                         |
| FERRIPROX                                                 | T4        | PA SP                            |
| FERRIPROX (2 TIMES A DAY)                                 | T4        | PA SP                            |
| FERRIPROX (3 TIMES A DAY) ( <i>deferiprone</i> )          | T4        | PA SP                            |
| FERRIPROX ( <i>deferiprone</i> )                          | T4        | PA SP                            |
| GALZIN                                                    | T4        | SP                               |
| JADENU ( <i>deferasirox</i> )                             | T4        | PA SP HD                         |
| JADENU SPRINKLE ( <i>deferasirox</i> )                    | T4        | PA SP HD                         |
| RADIOGARDASE                                              | T3        |                                  |
| SYPRINE ( <i>trientine hcl</i> )                          | T4        | PA SP HD                         |
| <i>trientine hcl</i> 250 mg capsule (Syprine)             | T4        | PA SP HD                         |
| TRIENTINE HCL 500 MG CAPSULE                              | T4        | PA SP HD                         |
| <b>NATRIURETIC PEPTIDES</b>                               |           |                                  |
| VOXZOGO                                                   | T4        | PA SP HD                         |
| <b>NEONATAL FC RECEPTOR (FCRN) INHIBITORS</b>             |           |                                  |
| VYVGART HYTRULO                                           | T4        | PA SP HD                         |
| <b>NUCLEAR FACTOR ERYTHROID 2-REL. FACTOR 2 ACTIVATOR</b> |           |                                  |
| SKYCLARYS                                                 | T4        | PA QL(3 CAPS/DAY) SP             |
| <b>OINTMENT/CREAM BASES</b>                               |           |                                  |
| RADIAGEL                                                  | T1        |                                  |
| <b>OXALOSIS AGENT - OXALATE INHIBITOR, SIRNA BASED</b>    |           |                                  |
| RIVFLOZA 128 MG/0.8 ML SYRINGE                            | T4        | PA QL(1 SYRINGE/30 DAYS) SP      |
| RIVFLOZA 160 MG/ML SYRINGE                                | T4        | PA QL(1 SYRINGE/30 DAYS) SP      |
| RIVFLOZA 80 MG/0.5 ML VIAL                                | T4        | PA SP                            |

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# List of Prescription Medications

| UNCLASSIFIED DRUG PRODUCTS (Miscellaneous) (cont.)        |           |                                  |
|-----------------------------------------------------------|-----------|----------------------------------|
| Prescription Drug Name                                    | Drug Tier | Coverage Requirements and Limits |
| <b>PHARMACOLOGICAL CHAPERONE-ALPHA-GALACTOSID.A STABZ</b> |           |                                  |
| GALAFOLD                                                  | T4        | PA SP HD                         |
| <b>PKU TX AGENT-COFACTOR OF PHENYLALANINE HYDROXYLASE</b> |           |                                  |
| <i>javygtor 100 mg powder packet</i> (Kuvan)              | T4        | PA SP                            |
| <i>javygtor 100 mg tablet</i> (Kuvan)                     | T4        | PA SP HD                         |
| <i>javygtor 500 mg powder packet</i> (Kuvan)              | T4        | PA SP                            |
| KUVAN ( <i>sapropterin dihydrochloride</i> )              | T4        | PA SP HD                         |
| <i>sapropterin dihydrochloride</i> (Kuvan)                | T4        | PA SP HD                         |
| <b>PROTEIN STABILIZERS</b>                                |           |                                  |
| ATTRUBY                                                   | T4        | PA QL (4 TABS/DAY) SP            |
| VYNDAMAX                                                  | T4        | PA QL (1 CAP/DAY) SP HD          |
| VYNDAQEL                                                  | T4        | PA QL (4 CAPS/DAY) SP            |
| <b>RETINOIC ACID RECEPTOR (RAR) AGONISTS</b>              |           |                                  |
| SOHONOS                                                   | T4        | PA SP                            |
| <b>SOLVENTS</b>                                           |           |                                  |
| <i>cvs isopropyl alcohol 91%</i>                          | T1        |                                  |
| CVS ISOPROPYL ALCOHOL 91%                                 | T1        |                                  |
| <i>cvs isopropyl rub alcohol 70%</i>                      | T1        |                                  |
| CVS ISOPROPYL RUB ALCOHOL 70%                             | T3        |                                  |
| <i>eqi isopropyl alcohol 91%</i>                          | T1        |                                  |
| <i>eqi isopropyl rub alcohol 70%</i>                      | T1        |                                  |
| FT ISOPROPYL ALCOHOL 91%                                  | T1        |                                  |
| FT ISOPROPYL RUB ALCOHOL 70%                              | T3        |                                  |
| GNP ISOPROPYL ALCOHOL 70%                                 | T3        |                                  |
| GNP ISOPROPYL ALCOHOL 91%                                 | T1        |                                  |
| <i>gnp isopropyl alcohol 99%</i>                          | T1        |                                  |
| GS ISOPROPYL ALCOHOL 70%                                  | T3        |                                  |
| GS ISOPROPYL ALCOHOL 91%                                  | T1        |                                  |
| <i>hm isopropyl alcohol 70%</i>                           | T1        |                                  |
| <i>hm isopropyl alcohol 91%</i>                           | T1        |                                  |
| INSTACLEAN                                                | T1        |                                  |
| ISOPROPANOL                                               | T1        |                                  |
| <i>isopropyl 70% alcohol</i>                              | T1        |                                  |
| <i>isopropyl alcohol</i>                                  | T1        |                                  |

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## List of Prescription Medications

### UNCLASSIFIED DRUG PRODUCTS (Miscellaneous) (cont.)

| Prescription Drug Name                                | Drug Tier | Coverage Requirements and Limits |
|-------------------------------------------------------|-----------|----------------------------------|
| <b>SOLVENTS (cont.)</b>                               |           |                                  |
| <i>isopropyl alcohol 70%</i>                          | T1        |                                  |
| ISOPROPYL ALCOHOL 70%                                 | T3        |                                  |
| <i>isopropyl alcohol 91%</i>                          | T1        |                                  |
| <i>isopropyl alcohol 99%</i>                          | T1        |                                  |
| <i>isopropyl rubbing alcohol 70%</i>                  | T1        |                                  |
| ISOPROPYL RUBBING ALCOHOL 70%                         | T3        |                                  |
| ISOPROPYL RUBBING ALCOHOL 91%                         | T1        |                                  |
| <i>kro isopropyl alcohol 91%</i>                      | T1        |                                  |
| MURI-LUBE MINERAL OIL                                 | T1        |                                  |
| <i>polyethylene glycol</i>                            | T1        |                                  |
| <i>ra isopropyl alcohol 70%</i>                       | T1        |                                  |
| <i>ra isopropyl alcohol 91%</i>                       | T1        |                                  |
| <i>sm isopropyl alcohol 70%</i>                       | T1        |                                  |
| <i>swan isopropyl alcohol 70%</i>                     | T1        |                                  |
| <b>THYMIC STROMAL LYMPHOPOIETIN (TSLP) INHIBITORS</b> |           |                                  |
| VYKAT XR                                              | T4        | PA SP                            |

### UNCLASSIFIED DRUG PRODUCTS (Nutritional/Dietary)

|                                                |    |    |
|------------------------------------------------|----|----|
| <b>METABOLIC DEFICIENCY AGENTS</b>             |    |    |
| <i>betaine (Cystadane)</i>                     | T4 | SP |
| CARNITOR ( <i>levocarnitine (with sugar)</i> ) | T3 | PA |
| CARNITOR ( <i>levocarnitine</i> )              | T3 | PA |
| CARNITOR SF ( <i>levocarnitine</i> )           | T3 | PA |
| CULTURELLE IBS COMPLETE SUPPRT                 | T3 |    |
| CYSTADANE ( <i>betaine</i> )                   | T4 | SP |
| <i>levocarnitine (Carnitor Sf)</i>             | T1 |    |
| <i>levocarnitine (Carnitor)</i>                | T1 |    |
| <i>levocarnitine (with sugar) (Carnitor)</i>   | T1 |    |

### UNCLASSIFIED DRUG PRODUCTS (Osteoporosis Products)

|                                                          |    |                           |
|----------------------------------------------------------|----|---------------------------|
| <b>BONE FORMATION STIM. AGENTS - PARATHYROID HORMONE</b> |    |                           |
| BONIVA ( <i>ibandronate sodium</i> )                     | T4 | PA QL(0.09 MLS/DAY) SP    |
| FORTEO ( <i>teriparatide</i> )                           | T4 | PA QL(0.09 MLS/DAY) SP HD |
| <i>teriparatide (Bonsity)</i>                            | T4 | PA QL(0.09 MLS/DAY) SP HD |
| <i>teriparatide (Forteo)</i>                             | T4 | PA QL(0.09 MLS/DAY) SP HD |

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## List of Prescription Medications

### UNCLASSIFIED DRUG PRODUCTS (Osteoporosis Products) (cont.)

| Prescription Drug Name                                | Drug Tier | Coverage Requirements and Limits |
|-------------------------------------------------------|-----------|----------------------------------|
| <b>BONE RESORPTION INHIBITOR AND VITAMIN D COMBS.</b> |           |                                  |
| FOSAMAX PLUS D                                        | T3        | ST HD                            |
| <b>BONE RESORPTION INHIBITORS</b>                     |           |                                  |
| ACTONEL ( <i>risedronate sodium</i> )                 | T3        | PA HD                            |
| <i>alendronate sodium</i>                             | T1        | HD                               |
| <i>alendronate sodium</i> (Fosamax)                   | T1        | HD                               |
| ATELVIA ( <i>risedronate sodium dr</i> )              | T3        | ST HD                            |
| BINOSTO                                               | T3        | ST HD                            |
| EVISTA ( <i>raloxifene hcl</i> )                      | T3        | PA HD                            |
| FOSAMAX ( <i>alendronate sodium</i> )                 | T3        | ST HD                            |
| <i>ibandronate sodium</i>                             | T1        | HD                               |
| <i>raloxifene hcl</i> (Evista)                        | T1        | HD PPACA                         |
| <i>risedronate sodium</i>                             | T1        | HD                               |
| <i>risedronate sodium</i> (Actonel)                   | T1        | HD                               |
| <i>risedronate sodium</i> (Atelvia)                   | T1        | HD                               |

### UNCLASSIFIED DRUG PRODUCTS (Pain Relief And Inflammatory Disease)

|                                                             |    |          |
|-------------------------------------------------------------|----|----------|
| <b>ANTI-INFLAM. INTERLEUKIN-I RECEPTOR ANTAGONIST</b>       |    |          |
| ARCALYST                                                    | T4 | PA SP HD |
| <b>ANTI-INFLAMMATORY, INTERLEUKIN-I BETA BLOCKERS</b>       |    |          |
| ILARIS                                                      | T4 | PA SP HD |
| <b>FIBROMYALGIA AGENTS, SEROTONIN-NOREPINEPH RU INHIB</b>   |    |          |
| SAVELLA                                                     | T2 |          |
| <b>IMMUNOMODULATOR, B-LYMPHOCYTE STIM (BLYS)-SPEC INHIB</b> |    |          |
| BENLYSTA                                                    | T4 | PA SP HD |

### UNCLASSIFIED DRUG PRODUCTS (Seizure Disorders)

| Prescription Drug Name          | Drug Tier | Coverage Requirements and Limits |
|---------------------------------|-----------|----------------------------------|
| <b>NEUROPATHIC AGENTS</b>       |           |                                  |
| LYRICA CR ( <i>pregabalin</i> ) | T3        | HD                               |
| <i>pregabalin</i> (Lyrica Cr)   | T1        | HD                               |

### UNCLASSIFIED DRUG PRODUCTS (Skin Conditions)

|                                              |    |          |
|----------------------------------------------|----|----------|
| <b>INTERLEUKIN-I3 (IL-I3) INHIBITORS,MAB</b> |    |          |
| ADBRY                                        | T4 | PA SP HD |
| ADBRY AUTOINJECTOR                           | T4 | PA SP HD |
| EBGLYSS PEN                                  | T4 | PA SP    |
| EBGLYSS SYRINGE                              | T4 | PA SP    |

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## List of Prescription Medications

### UNCLASSIFIED DRUG PRODUCTS (Skin Conditions) (cont.)

| Prescription Drug Name               | Drug Tier | Coverage Requirements and Limits |
|--------------------------------------|-----------|----------------------------------|
| <b>JANUS KINASE (JAK) INHIBITORS</b> |           |                                  |
| LEQSELVI                             | T4        | PA QL (2 TABS/DAY) SP HD         |
| LITFULO                              | T4        | PA QL (1 CAP/DAY) SP HD          |
| <b>WOUND HEALING AGENTS, LOCAL</b>   |           |                                  |
| FILSUVEZ                             | T4        | PA SP                            |

### UNCLASSIFIED DRUG PRODUCTS (Substance Abuse)

|                                                           |    |                       |
|-----------------------------------------------------------|----|-----------------------|
| <b>OPIOID WITHDRAWAL THER, ALPHA-2 ADRENERGIC AGONIST</b> |    |                       |
| <i>lofexidine hcl</i> (Lucemyra)                          | T1 | QL (192 TABS/30 DAYS) |
| LUCEMYRA ( <i>lofexidine hcl</i> )                        | T2 | QL (192 TABS/30 DAYS) |
| <b>OPIOID WITHDRAWAL THERAPY AGENTS, OPIOID-TYPE</b>      |    |                       |
| <i>buprenorphine hcl</i>                                  | T1 |                       |
| <i>buprenorphine hcl/naloxone hcl</i>                     | T1 |                       |
| <i>buprenorphine hcl/naloxone hcl</i> (Suboxone)          | T1 |                       |
| SUBOXONE ( <i>buprenorphine-naloxone</i> )                | T3 |                       |
| ZUBSOLV                                                   | T2 |                       |

### UNCLASSIFIED DRUG PRODUCTS (Transplant Medications)

|                             |    |       |
|-----------------------------|----|-------|
| <b>RHO KINASE INHIBITOR</b> |    |       |
| REZUROCK                    | T4 | PA SP |

### UNCLASSIFIED DRUG PRODUCTS (Urinary Tract Conditions)

|                                                           |    |                      |
|-----------------------------------------------------------|----|----------------------|
| <b>BENIGN PROSTATIC HYPERTROPHY/MICTURITION AGENTS</b>    |    |                      |
| <i>alfuzosin hcl</i> (Uroxatral)                          | T1 | HD                   |
| AVODART ( <i>dutasteride</i> )                            | T3 | PA HD                |
| <i>dutasteride</i> (Avodart)                              | T1 | HD                   |
| <i>finasteride</i> (Proscar)                              | T1 | HD                   |
| PROSCAR ( <i>finasteride</i> )                            | T3 | PA HD                |
| RAPAFLO 4 MG CAPSULE ( <i>silodosin</i> )                 | T3 | PA QL (1 CAP/DAY) HD |
| RAPAFLO 8 MG CAPSULE ( <i>silodosin</i> )                 | T3 | PA HD                |
| <i>silodosin 4 mg capsule</i> (Rapaflo)                   | T1 | QL (1 CAP/DAY) HD    |
| <i>silodosin 8 mg capsule</i> (Rapaflo)                   | T1 | HD                   |
| <i>tamsulosin hcl</i>                                     | T1 | HD                   |
| UROXATRAL ( <i>alfuzosin hcl er</i> )                     | T3 | PA HD                |
| <b>BPH 5-ALPHA-REDUCTASE INHIB-ALPHA1-ADRENOCEP ANTAG</b> |    |                      |
| <i>dutasteride/tamsulosin hcl</i> (Jalyn)                 | T1 | HD                   |
| JALYN ( <i>dutasteride/tamsulosin hcl</i> )               | T3 | PA HD                |

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### UNCLASSIFIED DRUG PRODUCTS (Urinary Tract Conditions) (cont.)

| Prescription Drug Name                                       | Drug Tier | Coverage Requirements and Limits |
|--------------------------------------------------------------|-----------|----------------------------------|
| <b>BPH AGENT-5-ALPHA-REDUCTASE INH AND PDE5 INH COMB</b>     |           |                                  |
| ENTADFI                                                      | T3        | PA QL(1 CAP/DAY)                 |
| <b>CYSTINE-DEPLETING AGENTS, NEPHROPATHIC CYSTINOSIS</b>     |           |                                  |
| CYSTAGON                                                     | T4        | SP                               |
| PROCYSBI                                                     | T4        | PA SP HD                         |
| <b>ENDOTHELIN RECEPTOR ANTAGONISTS</b>                       |           |                                  |
| VANRAFIA                                                     | T4        | PA QL(1 TAB/DAY) SP              |
| <b>KIDNEY STONE AGENTS</b>                                   |           |                                  |
| THIOLA ( <i>tiopronin</i> )                                  | T4        | PA SP                            |
| THIOLA EC ( <i>tiopronin</i> )                               | T4        | PA SP                            |
| <i>tiopronin</i> (Thiola Ec)                                 | T4        | SP                               |
| <i>tiopronin 100 mg tablet</i> (Thiola)                      | T4        | SP                               |
| <i>tiopronin dr 100 mg tablet</i> (Thiola Ec)                | T4        | SP HD                            |
| <i>tiopronin dr 300 mg tablet</i> (Thiola Ec)                | T4        | SP HD                            |
| <b>OVERACTIVE BLADDER AGENTS, BETA-3 ADRENERGIC RECEPTOR</b> |           |                                  |
| GEMTESA                                                      | T3        | ST QL(1 TAB/DAY) HD              |
| <i>mirabegron er 25 mg tablet</i> (Myrbetriq)                | T1        | QL(1 TAB/DAY) HD                 |
| <i>mirabegron er 50 mg tablet</i> (Myrbetriq)                | T1        | HD                               |
| MYRBETRIQ ER 25 MG TABLET ( <i>mirabegron</i> )              | T3        | ST QL(1 TAB/DAY) HD              |
| MYRBETRIQ ER 50 MG TABLET ( <i>mirabegron</i> )              | T3        | ST HD                            |
| MYRBETRIQ ER 8 MG/ML SUSP                                    | T3        | ST HD                            |
| <b>URINARY TRACT ANTI-SPASMODIC, M(3) SELECTIVE ANTAG.</b>   |           |                                  |
| <i>darifenacin er 15 mg tablet</i>                           | T1        | HD                               |
| <i>darifenacin er 7.5 mg tablet</i> (Enblex)                 | T1        | QL(1 TAB/DAY) HD                 |
| <i>solifenacin 10 mg tablet</i> (Vesicare)                   | T1        | HD                               |
| <i>solifenacin 5 mg tablet</i> (Vesicare)                    | T1        | QL(1 TAB/DAY) HD                 |
| VESICARE 10 MG TABLET ( <i>solifenacin succinate</i> )       | T3        | ST HD                            |
| VESICARE 5 MG TABLET ( <i>solifenacin succinate</i> )        | T3        | ST QL(1 TAB/DAY) HD              |
| VESICARE LS                                                  | T3        | ST HD                            |
| <b>URINARY TRACT ANTI-SPASMODIC/ANTI-INCONTINENCE AGENT</b>  |           |                                  |
| DETROL ( <i>tolterodine tartrate</i> )                       | T3        | ST HD                            |
| DETROL LA 2 MG CAPSULE ( <i>tolterodine tartrate er</i> )    | T3        | ST QL(1 CAP/DAY) HD              |
| DETROL LA 4 MG CAPSULE ( <i>tolterodine tartrate er</i> )    | T3        | ST HD                            |

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### UNCLASSIFIED DRUG PRODUCTS (Urinary Tract Conditions) (cont.)

| Prescription Drug Name                                              | Drug Tier | Coverage Requirements and Limits |
|---------------------------------------------------------------------|-----------|----------------------------------|
| <b>URINARY TRACT ANTI-SPASMODIC/ANTI-INCONTINENCE AGENT (cont.)</b> |           |                                  |
| <i>fesoterodine er 4 mg tablet (Toviaz)</i>                         | T1        | QL(1 TAB/DAY) HD                 |
| <i>fesoterodine er 8 mg tablet (Toviaz)</i>                         | T1        | HD                               |
| <i>flavoxate hcl</i>                                                | T1        | HD                               |
| OXYBUTYNIN 2.5 MG TABLET                                            | T3        | PA HD                            |
| <i>oxybutynin 5 mg tablet</i>                                       | T1        | HD                               |
| <i>oxybutynin 5 mg/5 ml soln cup</i>                                | T1        | HD                               |
| <i>oxybutynin 5 mg/5 ml solution</i>                                | T1        | HD                               |
| <i>oxybutynin 5 mg/5 ml syrup</i>                                   | T1        | HD                               |
| <i>oxybutynin chloride</i>                                          | T1        | HD                               |
| OXYTROL                                                             | T3        | ST HD                            |
| <i>tolterodine tart er 2 mg cap (Detrol La)</i>                     | T1        | QL(1 CAP/DAY) HD                 |
| <i>tolterodine tart er 4 mg cap (Detrol La)</i>                     | T1        | HD                               |
| <i>tolterodine tartrate (Detrol)</i>                                | T1        | HD                               |
| TOVIAZ ER 4 MG TABLET ( <i>fesoterodine fumarate</i> )              | T3        | PA QL(1 TAB/DAY) HD              |
| TOVIAZ ER 8 MG TABLET ( <i>fesoterodine fumarate</i> )              | T3        | PA HD                            |
| <i>trospium chloride</i>                                            | T1        | HD                               |

### UNCLASSIFIED DRUG PRODUCTS (Weight Management)

|                                                             |    |  |
|-------------------------------------------------------------|----|--|
| <b>APPETITE STIM. FOR ANOREXIA, CACHEXIA, WASTING SYND.</b> |    |  |
| <i>megestrol 400 mg/10 ml cup</i>                           | T1 |  |
| <i>megestrol 625 mg/5 ml susp</i>                           | T1 |  |
| <i>megestrol acet 40 mg/ml susp</i>                         | T1 |  |
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### VITAMINS (Nutritional/Dietary)

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| <i>folic acid/b6/ca phos/ginger</i>          | T1 |  |
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T1 – Typically Generics

T2 – Typically Preferred Brands

T3 – Typically Non-Preferred Brands

T4 – Specialty Medications

PA – Prior Authorization

QL – Quantity Limit

ST – Step Therapy

AGE – Age Requirement

SP – Specialty Medication

HD – May require home delivery pharmacy

PPACA – No Cost-Share Preventive Medication

CSL – Oral cancer medication subject to cost-share limits

## List of Prescription Medications

### VITAMINS (Nutritional/Dietary) (cont.)

| Prescription Drug Name                                   | Drug Tier | Coverage Requirements and Limits |
|----------------------------------------------------------|-----------|----------------------------------|
| <b>MULTIVITAMIN PREPARATIONS</b>                         |           |                                  |
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| BACMIN                                                   | T2        |                                  |
| CONCEPT DHA ( <i>mvn-min75/iron/iron ps/om3/dha</i> )    | T3        |                                  |
| CONCEPT OB ( <i>mvn-min 74/iron fum/iron/fa</i> )        | T2        |                                  |
| CORVITE                                                  | T2        |                                  |
| DIALYVITE 800 WITH IRON                                  | T2        |                                  |
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| FORTAVIT                                                 | T2        |                                  |
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| <i>mvn-min 74/iron fum/iron/fa</i> (Concept Ob)          | T1        |                                  |
| <i>mvn-min75/iron/iron ps/om3/dha</i> (Concept Dha)      | T1        |                                  |
| NEEVODHA                                                 | T2        |                                  |
| NESTABS ONE                                              | T2        |                                  |
| NIVA-PLUS ( <i>multivit-min 60/iron fum/folic</i> )      | T1        |                                  |
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| <i>om-3/dha/epa/b12/fa/b6/phytost</i>                    | T1        |                                  |
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| TANDEM PLUS ( <i>multivit no.18/iron no.1/folic</i> )    | T3        |                                  |
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## List of Prescription Medications

### VITAMINS (Nutritional/Dietary) (cont.)

| Prescription Drug Name                             | Drug Tier | Coverage Requirements and Limits |
|----------------------------------------------------|-----------|----------------------------------|
| <b>PEDIATRIC VITAMIN PREPARATIONS</b>              |           |                                  |
| FLORIVA 0.25 MG CHEW TABLET                        | T2        | PPACA                            |
| FLORIVA 0.5 MG CHEWABLE TABLET                     | T2        | PPACA                            |
| FLORIVA 1 MG CHEWABLE TABLET                       | T2        | PPACA                            |
| <i>ped mvit a,c,d3 no.21/fluoride</i>              | T1        | PPACA                            |
| <i>pedi multivit no.12 w-fluoride</i>              | T2        | PPACA                            |
| POLY-VI-FLOR                                       | T2        | PPACA                            |
| QUFLORA FE                                         | T2        |                                  |
| QUFLORA PED 0.25 MG CHEW TAB                       | T2        |                                  |
| QUFLORA PED 0.25 MG/ML DROP                        | T2        | PPACA                            |
| QUFLORA PED 0.5 MG CHEW TAB                        | T2        |                                  |
| QUFLORA PED 0.5 MG/ML DROP                         | T2        | PPACA                            |
| QUFLORA PED 1 MG CHEW TAB                          | T2        | PPACA                            |
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| <b>VITAMIN B PREPARATIONS</b>                      |           |                                  |
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| <i>b complex 11/folic/c/biot/zinc</i>              | T1        | HD                               |
| <i>cyanocobalamin/folic ac/vit b6</i>              | T1        | HD                               |
| <i>cyanocobalamin/folic ac/vit b6 (Niva-Fol)</i>   | T1        | HD                               |
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| <i>folic acid/vit b complex and c</i>              | T2        | HD                               |
| <i>folic acid/vit bcomp,c/cu/zinc</i>              | T1        | HD                               |
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## List of Prescription Medications

| VITAMINS (Nutritional/Dietary) (cont.)  |           |                                  |
|-----------------------------------------|-----------|----------------------------------|
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| POLY-VI-FLOR                            | T2        | PPACA                            |
| POLY-VI-FLOR WITH IRON                  | T2        | PPACA                            |

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## Exclusions and limitations for coverage

Health benefit plans vary, but in general to be eligible for coverage a drug must be approved by the Food and Drug Administration (FDA), prescribed by a health care professional, purchased from a licensed pharmacy and be medically necessary. If your plan provides coverage for certain preventive prescription drugs with no cost-share, you may be required to use an in-network pharmacy to fill the prescription. If you use a pharmacy that does not participate in your plan's network, the prescription may not be covered. Certain drugs may require prior authorization, or be subject to step therapy, quantity limits or other utilization management requirements.

Plans generally do not provide coverage for the following under the pharmacy benefit, except as required by state or federal law, or by the terms of your specific plan:<sup>10</sup>

- Over-the-counter (OTC) medicines (those that do not require a prescription) except insulin unless state or federal law requires coverage of such medicines.
  - Prescription medications or supplies for which there is a prescription or OTC therapeutic equivalent or therapeutic alternative.
  - Doctor-administered injectable medications covered under the Plan's medical benefit, unless otherwise covered under the Plan's prescription drug list or approved by Cigna Healthcare.
  - Implantable contraceptive devices covered under the Plan's medical benefit.
  - Medications that are not medically necessary.
  - Experimental or investigational medications, including U.S. Food and Drug Administration (FDA)-approved medications used for purposes other than those approved by the FDA unless the medication is recognized for the treatment of the particular indication.
  - Medications that are not approved by the FDA.
  - Prescription and non-prescription devices, supplies, and appliances other than those supplies specifically listed as covered.
  - Medications used for fertility,<sup>11</sup> sexual dysfunction, cosmetic purposes, weight loss, smoking cessation,<sup>11</sup> or athletic enhancement.
  - Prescription vitamins (other than prenatal vitamins) or dietary supplements unless state or federal law requires coverage of such products.
  - Immunization agents, biological products for allergy immunization, biological sera, blood, blood plasma and other blood products or fractions and medications used for travel prophylaxis.
  - Replacement of prescription medications and related supplies due to loss or theft.
  - Medications which are to be taken by or administered to a covered person while they are a patient in a licensed hospital, skilled nursing facility, rest home or similar institution which operates on its premises or allows to be operated on its premises a facility for dispensing pharmaceuticals.
  - Prescriptions more than one year from the date of issue.
  - Coverage for prescription medication products for the amount dispensed (days' supply) which is more than the applicable supply limit, or is less than any applicable supply minimum set forth in The Schedule, or which is more than the quantity limit(s) or dosage limit(s) set by the P&T Committee.
  - More than one prescription order or refill for a given prescription supply period for the same prescription medication product prescribed by one or more doctors and dispensed by one or more pharmacies.
  - Prescription medication products dispensed outside the jurisdiction of the United States, except as required for emergency or urgent care treatment.
- In addition to the plan's standard pharmacy exclusions, certain new FDA-approved medication products (including, but not limited to, medications, medical supplies or devices that are covered under standard pharmacy benefit plans) may not be covered for the first six months of market availability unless approved by Cigna Healthcare as medically necessary.

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2. Prices shown on myCigna are not guaranteed and coverage is subject to your plan terms and conditions. Visit myCigna for more information.
3. U.S. Food and Drug Administration (FDA) website, "Generic Drug Facts." Content current as of 11/01/21. [fda.gov/drugs/generic-drugs/generic-drug-facts](https://www.fda.gov/drugs/generic-drugs/generic-drug-facts).
4. U.S. Food and Drug Administration (FDA) website, "Biosimilar Basics for Patients." Last updated 08/01/24. [fda.gov/drugs/biosimilars/biosimilars-basics-patients](https://www.fda.gov/drugs/biosimilars/biosimilars-basics-patients).
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**Chinese – 注意:** 如果您讲中文, 我们提供免费的语言援助服务。适当的辅助设备和服务也可以免费提供, 以提供无障碍格式的信息。请拨打 1-800-244-6224 (TTY: 拨打 711) 或与您的服务提供者联系。

**Vietnamese – XIN LƯU Ý:** Nếu bạn nói tiếng Việt, dịch vụ hỗ trợ ngôn ngữ miễn phí có sẵn cho bạn. Các thiết bị và dịch vụ hỗ trợ phù hợp để cung cấp thông tin ở định dạng có thể tiếp cận cũng có sẵn miễn phí. Gọi số 1-800-244-6224 (TTY: Gọi 711) hoặc nói chuyện với nhà cung cấp của bạn).

**Korean – 주의:** 한국어를 사용하시는 경우, 무료 언어 지원 서비스가 제공됩니다. 접근 가능한 형식으로 정보를 제공하기 위한 적절한 보조 기기 및 서비스도 무료로 제공됩니다. 1-800-244-6224 (TTY: 711 로 전화) 로 전화하시거나 제공자에게 문의하십시오.

**Tagalog – PAUNAWA:** Kung ikaw ay nagsasalita ng Tagalog, ang mga libreng serbisyo ng tulong sa wika ay magagamit para sa iyo. Ang mga angkop na pantulong na kagamitan at serbisyo upang magbigay ng impormasyon sa mga naa-access na format ay magagamit din ng libre. Tumawag sa 1-800-244-6224 (TTY: Tumawag sa 711) o makipag-usap sa iyong tagapagbigay.

**Russian – ВНИМАНИЕ:** Если вы говорите на русском, доступны бесплатные услуги языковой помощи. Также бесплатно предоставляются соответствующие вспомогательные средства и услуги для предоставления информации в доступных форматах. Позвоните по телефону 1-800-244-6224 (TTY: Наберите 711) или обратитесь к вашему провайдеру.

**Arabic - تنبيه:** إذا كنت تتحدث العربية، تتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر أيضًا مساعدات قابلة للوصول إليها، وذلك مجانًا. اتصل بالرقم 1-800-244-6224 (TTY: 711 اطلب) أو تحدث إلى مقدم الخدمة الخاص بك.

**French Creole – ATANSYON:** Si ou pale Kreyòl Ayisyen, sèvis asistans lang gratis yo disponib pou ou. Ekipman ak sèvis adisyonèl ki apwopriye pou bay enfòmasyon nan fòm ki aksesib yo disponib tou gratis. Rele 1-800-244-6224 (TTY: Rele 711) oswa pale ak founisè ou a.

**French – ATTENTION :** Si vous parlez français, des services d'assistance linguistique gratuits sont disponibles pour vous. Des aides et des services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-800-244-6224 (TTY : composez le 711) ou parlez à votre fournisseur.

**Portuguese – ATENÇÃO:** Se você fala português, serviços gratuitos de assistência linguística estão disponíveis para você. Auxílios e serviços apropriados para fornecer informações em formatos acessíveis também estão disponíveis gratuitamente. Ligue para 1-800-244-6224 (TTY: disque 711) ou fale com seu prestador de serviços.

**Polish – UWAGA:** Jeśli mówisz po polsku, dostępne są bezpłatne usługi pomocy językowej. Odpowiednie pomoce i usługi wspierające w celu dostarczenia informacji w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 1-800-244-6224 (TTY: wybierz 711) lub skontaktuj się ze swoim dostawcą usług.

**Japanese – 注意:** 日本語を話す場合は、無料の言語支援サービスが利用できます。アクセス可能な形式で情報を提供するための適切な補助機器やサービスも無料で利用できます。1-800-244-6224 (TTY: 711 にダイヤル) に電話するか、提供者に話してください。

**Italian – ATTENZIONE:** Se parli italiano, sono disponibili per te servizi gratuiti di assistenza linguistica. Sono disponibili gratuitamente anche ausili e servizi appropriati per fornire informazioni in formati accessibili. Chiama il numero 1-800-244-6224 (TTY: comporre il 711) o parla con il tuo fornitore.

**German – Achtung:** Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistentendienste zur Verfügung. Geeignete Hilfsmittel und Dienste, um Informationen in barrierefreien Formaten bereitzustellen, sind ebenfalls kostenlos verfügbar. Rufen Sie 1-800-244-6224 an (TTY: Wählen Sie 711) oder sprechen Sie mit Ihrem Anbieter.

**Persian (Farsi) - همچنین،** وسایل و خدمات کمکی مناسب برای در دسترس است. خدمات رایگان کمک زبان برای شما صحبت می‌کنند، توجه: اگر به فارسی تماس بگیرید یا با (شماره 711 را بگیرید TTY) ارائه اطلاعات در قالبهای قابل دسترس به صورت رایگان در دسترس هستند. با شماره 1-800-244-6224 ارائه‌دهنده خود صحبت کنید