



## **Kaiser Permanente Colorado Commercial Marketplace Formulary (List of Covered Drugs)**

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**Please Read:** This document contains information about the drugs we cover when you participate in a Kaiser Permanente Colorado Commercial Individual and Small group plan being offered on or off the Colorado health insurance marketplace, *Connect for Health Colorado*. The listing does not provide information regarding specific coverage, including specific exclusions, copays, or coinsurances. That information can be found by referring to the *Evidence of Coverage* or *Individual Membership Agreement*. If you have specific questions about your prescription benefits, please contact Member Services at **303-338-3800 (TTY 711)** or toll free at 1-800-632-9700.

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### **What is the Kaiser Permanente Colorado Commercial Marketplace Drug Formulary?**

A formulary is a list of covered drugs chosen by a group of Kaiser Permanente physicians and pharmacists known as the Pharmacy and Therapeutics Committee. This committee meets regularly to evaluate and select the safest, most effective medications for our members. Kaiser Permanente may add or remove drugs from the formulary during the year. Our Pharmacy and Therapeutics Committee thoroughly reviews medical literature and selects drugs for our formulary based on how safe and effective they are, among other factors.

### **What drugs are covered?**

Kaiser Permanente will generally cover brand name (when no generic is available), generic and specialty tier drugs listed on our formulary, if the drug is medically necessary, the prescription is filled at a Kaiser Permanente or a participating network pharmacy, and other plan rules are followed.

Drugs listed on the formulary are covered by your prescription drug benefit when dispensed for use in an outpatient setting. Some drugs have restrictions. Using drugs on the formulary helps maintain quality care for our members while keeping the cost of prescription drugs affordable.

### **What is a generic drug?**

A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name and specialty tier drugs. In most cases, a generic equivalent is dispensed when available. Members will be notified at the time of service when a generic equivalent is dispensed in place of a brand name drug.

## What is a brand name drug?

Brand name drugs are manufactured and sold by the drug company that originally researched and developed the drug. When the patent on a brand name drug expires, other drug companies may manufacture and sell an FDA-approved generic version of the drug with the same active ingredient(s) at lower prices.

## What is a specialty tier drug?

Drugs listed as a specialty tier drug are very high-cost drugs.

## Are Over-the-Counter (OTC) items covered on the formulary?

Generally, most plans exclude drugs that are also available over-the-counter. Your plan allows for the following types of over-the-counter items to be covered:

**Aspirin** – Covered when used for the prevention of cardiovascular disease, when the potential harm of an increase in gastrointestinal hemorrhage is outweighed by a potential benefit of a reduction in myocardial infarctions (men aged 45-79 years; women age 55 to 79 years). Covered after 12 weeks of gestation in women who are at high risk for preeclampsia.

**Oral Fluoride** – Covered for dental caries in preschool children and should be prescribed at currently recommended doses to preschool children older than 6 months whose primary water source is deficient in fluoride.

**Folic Acid** – Covered for woman planning or capable of getting pregnant.

**Iron Supplements** – Covered for asymptomatic children aged 6 to 12 months who are at increased risk for iron deficiency anemia.

**Female Contraceptives** – Covered over-the-counter items such as spermicides and sponges.

**Colonoscopy (bowel) preparation medications** – Covered when medically necessary when associated with a preventive colonoscopy.

**Nicotine Replacement** – Covered over-the-counter items for tobacco cessation products such as nicotine patches, gum or lozenges if your plan allows.

## What drugs are not covered?

Drugs not listed on the formulary are referred to as non-preferred or non-formulary drugs and are not covered unless Kaiser Permanente determines that they are medically necessary through the formulary exception process. Prescriptions for non-preferred or non-formulary medications that are determined not to be medically necessary may be filled at Kaiser Permanente or a participating network pharmacy for the full retail price.

## Are there any restrictions on the drugs covered on the formulary?

Some covered drugs may have additional requirements or limits on coverage. For these drugs, Kaiser Permanente may require you or your provider to get an approval from us before you fill your prescription. Additionally, when there is a national shortage of a drug, we may limit the quantity of the drug dispensed. These restriction types are noted in the formulary list within this document.

The type of restrictions that may require an approval or may be limited include:

| Restriction Type | Guidelines             | Description                                                                                                                                                                                         |
|------------------|------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| AGE              | Age Limits             | A drug that is restricted to a specific age or age range.                                                                                                                                           |
| PR               | Physician Restrictions | A drug that is required to be written by a provider specialized in the treatment of certain conditions. For example, a drug used for cancer may be restricted to providers specialized in Oncology. |
| PA               | Prior Authorization    | A drug that requires specific medical criteria be met and requires approval by the plan prior to being dispensed for benefit.                                                                       |
| RB               | Restricted to Benefit  | A drug that is restricted to a certain benefit for coverage and the cost share may be different than the tier listed.                                                                               |
| QL               | Quantity Limits        | A drug that has a quantity limit.                                                                                                                                                                   |
| DS               | Day Supply Limits      | A drug that is limited to a specific day supply.                                                                                                                                                    |
| ST               | Step Therapy           | A drug that requires a similar therapy be tried prior to dispensing this drug for prescription benefit.                                                                                             |
| MO               | Maintenance Medication | A drug that is considered to be a maintenance medication. Note: Not all maintenance medications can be mailed from our mail                                                                         |

|  |  |                                                                                |
|--|--|--------------------------------------------------------------------------------|
|  |  | order pharmacy such as high-cost drugs or drugs that require special handling. |
|--|--|--------------------------------------------------------------------------------|

## How to request an exception to a drug not covered on the formulary or a drug that has a restriction or limitation?

You should contact us to ask for an initial coverage decision for a formulary or restriction exception. When requesting an exception, we will need a statement from your provider supporting the request. Generally, we must make our decision within 72 hours of getting your providers supporting statement.

## What drugs are eligible to be mailed from the mail order pharmacy?

Most drugs can be mailed from our mail order pharmacy. Some drugs (such as high-cost drugs or drugs that require special handling) may not be eligible for mailing. Drugs cannot be mailed outside the United States.

Your prescription drug plan may allow you to receive an extended day supply (e.g., 90-day supply) of maintenance medications for only one or two copayments if you use the mail order pharmacy. A maintenance medication is one that Kaiser Permanente has determined would be taken long term and for chronic conditions for most of the population. These medications are noted with a MO in the formulary list within this document.

You can order refills through our mail-order service online at [kp.org/refill](http://kp.org/refill) or by phone or mobile app. There is no extra charge for mail order. The appropriate cost share will apply.

## Kaiser Permanente Formulary

The formulary list within this document provides the drugs covered under your plan and notes any restrictions or limits required for a drug.

The first column of the chart lists the drug name.

- Generic drugs are listed by their generic name (in *italics*), (e.g., atorvastatin oral tablet 10 mg, 20 mg)
- Some generic drugs have a proprietary (brand) name and are listed in CAPITAL letters (e.g., JUNE 1/20 (21) ORAL TABLET 1-20 MG-MCG)
- Brand drugs are listed by their brand name in CAPITAL letters (e.g., JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG)

The second column, "Drug Tier," will indicate what tier number the drug is in. Drugs on our formulary are categorized in one of seven tiers.

| Tier Value | Guideline | Description                                    |
|------------|-----------|------------------------------------------------|
| 1          | Tier 1    | Preventive drugs under the Affordable Care Act |
| 2          | Tier 2    | Preferred Generic Drugs                        |

|   |        |                                                          |
|---|--------|----------------------------------------------------------|
| 3 | Tier 3 | Preferred Brand Drugs                                    |
| 4 | Tier 4 | Non-Preferred Generic and Brand Drugs                    |
| 5 | Tier 5 | Specialty Drugs                                          |
| 6 | Tier 6 | Medical Supply Drugs administered in a medical office    |
| 7 | Tier 7 | Diabetic Supplies allowed under the prescription benefit |

Note: Not all plans have a different cost share for each tier designated. Also, some drugs are required to be covered at no cost to members. Refer to your *Evidence of Coverage* or *Individual Membership Agreement* for information on specific drug coverage for your plan.

The third column of the chart will indicate any restrictions or limits for that drug.

## NONDISCRIMINATION NOTICE

Kaiser Foundation Health Plan of Colorado (Kaiser Health Plan) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Kaiser Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. We also:

- Provide no-cost aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats, such as large print, audio, and accessible electronic formats
- Provide no-cost language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, call **1-800-632-9700** (TTY **711**).

If you believe that Kaiser Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by mail at: Customer Experience Department, Attn: Kaiser Permanente Civil Rights Coordinator, 10350 E. Dakota Ave, Denver, CO 80247, or by phone at Member Services **1-800-632-9700** (TTY **711**).

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, **1-800-368-1019**, (TTY **1-800-537-7697**). Complaint forms are available at [hhs.gov/ocr/office/file/index.html](https://hhs.gov/ocr/office/file/index.html).

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## HELP IN YOUR LANGUAGE

**ATTENTION:** If you speak English, language assistance services, free of charge, are available to you. Call **1-800-632-9700** (TTY **711**).

**አማርኛ (Amharic) ማስታወሻ:** የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ **1-800-632-9700** (TTY **711**).

**العربية (Arabic) ملحوظة:** إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم **1-800-632-9700** (TTY **711**).

**፳፻፲፱ Wùdù (Bassa) Dè dɛ nià kɛ dyédé gbo:** ɔ jũ ké ñ Bàsòò-wùdù-po-nyò jũ ní, níí, à wuɖu kà kò dò po-poò bɛ́ín ñ gbo kpáa. **፳፻፲፱ 1-800-632-9700** (TTY **711**)

**中文 (Chinese) 注意:** 如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 **1-800-632-9700** (TTY **711**)。

**فارسی (Farsi) توجه:** اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با **1-800-632-9700** (TTY **711**) تماس بگیرید.

**Français (French) ATTENTION:** Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le **1-800-632-9700** (TTY **711**).

**Deutsch (German) ACHTUNG:** Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung.  
Rufnummer: **1-800-632-9700 (TTY 711).**

**Igbo (Igbo) NRUBAMA:** O bụrụ na i na asụ Igbo, ọrụ enyemaka asụsụ, n'efu, diiri gi.  
Kpọọ **1-800-632-9700 (TTY 711).**

**日本語 (Japanese) 注意事項:** 日本語を話される場合、無料の言語支援をご利用いただけます。**1-800-632-9700 (TTY 711)** まで、お電話にてご連絡ください。

**한국어 (Korean) 주의:** 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-800-632-9700 (TTY 711)** 번으로 전화해 주십시오.

**Naabeehó (Navajo) Díí baa akó nínízin:** Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éí ná hóló, koji' hódíłnih **1-800-632-9700 (TTY 711).**

**नेपाली (Nepali) ध्यान दिनुहोस्:** तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ । **1-800-632-9700 (TTY: 711)** फोन गर्नुहोस् ।

**Afaan Oromoo (Oromo) XIYYEEFFANNAA:** Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa **1-800-632-9700 (TTY 711).**

**Русский (Russian) ВНИМАНИЕ:** если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-800-632-9700 (TTY 711).**

**Español (Spanish) ATENCIÓN:** si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-800-632-9700 (TTY 711).**

**Tagalog (Tagalog) PAUNAWA:** Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad.  
Tumawag sa **1-800-632-9700 (TTY 711).**

**Tiếng Việt (Vietnamese) CHÚ Ý:** Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-800-632-9700 (TTY 711).**

**Yorùbá (Yoruba) AKIYESI:** Ti o ba nso ede Yoruba ofe ni iranlowo lori ede wa fun yin o. E pe ero ibanisoro yi **1-800-632-9700 (TTY 711).**

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CURRENT AS OF 10/18/2022

| Drug Name                                                | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|----------------------------------------------------------|-----------|--------------------------------------------------|
| <b>Allergy</b>                                           |           |                                                  |
| <b>Antihistamines - 1St Generation</b>                   |           |                                                  |
| <i>cypheptadine oral syrup 2 mg/5 ml</i>                 | Tier 2    |                                                  |
| <i>cypheptadine oral tablet 4 mg</i>                     | Tier 2    |                                                  |
| <i>diphenhydramine hcl injection solution 50 mg/ml</i>   | Tier 2    |                                                  |
| <i>diphenhydramine hcl injection syringe 50 mg/ml</i>    | Tier 2    |                                                  |
| <i>hydroxyzine hcl intramuscular solution 50 mg/ml</i>   | Tier 2    |                                                  |
| <i>hydroxyzine hcl oral solution 10 mg/5 ml</i>          | Tier 2    | MO                                               |
| <i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>   | Tier 2    | MO                                               |
| <i>promethazine injection solution 25 mg/ml</i>          | Tier 2    |                                                  |
| <i>promethazine oral tablet 12.5 mg, 25 mg</i>           | Tier 2    |                                                  |
| <b>Nasal Antihistamine</b>                               |           |                                                  |
| <i>azelastine nasal aerosol, spray 137 mcg (0.1 %)</i>   | Tier 2    |                                                  |
| <b>Antiemesis/Antivertigo</b>                            |           |                                                  |
| <b>Antiemetic, Cannabinoid-Type</b>                      |           |                                                  |
| <i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>       | Tier 2    |                                                  |
| <b>Antiemetic/Antivertigo Agents</b>                     |           |                                                  |
| <i>COMPRO RECTAL SUPPOSITORY 25 MG</i>                   | Tier 2    |                                                  |
| <i>dimenhydrinate injection solution 50 mg/ml</i>        | Tier 2    |                                                  |
| <i>fosaprepitant intravenous recon soln 150 mg</i>       | Tier 2    |                                                  |
| <i>ondansetron hcl (pf) injection solution 4 mg/2 ml</i> | Tier 2    |                                                  |
| <i>ondansetron hcl oral solution 4 mg/5 ml</i>           | Tier 2    |                                                  |

| Drug Name                                                                 | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|---------------------------------------------------------------------------|-----------|--------------------------------------------------|
| <i>ondansetron hcl oral tablet 4 mg, 8 mg</i>                             | Tier 2    |                                                  |
| <i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>                 | Tier 2    |                                                  |
| <b>PHENADOZ RECTAL SUPPOSITORY 12.5 MG, 25 MG</b>                         | Tier 2    |                                                  |
| <i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)</i> | Tier 2    |                                                  |
| <i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>                   | Tier 2    |                                                  |
| <i>prochlorperazine rectal suppository 25 mg</i>                          | Tier 2    |                                                  |
| <i>promethazine rectal suppository 12.5 mg, 25 mg</i>                     | Tier 2    |                                                  |
| <b>PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG</b>                      | Tier 2    |                                                  |
| <i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i>          | Tier 2    |                                                  |
| <b>TRANSDERM-SCOP TRANSDERMAL PATCH 3 DAY 1 MG OVER 3 DAYS</b>            | Tier 3    |                                                  |
| <b>Asthma And Copd</b>                                                    |           |                                                  |
| <b>Anticholinergic, Orally Inhaled Short Acting</b>                       |           |                                                  |
| <i>ipratropium bromide inhalation solution 0.02 %</i>                     | Tier 2    |                                                  |
| <b>Anticholinergics, Orally Inhaled Long Acting</b>                       |           |                                                  |
| <b>SPIRIVA RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION</b>                 | Tier 3    |                                                  |
| <b>Beta-Adrenergic Agents</b>                                             |           |                                                  |
| <i>albuterol sulfate oral syrup 2 mg/5 ml</i>                             | Tier 2    |                                                  |
| <i>albuterol sulfate oral tablet 2 mg, 4 mg</i>                           | Tier 2    |                                                  |
| <i>albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg</i>    | Tier 2    |                                                  |
| <i>metaproterenol oral syrup 10 mg/5 ml</i>                               | Tier 2    |                                                  |

| Drug Name                                                                                                                               | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|-----------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------|
| <i>terbutaline oral tablet 2.5 mg, 5 mg</i>                                                                                             | Tier 2    |                                                  |
| <i>terbutaline subcutaneous solution 1 mg/ml</i>                                                                                        | Tier 2    |                                                  |
| <b>Beta-Adrenergic Agents, Inhaled, Short Acting</b>                                                                                    |           |                                                  |
| <i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i>                                                                | Tier 2    |                                                  |
| <i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg/3 ml (0.083 %), 2.5 mg/0.5 ml, 5 mg/ml</i> | Tier 2    |                                                  |
| <i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml</i>                   | Tier 2    |                                                  |
| <i>levalbuterol tartrate inhalation hfa aerosol inhaler 45 mcg/actuation</i>                                                            | Tier 2    |                                                  |
| XOPENEX CONCENTRATE INHALATION SOLUTION FOR NEBULIZATION 1.25 MG/0.5 ML                                                                 | Tier 3    |                                                  |
| XOPENEX HFA INHALATION HFA AEROSOL INHALER 45 MCG/ACTUATION                                                                             | Tier 3    |                                                  |
| XOPENEX INHALATION SOLUTION FOR NEBULIZATION 0.31 MG/3 ML, 0.63 MG/3 ML, 1.25 MG/3 ML                                                   | Tier 3    |                                                  |
| <b>Beta-Adrenergic Agents, Inhaled, Ultra-Long Acting</b>                                                                               |           |                                                  |
| STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION                                                                                    | Tier 3    |                                                  |

| Drug Name                                                                                                              | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------|
| <b>Beta-Adrenergic And Anticholinergic Combinations</b>                                                                |           |                                                  |
| <i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg (2.5 mg base)/3 ml</i>                       | Tier 2    |                                                  |
| STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION                                                                 | Tier 3    |                                                  |
| <b>Beta-Adrenergic And Glucocorticoid Combinations</b>                                                                 |           |                                                  |
| ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION              | Tier 3    | PA                                               |
| <i>fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i> | Tier 2    |                                                  |
| SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION                                   | Tier 3    |                                                  |
| WIXELA INHUB INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE                          | Tier 2    |                                                  |
| <b>Glucocorticoids, Orally Inhaled</b>                                                                                 |           |                                                  |
| ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION, 80 MCG/ACTUATION                                             | Tier 3    |                                                  |
| ASMANEX HFA INHALATION HFA AEROSOL INHALER 100 MCG/ACTUATION, 200 MCG/ACTUATION                                        | Tier 3    | ST                                               |

| Drug Name                                                                                                                                                         | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------|
| ASMANEX TWISTHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60) | Tier 3    | PA                                               |
| <i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>                                                                                | Tier 2    |                                                  |
| FLOVENT HFA INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION                                                                                                       | Tier 3    | Age                                              |
| <i>fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation</i>                                                                                     | Tier 2    | Age                                              |
| <b>Interleukin-4(IL-4) Receptor Alpha Antagonist, Mab</b>                                                                                                         |           |                                                  |
| DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML                                                                                                | Tier 5    | PA; DS                                           |
| DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML                                                                                                 | Tier 5    | PA; DS                                           |
| <b>Interleukin-5(IL-5) Receptor Alpha Antagonist, Mab</b>                                                                                                         |           |                                                  |
| FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML                                                                                                                   | Tier 5    | PA; DS                                           |
| <b>Leukotriene Receptor Antagonists</b>                                                                                                                           |           |                                                  |
| <i>montelukast oral tablet 10 mg</i>                                                                                                                              | Tier 2    |                                                  |
| <i>montelukast oral tablet, chewable 4 mg, 5 mg</i>                                                                                                               | Tier 2    |                                                  |
| <b>Mast Cell Stabilizers, Orally Inhaled</b>                                                                                                                      |           |                                                  |
| <i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>                                                                                                   | Tier 2    |                                                  |

| Drug Name                                                                             | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|---------------------------------------------------------------------------------------|-----------|--------------------------------------------------|
| <b>Xanthines</b>                                                                      |           |                                                  |
| ELIXOPHYLLIN ORAL ELIXIR 80 MG/15 ML                                                  | Tier 2    |                                                  |
| THEO-24 ORAL CAPSULE, EXTENDED RELEASE 24HR 300 MG                                    | Tier 3    |                                                  |
| THEOCHRON ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 200 MG, 300 MG                   | Tier 2    |                                                  |
| <i>theophylline oral elixir 80 mg/15 ml</i>                                           | Tier 2    |                                                  |
| <i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg</i> | Tier 2    |                                                  |
| <i>theophylline oral tablet extended release 24 hr 400 mg</i>                         | Tier 2    |                                                  |
| <b>Autonomic Nervous System Disorders</b>                                             |           |                                                  |
| <b>Alzheimer's Therapy, Nmda Receptor Antagonists</b>                                 |           |                                                  |
| <i>memantine oral tablet 10 mg, 5 mg</i>                                              | Tier 2    |                                                  |
| <i>memantine oral tablets, dose pack 5-10 mg</i>                                      | Tier 2    |                                                  |
| <b>Cholinesterase Inhibitors</b>                                                      |           |                                                  |
| <i>donepezil oral tablet 10 mg, 5 mg</i>                                              | Tier 2    |                                                  |
| <i>galantamine oral capsule, ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i>            | Tier 2    |                                                  |
| <i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i>                                      | Tier 2    |                                                  |
| MESTINON ORAL SYRUP 60 MG/5 ML                                                        | Tier 3    |                                                  |
| <i>physostigmine salicylate injection solution 1 mg/ml</i>                            | Tier 2    |                                                  |
| <i>pyridostigmine bromide oral syrup 60 mg/5 ml</i>                                   | Tier 2    |                                                  |
| <i>pyridostigmine bromide oral tablet 60 mg</i>                                       | Tier 2    |                                                  |
| <i>pyridostigmine bromide oral tablet extended release 180 mg</i>                     | Tier 2    |                                                  |

| Drug Name                                                              | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|------------------------------------------------------------------------|-----------|--------------------------------------------------|
| <b>Behavioral Health - Antidepressants</b>                             |           |                                                  |
| <b>Alpha-2 Receptor Antagonist Antidepressants</b>                     |           |                                                  |
| <i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>             | Tier 2    |                                                  |
| <b>Maois - Non-Selective &amp; Irreversible</b>                        |           |                                                  |
| <i>phenelzine oral tablet 15 mg</i>                                    | Tier 2    |                                                  |
| <i>tranylcypromine oral tablet 10 mg</i>                               | Tier 2    |                                                  |
| <b>Norepinephrine And Dopamine Reuptake Inhib (Ndris)</b>              |           |                                                  |
| <i>bupropion hcl oral tablet 100 mg, 75 mg</i>                         | Tier 2    |                                                  |
| <i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i> | Tier 2    |                                                  |
| <b>Selective Serotonin Reuptake Inhibitor (Ssris)</b>                  |           |                                                  |
| <i>citalopram oral solution 10 mg/5 ml</i>                             | Tier 2    |                                                  |
| <i>citalopram oral tablet 10 mg, 20 mg, 40 mg</i>                      | Tier 2    |                                                  |
| <i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>             | Tier 2    |                                                  |
| <i>fluoxetine oral capsule 10 mg, 20 mg, 40 mg</i>                     | Tier 2    |                                                  |
| <i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>                   | Tier 2    |                                                  |
| <i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i>                    | Tier 2    |                                                  |
| <i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>           | Tier 2    |                                                  |
| <i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i>                     | Tier 2    |                                                  |
| <b>Serotonin-2 Antagonist/Reuptake Inhibitors (Saris)</b>              |           |                                                  |
| <i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>    | Tier 2    |                                                  |
| <i>trazodone oral tablet 100 mg, 150 mg, 50 mg</i>                     | Tier 2    |                                                  |

| Drug Name                                                                                                        | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------|
| <b>Serotonin-Norepinephrine Reuptake-Inhib (Snris)</b>                                                           |           |                                                  |
| <i>duloxetine oral capsule, delayed release (drlec) 20 mg, 30 mg, 60 mg</i>                                      | Tier 2    |                                                  |
| <i>venlafaxine oral capsule, extended release 24hr 150 mg, 37.5 mg, 75 mg</i>                                    | Tier 2    |                                                  |
| <i>venlafaxine oral tablet 100 mg, 50 mg, 75 mg</i>                                                              | Tier 2    |                                                  |
| <b>Tricyclic Antidepressants &amp; Rel. Non-Sel. Ru-Inhib</b>                                                    |           |                                                  |
| <i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>                                      | Tier 2    |                                                  |
| <i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i>                                                             | Tier 2    |                                                  |
| <i>desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>                                        | Tier 2    |                                                  |
| <i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>                                           | Tier 2    |                                                  |
| <i>doxepin oral concentrate 10 mg/ml</i>                                                                         | Tier 2    |                                                  |
| <i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>                                                            | Tier 2    |                                                  |
| <i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>                                                     | Tier 2    |                                                  |
| <i>nortriptyline oral solution 10 mg/5 ml</i>                                                                    | Tier 2    |                                                  |
| <b>Behavioral Health - Other</b>                                                                                 |           |                                                  |
| <b>Adrenergics, Aromatic, Non-Catecholamine</b>                                                                  |           |                                                  |
| <i>dextroamphetamine sulfate oral capsule, extended release 10 mg, 15 mg, 5 mg</i>                               | Tier 2    | DS                                               |
| <i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i>                                                         | Tier 2    | DS                                               |
| <i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i> | Tier 2    | DS; QL                                           |

| Drug Name                                                                                 | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|-------------------------------------------------------------------------------------------|-----------|--------------------------------------------------|
| <i>dextroamphetamine-amphetamine oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i> | Tier 2    | DS                                               |
| ZENZEDI ORAL TABLET 10 MG, 5 MG                                                           | Tier 2    | DS                                               |
| <b>Anti-Alcoholic Preparations</b>                                                        |           |                                                  |
| <i>acamprosate oral tablet, delayed release (drlec) 333 mg</i>                            | Tier 2    |                                                  |
| ANTABUSE ORAL TABLET 500 MG                                                               | Tier 3    |                                                  |
| <i>disulfiram oral tablet 250 mg, 500 mg</i>                                              | Tier 2    |                                                  |
| <b>Anti-Anxiety - Benzodiazepines</b>                                                     |           |                                                  |
| <i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>                                 | Tier 2    | DS                                               |
| <i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>                               | Tier 2    | DS                                               |
| <i>diazepam injection solution 5 mg/ml</i>                                                | Tier 2    | DS                                               |
| <i>diazepam injection syringe 5 mg/ml</i>                                                 | Tier 2    | DS                                               |
| <i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>                                             | Tier 2    | DS                                               |
| LORAZEPAM INTENSOL ORAL CONCENTRATE 2 MG/ML                                               | Tier 2    | DS                                               |
| <i>lorazepam oral concentrate 2 mg/ml</i>                                                 | Tier 2    | DS                                               |
| <i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>                                           | Tier 2    | DS                                               |
| <i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>                                          | Tier 2    | DS                                               |
| <b>Anti-Anxiety Drugs</b>                                                                 |           |                                                  |
| <i>buspirone oral tablet 10 mg, 15 mg, 5 mg, 7.5 mg</i>                                   | Tier 2    |                                                  |
| <b>Anti-Mania Drugs</b>                                                                   |           |                                                  |
| <i>lithium carbonate oral capsule 150 mg, 300 mg</i>                                      | Tier 2    |                                                  |
| <i>lithium carbonate oral tablet 300 mg</i>                                               | Tier 2    |                                                  |

| Drug Name                                                                  | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|----------------------------------------------------------------------------|-----------|--------------------------------------------------|
| <i>lithium carbonate oral tablet extended release 300 mg, 450 mg</i>       | Tier 2    |                                                  |
| <i>lithium citrate oral solution 8 meq/5 ml</i>                            | Tier 2    |                                                  |
| <b>Antipsych, Dopamine Antag., Diphenylbutylpiperidines</b>                |           |                                                  |
| <i>pimozide oral tablet 2 mg</i>                                           | Tier 2    |                                                  |
| <b>Antipsychotics, Atyp, D2 Partial Agonist/5Ht Mixed</b>                  |           |                                                  |
| <i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>     | Tier 2    |                                                  |
| <b>Antipsychotics, Dopamine &amp; Serotonin Antagonists</b>                |           |                                                  |
| <i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>           | Tier 2    |                                                  |
| <b>Antipsychotics, Atypical, Dopamine, &amp; Serotonin Antag</b>           |           |                                                  |
| <i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>                  | Tier 2    | DS                                               |
| <i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>    | Tier 2    |                                                  |
| <i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i> | Tier 2    |                                                  |
| <i>risperidone oral solution 1 mg/ml</i>                                   | Tier 2    |                                                  |
| <i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>     | Tier 2    |                                                  |
| <i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>             | Tier 2    |                                                  |
| <b>Antipsychotics, Dopamine Antagonists, Thioxanthenes</b>                 |           |                                                  |
| <i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>                    | Tier 2    |                                                  |
| <b>Antipsychotics, Dopamine Antagonists, Butyrophenones</b>                |           |                                                  |
| <i>droperidol injection solution 2.5 mg/ml</i>                             | Tier 2    |                                                  |
| <i>haloperidol decanoate intramuscular solution 100 mg/ml</i>              | Tier 2    |                                                  |

| Drug Name                                                                                 | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|-------------------------------------------------------------------------------------------|-----------|--------------------------------------------------|
| <i>haloperidol lactate injection solution 5 mg/ml</i>                                     | Tier 2    |                                                  |
| <i>haloperidol lactate oral concentrate 2 mg/ml</i>                                       | Tier 2    |                                                  |
| <i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>                     | Tier 2    |                                                  |
| <b>Anti-Psychotics, Phenothiazines</b>                                                    |           |                                                  |
| <i>chlorpromazine injection solution 25 mg/ml</i>                                         | Tier 2    |                                                  |
| <i>chlorpromazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>                             | Tier 2    |                                                  |
| <i>fluphenazine decanoate injection solution 25 mg/ml</i>                                 | Tier 2    |                                                  |
| <i>fluphenazine hcl oral concentrate 5 mg/ml</i>                                          | Tier 2    |                                                  |
| <i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i>                                           | Tier 2    |                                                  |
| <i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>                             | Tier 2    |                                                  |
| <i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>                                   | Tier 2    |                                                  |
| <i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>                               | Tier 2    |                                                  |
| <i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>                                | Tier 2    |                                                  |
| <b>Barbiturates</b>                                                                       |           |                                                  |
| <i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>                                     | Tier 2    |                                                  |
| <i>phenobarbital oral tablet 100 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i> | Tier 2    |                                                  |
| SECONAL SODIUM ORAL CAPSULE 100 MG                                                        | Tier 3    |                                                  |
| <b>Narcolepsy And Sleep Disorder Therapy Agents</b>                                       |           |                                                  |
| <i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i>                              | Tier 2    | DS                                               |
| <i>modafinil oral tablet 100 mg, 200 mg</i>                                               | Tier 2    | DS                                               |
| <b>Narcotic Antagonists</b>                                                               |           |                                                  |
| <i>naloxone injection solution 0.4 mg/ml</i>                                              | Tier 2    |                                                  |

| Drug Name                                                                                           | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|-----------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------|
| <i>naloxone injection syringe 1 mg/ml</i>                                                           | Tier 2    |                                                  |
| <i>naloxone nasal spray, non-aerosol 4 mg/actuation</i>                                             | Tier 2    |                                                  |
| <i>naltrexone oral tablet 50 mg</i>                                                                 | Tier 2    |                                                  |
| <b>Sedative-Hypnotics - Benzodiazepines</b>                                                         |           |                                                  |
| <i>temazepam oral capsule 15 mg, 30 mg</i>                                                          | Tier 2    | DS                                               |
| <i>triazolam oral tablet 0.125 mg, 0.25 mg</i>                                                      | Tier 2    | DS                                               |
| <b>Sedative-Hypnotics, Non-Barbiturate</b>                                                          |           |                                                  |
| <i>zolpidem oral tablet 10 mg, 5 mg</i>                                                             | Tier 2    | DS                                               |
| <b>Tx For Adhd - Selective Alpha-2A Receptor Agonist</b>                                            |           |                                                  |
| <i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i>                         | Tier 2    |                                                  |
| <b>Tx For Attention Deficit-Hyperact(Adhd)/Narcolepsy</b>                                           |           |                                                  |
| METADATE ER ORAL TABLET EXTENDED RELEASE 20 MG                                                      | Tier 2    | DS                                               |
| <i>methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i> | Tier 2    | DS; QL                                           |
| <i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>                                           | Tier 2    | DS                                               |
| <i>methylphenidate hcl oral tablet extended release 10 mg, 20 mg</i>                                | Tier 2    | DS                                               |
| <i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg</i>             | Tier 2    | DS; QL                                           |
| <b>Tx For Attention Deficit-Hyperact.(Adhd), Nri-Type</b>                                           |           |                                                  |
| <i>atomoxetine oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i>                    | Tier 2    |                                                  |
| <b>Cardiovascular Disease - Arrhythmia</b>                                                          |           |                                                  |
| <b>Antiarrhythmics</b>                                                                              |           |                                                  |
| <i>adenosine intravenous syringe 3 mg/ml</i>                                                        | Tier 2    |                                                  |



| Drug Name                                                                     | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|-------------------------------------------------------------------------------|-----------|--------------------------------------------------|
| <i>amiodarone intravenous solution 50 mg/ml</i>                               | Tier 2    |                                                  |
| <i>amiodarone oral tablet 200 mg</i>                                          | Tier 2    |                                                  |
| <i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>                     | Tier 2    |                                                  |
| <i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>                      | Tier 2    |                                                  |
| <i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>                           | Tier 2    |                                                  |
| <i>lidocaine (pf) intravenous syringe 100 mg/5 ml (2 %), 50 mg/5 ml (1 %)</i> | Tier 2    |                                                  |
| <i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i>                         | Tier 2    |                                                  |
| NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 100 MG, 150 MG                      | Tier 3    |                                                  |
| PACERONE ORAL TABLET 200 MG                                                   | Tier 2    |                                                  |
| <i>procainamide injection solution 100 mg/ml</i>                              | Tier 2    |                                                  |
| <i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>                         | Tier 2    |                                                  |
| <i>quinidine gluconate oral tablet extended release 324 mg</i>                | Tier 2    |                                                  |
| <i>quinidine sulfate oral tablet 200 mg, 300 mg</i>                           | Tier 2    |                                                  |
| <b>Cardiovascular Disease - Cardiac Stimulant</b>                             |           |                                                  |
| <b>Adrenergic Agents, Catecholamines</b>                                      |           |                                                  |
| ADRENALIN INJECTION SOLUTION 1 MG/ML, 1 MG/ML (1 ML)                          | Tier 3    |                                                  |
| <i>epinephrine injection solution 1 mg/ml, 1 mg/ml (1 ml)</i>                 | Tier 2    |                                                  |
| <i>epinephrine injection syringe 0.1 mg/ml</i>                                | Tier 2    |                                                  |
| <i>norepinephrine bitartrate intravenous solution 1 mg/ml</i>                 | Tier 2    |                                                  |

| Drug Name                                                                          | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|------------------------------------------------------------------------------------|-----------|--------------------------------------------------|
| <b>Digitalis Glycosides</b>                                                        |           |                                                  |
| DIGITEK ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG)                          | Tier 2    |                                                  |
| DIGOX ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG)                            | Tier 2    |                                                  |
| <i>digoxin injection solution 250 mcg/ml (0.25 mg/ml)</i>                          | Tier 2    |                                                  |
| <i>digoxin oral solution 50 mcg/ml (0.05 mg/ml)</i>                                | Tier 3    |                                                  |
| <i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>                   | Tier 2    |                                                  |
| <b>Cardiovascular Disease - Hypertension</b>                                       |           |                                                  |
| <b>Ace Inhibitor/Thiazide &amp; Thiazide-Like Diuretic</b>                         |           |                                                  |
| <i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> | Tier 2    |                                                  |
| <b>Alpha/Beta-Adrenergic Blocking Agents</b>                                       |           |                                                  |
| <i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>                    | Tier 2    |                                                  |
| <i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>                                | Tier 2    |                                                  |
| <b>Alpha-Adrenergic Blocking Agents</b>                                            |           |                                                  |
| <i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>                                | Tier 2    |                                                  |
| <i>phenoxylbenzamine oral capsule 10 mg</i>                                        | Tier 2    |                                                  |
| <i>phentolamine injection recon soln 5 mg</i>                                      | Tier 2    | RB; QL                                           |
| <i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>                                      | Tier 2    |                                                  |
| <i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>                              | Tier 2    |                                                  |



| Drug Name                                                                          | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|------------------------------------------------------------------------------------|-----------|--------------------------------------------------|
| <b>Angiotensin Receptor Antag./Thiazide Diuretic Comb</b>                          |           |                                                  |
| <i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i> | Tier 2    |                                                  |
| <b>Antihypertensives, Ace Inhibitors</b>                                           |           |                                                  |
| <i>benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>                            | Tier 2    |                                                  |
| <i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>                         | Tier 2    |                                                  |
| <i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>             | Tier 2    |                                                  |
| <b>Antihypertensives, Angiotensin Receptor Antagonist</b>                          |           |                                                  |
| <i>losartan oral tablet 100 mg, 25 mg, 50 mg</i>                                   | Tier 2    |                                                  |
| <b>Antihypertensives, Miscellaneous</b>                                            |           |                                                  |
| <b>NITROPRESS INTRAVENOUS SOLUTION 25 MG/ML</b>                                    | Tier 3    |                                                  |
| <i>sodium nitroprusside intravenous solution 25 mg/ml</i>                          | Tier 2    |                                                  |
| <b>Antihypertensives, Sympatholytic</b>                                            |           |                                                  |
| <i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>                            | Tier 2    |                                                  |
| <i>guanfacine oral tablet 1 mg, 2 mg</i>                                           | Tier 2    |                                                  |
| <i>methyldopa oral tablet 250 mg, 500 mg</i>                                       | Tier 2    |                                                  |
| <b>Antihypertensives, Vasodilators</b>                                             |           |                                                  |
| <i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>                         | Tier 2    |                                                  |
| <i>minoxidil oral tablet 10 mg, 2.5 mg</i>                                         | Tier 2    |                                                  |
| <b>Beta-Adrenergic Blocking Agents</b>                                             |           |                                                  |
| <i>acebutolol oral capsule 200 mg, 400 mg</i>                                      | Tier 2    |                                                  |

| Drug Name                                                                                   | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|---------------------------------------------------------------------------------------------|-----------|--------------------------------------------------|
| <i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>                                            | Tier 2    |                                                  |
| <i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>                                          | Tier 2    |                                                  |
| <i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i> | Tier 2    |                                                  |
| <i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>                                 | Tier 2    |                                                  |
| <i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>                                              | Tier 2    |                                                  |
| <i>propranolol oral capsule, extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i>        | Tier 2    |                                                  |
| <i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>                 | Tier 2    |                                                  |
| <i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>                            | Tier 2    |                                                  |
| <b>SORINE ORAL TABLET 120 MG, 160 MG, 240 MG, 80 MG</b>                                     | Tier 2    |                                                  |
| <b>SOTALOL AF ORAL TABLET 120 MG, 160 MG, 80 MG</b>                                         | Tier 2    |                                                  |
| <i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>                                    | Tier 2    |                                                  |
| <b>Beta-Adrenergic Blocking Agents/Thiazide &amp; Related</b>                               |           |                                                  |
| <i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>                              | Tier 2    |                                                  |
| <i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>        | Tier 2    |                                                  |
| <b>Calcium Channel Blocking Agents</b>                                                      |           |                                                  |
| <i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i>                                           | Tier 2    |                                                  |
| <b>CARTIA XT ORAL CAPSULE, EXTENDED RELEASE 24HR 120 MG, 180 MG, 240 MG, 300 MG</b>         | Tier 2    |                                                  |
| <i>diltiazem hcl intravenous solution 5 mg/ml</i>                                           | Tier 2    |                                                  |

| Drug Name                                                                                | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|------------------------------------------------------------------------------------------|-----------|--------------------------------------------------|
| diltiazem hcl oral capsule, ext. rel 24h degradable 120 mg, 180 mg, 240 mg               | Tier 2    |                                                  |
| diltiazem hcl oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg | Tier 2    |                                                  |
| diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg                                    | Tier 2    |                                                  |
| DILT-XR ORAL CAPSULE, EXT. REL 24H DEGRADABLE 120 MG, 180 MG, 240 MG                     | Tier 2    |                                                  |
| felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg                        | Tier 2    |                                                  |
| KATERZIA ORAL SUSPENSION 1 MG/ML                                                         | Tier 3    | Age                                              |
| nifedipine oral capsule 10 mg, 20 mg                                                     | Tier 2    |                                                  |
| nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg                         | Tier 2    |                                                  |
| nimodipine oral capsule 30 mg                                                            | Tier 2    |                                                  |
| verapamil intravenous solution 2.5 mg/ml                                                 | Tier 2    |                                                  |
| verapamil oral tablet 120 mg, 40 mg, 80 mg                                               | Tier 2    |                                                  |
| verapamil oral tablet extended release 120 mg, 180 mg, 240 mg                            | Tier 2    |                                                  |
| <b>Loop Diuretics</b>                                                                    |           |                                                  |
| bumetanide oral tablet 0.5 mg, 1 mg, 2 mg                                                | Tier 2    |                                                  |
| ethacrynate sodium intravenous recon soln 50 mg                                          | Tier 5    | DS                                               |
| furosemide injection solution 10 mg/ml                                                   | Tier 2    |                                                  |
| furosemide injection syringe 10 mg/ml                                                    | Tier 2    |                                                  |
| furosemide oral solution 10 mg/ml                                                        | Tier 2    |                                                  |
| furosemide oral tablet 20 mg, 40 mg, 80 mg                                               | Tier 2    |                                                  |

| Drug Name                                                                   | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|-----------------------------------------------------------------------------|-----------|--------------------------------------------------|
| torseamide oral tablet 10 mg, 100 mg, 20 mg, 5 mg                           | Tier 2    |                                                  |
| <b>Potassium Sparing Diuretics</b>                                          |           |                                                  |
| amiloride oral tablet 5 mg                                                  | Tier 2    |                                                  |
| CAROSPIR ORAL SUSPENSION 25 MG/5 ML                                         | Tier 3    | Age                                              |
| DYRENIUM ORAL CAPSULE 100 MG, 50 MG                                         | Tier 3    |                                                  |
| spironolactone oral tablet 100 mg, 25 mg, 50 mg                             | Tier 2    |                                                  |
| triamterene oral capsule 100 mg, 50 mg                                      | Tier 2    |                                                  |
| <b>Potassium Sparing Diuretics In Combination</b>                           |           |                                                  |
| amiloride-hydrochlorothiazide oral tablet 5-50 mg                           | Tier 2    |                                                  |
| spironolacton-hydrochlorothiaz oral tablet 25-25 mg                         | Tier 2    |                                                  |
| triamterene-hydrochlorothiazid oral capsule 37.5-25 mg                      | Tier 2    |                                                  |
| triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg             | Tier 2    |                                                  |
| <b>Pulm. Anti-Htn, Sel. C-Gmp Phosphodiesterase T5 Inhib</b>                |           |                                                  |
| ADCIRCA ORAL TABLET 20 MG                                                   | Tier 5    | DS                                               |
| ALYQ ORAL TABLET 20 MG                                                      | Tier 2    |                                                  |
| sildenafil (pulm. hypertension) oral suspension for reconstitution 10 mg/ml | Tier 2    | DS; PR                                           |
| sildenafil (pulm. hypertension) oral tablet 20 mg                           | Tier 2    | RB; PR; QL                                       |
| tadalafil (pulm. hypertension) oral tablet 20 mg                            | Tier 2    | RB; QL                                           |

| Drug Name                                                                           | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|-------------------------------------------------------------------------------------|-----------|--------------------------------------------------|
| <b>Pulmonary Anti-Htn, Endothelin Receptor Antagonist</b>                           |           |                                                  |
| <i>ambrisentan oral tablet 10 mg, 5 mg</i>                                          | Tier 2    |                                                  |
| <i>bosentan oral tablet 125 mg, 62.5 mg</i>                                         | Tier 2    |                                                  |
| OPSUMIT ORAL TABLET 10 MG                                                           | Tier 5    | PA; DS                                           |
| <b>Pulmonary Antihypertensives, Prostacyclin-Type</b>                               |           |                                                  |
| <i>epoprostenol (glycine) intravenous recon soln 1.5 mg</i>                         | Tier 6    | DS                                               |
| <i>epoprostenol intravenous recon soln 1.5 mg</i>                                   | Tier 6    | DS                                               |
| REMODULIN INJECTION SOLUTION 1 MG/ML, 10 MG/ML, 2.5 MG/ML, 5 MG/ML                  | Tier 6    | DS                                               |
| <i>treprostinil sodium injection solution 1 mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml</i> | Tier 6    | DS                                               |
| VELETRI INTRAVENOUS RECON SOLN 1.5 MG                                               | Tier 6    | DS                                               |
| VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML                             | Tier 3    | DS                                               |
| <b>Thiazide And Related Diuretics</b>                                               |           |                                                  |
| <i>chlorthalidone oral tablet 25 mg, 50 mg</i>                                      | Tier 2    |                                                  |
| <i>hydrochlorothiazide oral capsule 12.5 mg</i>                                     | Tier 2    |                                                  |
| <i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>                        | Tier 2    |                                                  |
| <i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>                                   | Tier 2    |                                                  |
| <b>Vasodilators, Combination</b>                                                    |           |                                                  |
| <i>isosorbide-hydralazine oral tablet 20-37.5 mg</i>                                | Tier 2    |                                                  |

| Drug Name                                                  | Drug Tier | Necessary Actions, Restrictions or Limits on Use                                                             |
|------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------|
| <b>Cardiovascular Disease - Lipid Irregularity</b>         |           |                                                                                                              |
| <b>Antihyperlipidemic - Hmg Coa Reductase Inhibitors</b>   |           |                                                                                                              |
| <i>atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i> | Tier 2    | MO; \$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS |
| <i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>          | Tier 2    | MO; \$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS |
| <i>pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>  | Tier 2    | MO; \$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS |
| <i>rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>  | Tier 2    | MO; \$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS |

| Drug Name                                                       | Drug Tier | Necessary Actions, Restrictions or Limits on Use                                                             |
|-----------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------|
| <i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg</i> | Tier 2    | MO; \$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS |
| <b>Bile Salt Sequestrants</b>                                   |           |                                                                                                              |
| <i>cholestyramine (with sugar) oral powder 4 gram</i>           | Tier 2    |                                                                                                              |
| <i>cholestyramine (with sugar) oral powder in packet 4 gram</i> | Tier 2    |                                                                                                              |
| CHOLESTYRAMINE LIGHT ORAL POWDER 4 GRAM                         | Tier 2    |                                                                                                              |
| CHOLESTYRAMINE LIGHT ORAL POWDER IN PACKET 4 GRAM               | Tier 2    |                                                                                                              |
| <i>cholestyramine-aspartame oral powder in packet 4 gram</i>    | Tier 2    |                                                                                                              |
| <i>colesevelam oral tablet 625 mg</i>                           | Tier 2    |                                                                                                              |
| <i>colestipol oral granules 5 gram</i>                          | Tier 2    |                                                                                                              |
| <i>colestipol oral packet 5 gram</i>                            | Tier 2    |                                                                                                              |
| <i>colestipol oral tablet 1 gram</i>                            | Tier 2    |                                                                                                              |
| PREVALITE ORAL POWDER 4 GRAM                                    | Tier 2    |                                                                                                              |
| PREVALITE ORAL POWDER IN PACKET 4 GRAM                          | Tier 2    |                                                                                                              |
| QUESTRAN ORAL POWDER 4 GRAM                                     | Tier 3    |                                                                                                              |
| <b>Lipotropics</b>                                              |           |                                                                                                              |
| <i>ezetimibe oral tablet 10 mg</i>                              | Tier 2    |                                                                                                              |
| <i>fenofibrate oral tablet 160 mg, 54 mg</i>                    | Tier 2    |                                                                                                              |
| <i>gemfibrozil oral tablet 600 mg</i>                           | Tier 2    |                                                                                                              |

| Drug Name                                                                                 | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|-------------------------------------------------------------------------------------------|-----------|--------------------------------------------------|
| <b>Cardiovascular Disease - Miscellaneous Agents</b>                                      |           |                                                  |
| <b>Adrenergic Vasopressor Agents</b>                                                      |           |                                                  |
| <i>droxidopa oral capsule 100 mg, 200 mg, 300 mg</i>                                      | Tier 5    | DS                                               |
| <i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>                                          | Tier 2    | MO                                               |
| <b>Angiotensin Recept-Neprilysin Inhibitor Comb(Arni)</b>                                 |           |                                                  |
| ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG                                        | Tier 3    |                                                  |
| <b>Cardiovascular Disease - Vasodilation</b>                                              |           |                                                  |
| <b>Vasodilators, Coronary</b>                                                             |           |                                                  |
| ISORDIL ORAL TABLET 40 MG                                                                 | Tier 3    |                                                  |
| <i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>                  | Tier 2    |                                                  |
| <i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>     | Tier 2    |                                                  |
| MINITRAN TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR             | Tier 2    |                                                  |
| NITRO-BID TRANSDERMAL OINTMENT 2 %                                                        | Tier 3    |                                                  |
| NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR                                  | Tier 3    |                                                  |
| <i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i>                             | Tier 2    |                                                  |
| <i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i> | Tier 2    |                                                  |
| <i>nitroglycerin translingual spray, non-aerosol 400 mcg/spray</i>                        | Tier 2    |                                                  |
| <b>Vasodilators, Peripheral</b>                                                           |           |                                                  |
| <i>ergoloid oral tablet 1 mg</i>                                                          | Tier 2    |                                                  |

| Drug Name                                                              | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|------------------------------------------------------------------------|-----------|--------------------------------------------------|
| <b>Contraception/Oxytocics</b>                                         |           |                                                  |
| <b>Contraceptives, Intravaginal, Systemic</b>                          |           |                                                  |
| ELURYNG VAGINAL RING 0.12-0.015 MG/24 HR                               | Tier 1    |                                                  |
| <i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i> | Tier 1    |                                                  |
| <b>Contraceptives,Injectable</b>                                       |           |                                                  |
| DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML              | Tier 6    |                                                  |
| <b>Contraceptives,Oral</b>                                             |           |                                                  |
| AFIRMELLE ORAL TABLET 0.1-20 MG-MCG                                    | Tier 1    |                                                  |
| ALTAVERA (28) ORAL TABLET 0.15-0.03 MG                                 | Tier 1    |                                                  |
| ALYACEN 1/35 (28) ORAL TABLET 1-35 MG-MCG                              | Tier 1    |                                                  |
| ALYACEN 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG                   | Tier 1    |                                                  |
| APRI ORAL TABLET 0.15-0.03 MG                                          | Tier 1    |                                                  |
| ARANELLE (28) ORAL TABLET 0.5/1/0.5-35 MG-MCG                          | Tier 1    |                                                  |
| AUBRA EQ ORAL TABLET 0.1-20 MG-MCG                                     | Tier 1    |                                                  |
| AUBRA ORAL TABLET 0.1-20 MG-MCG                                        | Tier 1    |                                                  |
| AUROVELA 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG                         | Tier 1    |                                                  |
| AUROVELA 1/20 (21) ORAL TABLET 1-20 MG-MCG                             | Tier 1    |                                                  |
| AUROVELA FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)       | Tier 1    |                                                  |
| AUROVELA FE 1-20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)           | Tier 1    |                                                  |

| Drug Name                                                       | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|-----------------------------------------------------------------|-----------|--------------------------------------------------|
| AVIANE ORAL TABLET 0.1-20 MG-MCG                                | Tier 1    |                                                  |
| AYUNA ORAL TABLET 0.15-0.03 MG                                  | Tier 1    |                                                  |
| BALZIVA (28) ORAL TABLET 0.4-35 MG-MCG                          | Tier 1    |                                                  |
| BLISOVI FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7) | Tier 1    |                                                  |
| BLISOVI FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)     | Tier 1    |                                                  |
| BREVICON (28) ORAL TABLET 0.5-35 MG-MCG                         | Tier 1    |                                                  |
| BRIELLYN ORAL TABLET 0.4-35 MG-MCG                              | Tier 1    |                                                  |
| CAMILA ORAL TABLET 0.35 MG                                      | Tier 1    |                                                  |
| CHATEAL (28) ORAL TABLET 0.15-0.03 MG                           | Tier 1    |                                                  |
| CHATEAL EQ (28) ORAL TABLET 0.15-0.03 MG                        | Tier 1    |                                                  |
| CYCLAFEM 1/35 (28) ORAL TABLET 1-35 MG-MCG                      | Tier 1    |                                                  |
| CYCLAFEM 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG           | Tier 1    |                                                  |
| CYRED EQ ORAL TABLET 0.15-0.03 MG                               | Tier 1    |                                                  |
| CYRED ORAL TABLET 0.15-0.03 MG                                  | Tier 1    |                                                  |
| DASETTA 1/35 (28) ORAL TABLET 1-35 MG-MCG                       | Tier 1    |                                                  |
| DASETTA 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG            | Tier 1    |                                                  |
| DEBLITANE ORAL TABLET 0.35 MG                                   | Tier 1    |                                                  |
| DELYLA (28) ORAL TABLET 0.1-20 MG-MCG                           | Tier 1    |                                                  |
| <i>desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg</i>   | Tier 1    |                                                  |

| Drug Name                                                                 | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|---------------------------------------------------------------------------|-----------|--------------------------------------------------|
| <i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>    | Tier 1    |                                                  |
| ELLA ORAL TABLET 30 MG                                                    | Tier 1    |                                                  |
| EMOQUETTE ORAL TABLET 0.15-0.03 MG                                        | Tier 1    |                                                  |
| ENPRESSE ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)                       | Tier 1    |                                                  |
| ENSKYCE ORAL TABLET 0.15-0.03 MG                                          | Tier 1    |                                                  |
| ERRIN ORAL TABLET 0.35 MG                                                 | Tier 1    |                                                  |
| ESTARYLLA ORAL TABLET 0.25-35 MG-MCG                                      | Tier 1    |                                                  |
| <i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i> | Tier 1    |                                                  |
| FALMINA (28) ORAL TABLET 0.1-20 MG-MCG                                    | Tier 1    |                                                  |
| FEMYNOR ORAL TABLET 0.25-35 MG-MCG                                        | Tier 1    |                                                  |
| GIANVI (28) ORAL TABLET 3-0.02 MG                                         | Tier 1    |                                                  |
| GILDAGIA ORAL TABLET 0.4-35 MG-MCG                                        | Tier 1    |                                                  |
| HAILEY FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)            | Tier 1    |                                                  |
| HAILEY FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)                | Tier 1    |                                                  |
| HAILEY ORAL TABLET 1.5-30 MG-MCG                                          | Tier 1    |                                                  |
| HEATHER ORAL TABLET 0.35 MG                                               | Tier 1    |                                                  |
| INCASSIA ORAL TABLET 0.35 MG                                              | Tier 1    |                                                  |
| ISIBLOOM ORAL TABLET 0.15-0.03 MG                                         | Tier 1    |                                                  |
| JASMIEL (28) ORAL TABLET 3-0.02 MG                                        | Tier 1    |                                                  |
| JENCYCLA ORAL TABLET 0.35 MG                                              | Tier 1    |                                                  |

| Drug Name                                                                    | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|------------------------------------------------------------------------------|-----------|--------------------------------------------------|
| JOLIVETTE ORAL TABLET 0.35 MG                                                | Tier 1    |                                                  |
| JULEBER ORAL TABLET 0.15-0.03 MG                                             | Tier 1    |                                                  |
| JUNEL 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG                                  | Tier 1    |                                                  |
| JUNEL 1/20 (21) ORAL TABLET 1-20 MG-MCG                                      | Tier 1    |                                                  |
| JUNEL FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)                | Tier 1    |                                                  |
| JUNEL FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)                    | Tier 1    |                                                  |
| KALLIGA ORAL TABLET 0.15-0.03 MG                                             | Tier 1    |                                                  |
| KELNOR 1/35 (28) ORAL TABLET 1-35 MG-MCG                                     | Tier 1    |                                                  |
| KELNOR 1-50 (28) ORAL TABLET 1-50 MG-MCG                                     | Tier 1    |                                                  |
| KURVELO (28) ORAL TABLET 0.15-0.03 MG                                        | Tier 1    |                                                  |
| LARIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG                                  | Tier 1    |                                                  |
| LARIN 1/20 (21) ORAL TABLET 1-20 MG-MCG                                      | Tier 1    |                                                  |
| LARIN FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)                | Tier 1    |                                                  |
| LARIN FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)                    | Tier 1    |                                                  |
| LARISSIA ORAL TABLET 0.1-20 MG-MCG                                           | Tier 1    |                                                  |
| LEENA 28 ORAL TABLET 0.5/1/0.5-35 MG-MCG                                     | Tier 1    |                                                  |
| LESSINA ORAL TABLET 0.1-20 MG-MCG                                            | Tier 1    |                                                  |
| LEVONEST (28) ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)                     | Tier 1    |                                                  |
| <i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg</i> | Tier 1    |                                                  |



| Drug Name                                                                       | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|---------------------------------------------------------------------------------|-----------|--------------------------------------------------|
| <i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i> | Tier 1    |                                                  |
| LEVORA-28 ORAL TABLET 0.15-0.03 MG                                              | Tier 1    |                                                  |
| LILLOW (28) ORAL TABLET 0.15-0.03 MG                                            | Tier 1    |                                                  |
| LOESTRIN 1/20 (21) ORAL TABLET 1-20 MG-MCG                                      | Tier 1    |                                                  |
| LORYNA (28) ORAL TABLET 3-0.02 MG                                               | Tier 1    |                                                  |
| LO-ZUMANDIMINE (28) ORAL TABLET 3-0.02 MG                                       | Tier 1    |                                                  |
| LUTERA (28) ORAL TABLET 0.1-20 MG-MCG                                           | Tier 1    |                                                  |
| LYLEQ ORAL TABLET 0.35 MG                                                       | Tier 1    |                                                  |
| LYZA ORAL TABLET 0.35 MG                                                        | Tier 1    |                                                  |
| MARLISSA (28) ORAL TABLET 0.15-0.03 MG                                          | Tier 1    |                                                  |
| MICROGESTIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG                               | Tier 1    |                                                  |
| MICROGESTIN 1/20 (21) ORAL TABLET 1-20 MG-MCG                                   | Tier 1    |                                                  |
| MICROGESTIN FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)             | Tier 1    |                                                  |
| MICROGESTIN FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)                 | Tier 1    |                                                  |
| MILI ORAL TABLET 0.25-35 MG-MCG                                                 | Tier 1    |                                                  |
| MONO-LINYAH ORAL TABLET 0.25-35 MG-MCG                                          | Tier 1    |                                                  |
| MONONESSA (28) ORAL TABLET 0.25-35 MG-MCG                                       | Tier 1    |                                                  |
| MYZILRA ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)                              | Tier 1    |                                                  |

| Drug Name                                                                                                                   | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|-----------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------|
| NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG                                                                                 | Tier 1    |                                                  |
| NECON 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG-35 MCG                                                                           | Tier 1    |                                                  |
| NIKKI (28) ORAL TABLET 3-0.02 MG                                                                                            | Tier 1    |                                                  |
| NORA-BE ORAL TABLET 0.35 MG                                                                                                 | Tier 1    |                                                  |
| <i>norethindrone (contraceptive) oral tablet 0.35 mg</i>                                                                    | Tier 1    |                                                  |
| <i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>                                                | Tier 1    |                                                  |
| <i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7), 1.5 mg-30 mcg (21)/75 mg (7)</i>                  | Tier 1    |                                                  |
| <i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg (28), 0.25-35 mg-mcg</i> | Tier 1    |                                                  |
| NORLYDA ORAL TABLET 0.35 MG                                                                                                 | Tier 1    |                                                  |
| NORLYROC ORAL TABLET 0.35 MG                                                                                                | Tier 1    |                                                  |
| NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG                                                                               | Tier 1    |                                                  |
| NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG (21)                                                                              | Tier 1    |                                                  |
| NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG                                                                                   | Tier 1    |                                                  |
| NORTREL 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG                                                                        | Tier 1    |                                                  |
| NYLIA 1/35 (28) ORAL TABLET 1-35 MG-MCG                                                                                     | Tier 1    |                                                  |
| NYLIA 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG-35 MCG                                                                           | Tier 1    |                                                  |
| NYMYO ORAL TABLET 0.25-35 MG-MCG                                                                                            | Tier 1    |                                                  |

| Drug Name                                                     | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|---------------------------------------------------------------|-----------|--------------------------------------------------|
| OCELLA ORAL TABLET 3-0.03 MG                                  | Tier 1    |                                                  |
| ORSYTHIA ORAL TABLET 0.1-20 MG-MCG                            | Tier 1    |                                                  |
| PHILITH ORAL TABLET 0.4-35 MG-MCG                             | Tier 1    |                                                  |
| PIRMELLA ORAL TABLET 0.5/0.75/1 MG-35 MCG, 1-35 MG-MCG        | Tier 1    |                                                  |
| PORTIA 28 ORAL TABLET 0.15-0.03 MG                            | Tier 1    |                                                  |
| PREVIFEM ORAL TABLET 0.25-35 MG-MCG                           | Tier 1    |                                                  |
| RECLIPSEN (28) ORAL TABLET 0.15-0.03 MG                       | Tier 1    |                                                  |
| SHAROBEL ORAL TABLET 0.35 MG                                  | Tier 1    |                                                  |
| SPRINTEC (28) ORAL TABLET 0.25-35 MG-MCG                      | Tier 1    |                                                  |
| SRONYX ORAL TABLET 0.1-20 MG-MCG                              | Tier 1    |                                                  |
| SYEDA ORAL TABLET 3-0.03 MG                                   | Tier 1    |                                                  |
| TARINA FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)    | Tier 1    |                                                  |
| TARINA FE 1-20 EQ (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7) | Tier 1    |                                                  |
| TRI FEMYNOR ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)        | Tier 1    |                                                  |
| TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)      | Tier 1    |                                                  |
| TRI-LINYAH ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)         | Tier 1    |                                                  |
| TRI-LO-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG        | Tier 1    |                                                  |
| TRI-LO-MARZIA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG           | Tier 1    |                                                  |

| Drug Name                                                    | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|--------------------------------------------------------------|-----------|--------------------------------------------------|
| TRI-LO-MILI ORAL TABLET 0.18/0.215/0.25 MG-25 MCG            | Tier 1    |                                                  |
| TRI-LO-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-25 MCG        | Tier 1    |                                                  |
| TRI-MILI ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)          | Tier 1    |                                                  |
| TRINESSA (28) ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)     | Tier 1    |                                                  |
| TRINESSA LO ORAL TABLET 0.18/0.215/0.25 MG-25 MCG            | Tier 1    |                                                  |
| TRI-NYMYO ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)         | Tier 1    |                                                  |
| TRI-PREVIFEM (28) ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28) | Tier 1    |                                                  |
| TRI-SPRINTEC (28) ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28) | Tier 1    |                                                  |
| TRIVORA (28) ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)      | Tier 1    |                                                  |
| TRI-VYLIBRA LO ORAL TABLET 0.18/0.215/0.25 MG-25 MCG         | Tier 1    |                                                  |
| TRI-VYLIBRA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)       | Tier 1    |                                                  |
| TULANA ORAL TABLET 0.35 MG                                   | Tier 1    |                                                  |
| VESTURA (28) ORAL TABLET 3-0.02 MG                           | Tier 1    |                                                  |
| VIENVA ORAL TABLET 0.1-20 MG-MCG                             | Tier 1    |                                                  |
| VYFEMLA (28) ORAL TABLET 0.4-35 MG-MCG                       | Tier 1    |                                                  |
| VYLIBRA ORAL TABLET 0.25-35 MG-MCG                           | Tier 1    |                                                  |



| Drug Name                                                                           | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|-------------------------------------------------------------------------------------|-----------|--------------------------------------------------|
| WERA (28) ORAL TABLET 0.5-35 MG-MCG                                                 | Tier 1    |                                                  |
| ZARAH ORAL TABLET 3-0.03 MG                                                         | Tier 1    |                                                  |
| ZENCHENT (28) ORAL TABLET 0.4-35 MG-MCG                                             | Tier 1    |                                                  |
| ZOVIA 1/35E (28) ORAL TABLET 1-35 MG-MCG                                            | Tier 1    |                                                  |
| ZOVIA 1/50E (28) ORAL TABLET 1-50 MG-MCG                                            | Tier 1    |                                                  |
| ZOVIA 1-35 (28) ORAL TABLET 1-35 MG-MCG                                             | Tier 1    |                                                  |
| ZUMANDIMINE (28) ORAL TABLET 3-0.03 MG                                              | Tier 1    |                                                  |
| <b>Oxytocics</b>                                                                    |           |                                                  |
| <i>carboprost tromethamine intramuscular solution 250 mcg/ml</i>                    | Tier 5    | DS                                               |
| HEMABATE INTRAMUSCULAR SOLUTION 250 MCG/ML                                          | Tier 5    | DS                                               |
| <i>methylergonovine injection solution 0.2 mg/ml (1 ml)</i>                         | Tier 2    |                                                  |
| <i>methylergonovine oral tablet 0.2 mg</i>                                          | Tier 2    |                                                  |
| <i>oxytocin injection solution 10 unit/ml</i>                                       | Tier 3    |                                                  |
| PITOCIN INJECTION SOLUTION 10 UNIT/ML                                               | Tier 3    |                                                  |
| <b>Cough And Cold</b>                                                               |           |                                                  |
| <b>Antitussives,Non-Narcotic</b>                                                    |           |                                                  |
| <i>benzonatate oral capsule 100 mg, 200 mg</i>                                      | Tier 2    |                                                  |
| <b>Narcotic Antitussive-1St Generation Antihistamine</b>                            |           |                                                  |
| <i>hydrocodone-chlorpheniramine oral suspension,extended rel 12 hr 10-8 mg/5 ml</i> | Tier 2    | DS; Age                                          |
| <b>Narcotic Antitussive-Anticholinergic Comb.</b>                                   |           |                                                  |
| <i>hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml</i>                             | Tier 2    | DS; Age                                          |

| Drug Name                                                   | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|-------------------------------------------------------------|-----------|--------------------------------------------------|
| HYDROMET ORAL SYRUP 5-1.5 MG/5 ML                           | Tier 2    | DS; Age                                          |
| <b>Narcotic Antitussive-Expectorant Combination</b>         |           |                                                  |
| CHERATUSSIN AC ORAL LIQUID 10-100 MG/5 ML                   | Tier 2    | DS; Age                                          |
| <i>codeine-guaifenesin oral liquid 10-100 mg/5 ml</i>       | Tier 2    | DS; Age                                          |
| G TUSSIN AC ORAL LIQUID 10-100 MG/5 ML                      | Tier 2    | DS; Age                                          |
| GUAIATUSSIN AC ORAL LIQUID 10-100 MG/5 ML                   | Tier 2    | DS; Age                                          |
| GUAIFENESIN AC ORAL LIQUID 10-100 MG/5 ML                   | Tier 2    | DS; Age                                          |
| MAXI-TUSS AC ORAL LIQUID 10-100 MG/5 ML                     | Tier 2    | DS; Age                                          |
| ROBAFEN AC ORAL LIQUID 10-100 MG/5 ML                       | Tier 2    | DS; Age                                          |
| VIRTUSSIN AC ORAL LIQUID 10-100 MG/5 ML                     | Tier 2    | DS; Age                                          |
| <b>Nose Preparations, Vasoconstrictors (Rx)</b>             |           |                                                  |
| ADRENALIN NASAL SOLUTION 1 MG/ML                            | Tier 3    |                                                  |
| <i>epinephrine hcl nasal solution 1 mg/ml</i>               | Tier 2    |                                                  |
| <b>Dermatology - Acne</b>                                   |           |                                                  |
| <b>Acne Agents,Systemic</b>                                 |           |                                                  |
| ACCUTANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG            | Tier 2    |                                                  |
| AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 40 MG                  | Tier 2    |                                                  |
| CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG            | Tier 2    |                                                  |
| <i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i> | Tier 2    |                                                  |
| MYORISAN ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG            | Tier 2    |                                                  |

| Drug Name                                                  | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|------------------------------------------------------------|-----------|--------------------------------------------------|
| ZENATANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG           | Tier 2    |                                                  |
| <b>Acne Agents, Topical</b>                                |           |                                                  |
| <i>sulfacetamide sodium (acne) topical suspension 10 %</i> | Tier 2    | MO                                               |
| <b>Rosacea Agents, Topical</b>                             |           |                                                  |
| <i>metronidazole topical cream 0.75 %</i>                  | Tier 2    |                                                  |
| <i>metronidazole topical gel 0.75 %</i>                    | Tier 2    |                                                  |
| ROSADAN TOPICAL CREAM 0.75 %                               | Tier 2    |                                                  |
| <b>Topical Preparations, Antibacterials</b>                |           |                                                  |
| DERMAZENE TOPICAL CREAM 1-1 %                              | Tier 2    |                                                  |
| <i>hydrocortisone-iodoquinol topical cream 1-1 %</i>       | Tier 2    |                                                  |
| <b>Vitamin A Derivatives</b>                               |           |                                                  |
| <i>adapalene topical gel 0.3 %</i>                         | Tier 2    | MO                                               |
| <i>adapalene topical gel with pump 0.3 %</i>               | Tier 2    | MO                                               |
| AVITA TOPICAL CREAM 0.025 %                                | Tier 2    | MO; Age                                          |
| AVITA TOPICAL GEL 0.025 %                                  | Tier 2    | MO; Age                                          |
| DIFFERIN TOPICAL GEL WITH PUMP 0.3 %                       | Tier 3    | MO                                               |
| RETIN-A TOPICAL CREAM 0.025 %, 0.05 %, 0.1 %               | Tier 3    | MO; Age                                          |
| RETIN-A TOPICAL GEL 0.01 %, 0.025 %                        | Tier 3    | MO; Age                                          |
| <i>tretinoin topical cream 0.025 %, 0.05 %, 0.1 %</i>      | Tier 2    | MO; Age                                          |
| <i>tretinoin topical gel 0.01 %, 0.025 %</i>               | Tier 2    | MO; Age                                          |
| <b>Dermatology - Antiinfective</b>                         |           |                                                  |
| <b>Topical Antibiotics</b>                                 |           |                                                  |
| AKTIPAK TOPICAL GEL 3-5 %                                  | Tier 3    | MO                                               |
| <i>clindamycin phosphate topical lotion 1 %</i>            | Tier 2    | MO                                               |

| Drug Name                                                              | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|------------------------------------------------------------------------|-----------|--------------------------------------------------|
| <i>clindamycin phosphate topical solution 1 %</i>                      | Tier 2    | MO                                               |
| <i>erythromycin with ethanol topical gel 2 %</i>                       | Tier 2    | MO                                               |
| <i>erythromycin with ethanol topical solution 2 %</i>                  | Tier 2    | MO                                               |
| <i>erythromycin-benzoyl peroxide topical gel 3-5 %</i>                 | Tier 2    | MO                                               |
| <i>gentamicin topical cream 0.1 %</i>                                  | Tier 2    |                                                  |
| <i>gentamicin topical ointment 0.1 %</i>                               | Tier 2    |                                                  |
| <i>mupirocin calcium topical cream 2 %</i>                             | Tier 2    |                                                  |
| <i>mupirocin topical ointment 2 %</i>                                  | Tier 2    |                                                  |
| <b>Topical Antifungal/Antiinflammatory, Steroid Agent</b>              |           |                                                  |
| <i>clotrimazole-betamethasone topical cream 1-0.05 %</i>               | Tier 2    |                                                  |
| <b>Topical Antifungals</b>                                             |           |                                                  |
| <i>ciclopirox topical cream 0.77 %</i>                                 | Tier 2    |                                                  |
| <i>ketconazole topical cream 2 %</i>                                   | Tier 2    |                                                  |
| <i>ketconazole topical shampoo 2 %</i>                                 | Tier 2    |                                                  |
| NYAMYC TOPICAL POWDER 100,000 UNIT/GRAM                                | Tier 2    |                                                  |
| <i>nystatin topical cream 100,000 unit/gram</i>                        | Tier 2    |                                                  |
| <i>nystatin topical ointment 100,000 unit/gram</i>                     | Tier 2    |                                                  |
| <i>nystatin topical powder 100,000 unit/gram</i>                       | Tier 2    |                                                  |
| <i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>       | Tier 2    |                                                  |
| <i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i> | Tier 2    |                                                  |
| NYSTOP TOPICAL POWDER 100,000 UNIT/GRAM                                | Tier 2    |                                                  |

| Drug Name                                                 | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|-----------------------------------------------------------|-----------|--------------------------------------------------|
| <b>Topical Antiparasitics</b>                             |           |                                                  |
| <i>permethrin topical cream 5 %</i>                       | Tier 2    |                                                  |
| <b>Topical Sulfonamides</b>                               |           |                                                  |
| <i>silver sulfadiazine topical cream 1 %</i>              | Tier 2    |                                                  |
| SSD TOPICAL CREAM 1 %                                     | Tier 2    |                                                  |
| <b>Dermatology - Antiinflammatory</b>                     |           |                                                  |
| <b>Topical Anti-Inflammatory Steroidal</b>                |           |                                                  |
| <i>alclometasone topical ointment 0.05 %</i>              | Tier 2    | MO                                               |
| <i>betamethasone dipropionate topical lotion 0.05 %</i>   | Tier 2    | MO                                               |
| <i>betamethasone dipropionate topical ointment 0.05 %</i> | Tier 2    | MO                                               |
| <i>betamethasone valerate topical cream 0.1 %</i>         | Tier 2    | MO                                               |
| <i>betamethasone valerate topical lotion 0.1 %</i>        | Tier 2    | MO                                               |
| <i>betamethasone valerate topical ointment 0.1 %</i>      | Tier 2    | MO                                               |
| <i>betamethasone, augmented topical cream 0.05 %</i>      | Tier 2    | MO                                               |
| <i>betamethasone, augmented topical gel 0.05 %</i>        | Tier 2    | MO                                               |
| <i>betamethasone, augmented topical lotion 0.05 %</i>     | Tier 2    | MO                                               |
| <i>betamethasone, augmented topical ointment 0.05 %</i>   | Tier 2    | MO                                               |
| <i>clobetasol scalp solution 0.05 %</i>                   | Tier 2    | MO                                               |
| <i>clobetasol topical cream 0.05 %</i>                    | Tier 2    | MO                                               |
| <i>clobetasol topical gel 0.05 %</i>                      | Tier 2    | MO                                               |
| <i>clobetasol topical ointment 0.05 %</i>                 | Tier 2    | MO                                               |
| <i>clobetasol topical shampoo 0.05 %</i>                  | Tier 2    | MO                                               |
| <i>clobetasol-emollient topical cream 0.05 %</i>          | Tier 2    | MO                                               |
| CLOBEX TOPICAL SHAMPOO 0.05 %                             | Tier 3    | MO                                               |

| Drug Name                                             | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|-------------------------------------------------------|-----------|--------------------------------------------------|
| CLODAN TOPICAL SHAMPOO 0.05 %                         | Tier 3    | MO                                               |
| CORDRAN TAPE LARGE ROLL TOPICAL TAPE 4 MCG/CM2        | Tier 3    | MO                                               |
| CORMAX SCALP SOLUTION 0.05 %                          | Tier 2    | MO                                               |
| <i>desonide topical cream 0.05 %</i>                  | Tier 2    | MO                                               |
| <i>desonide topical ointment 0.05 %</i>               | Tier 2    | MO                                               |
| <i>desoximetasone topical cream 0.25 %</i>            | Tier 2    | MO                                               |
| <i>fluocinolone and shower cap scalp oil 0.01 %</i>   | Tier 2    | MO                                               |
| <i>fluocinolone topical cream 0.01 %, 0.025 %</i>     | Tier 2    | MO                                               |
| <i>fluocinolone topical oil 0.01 %</i>                | Tier 2    | MO                                               |
| <i>fluocinolone topical ointment 0.025 %</i>          | Tier 2    | MO                                               |
| <i>fluocinolone topical solution 0.01 %</i>           | Tier 2    | MO                                               |
| <i>fluocinonide topical cream 0.05 %</i>              | Tier 2    | MO                                               |
| <i>fluocinonide topical gel 0.05 %</i>                | Tier 2    | MO                                               |
| <i>fluocinonide topical ointment 0.05 %</i>           | Tier 2    | MO                                               |
| <i>fluocinonide topical solution 0.05 %</i>           | Tier 2    | MO                                               |
| FLUOCINONIDE-E TOPICAL CREAM 0.05 %                   | Tier 2    | MO                                               |
| <i>fluocinonide-emollient topical cream 0.05 %</i>    | Tier 2    | MO                                               |
| <i>halobetasol propionate topical cream 0.05 %</i>    | Tier 2    | MO                                               |
| <i>halobetasol propionate topical ointment 0.05 %</i> | Tier 2    | MO                                               |
| <i>hydrocortisone butyrate topical cream 0.1 %</i>    | Tier 2    | MO                                               |
| <i>hydrocortisone butyrate topical ointment 0.1 %</i> | Tier 2    | MO                                               |
| <i>hydrocortisone butyrate topical solution 0.1 %</i> | Tier 2    | MO                                               |

| Drug Name                                                             | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|-----------------------------------------------------------------------|-----------|--------------------------------------------------|
| <i>hydrocortisone butyr-emollient topical cream 0.1 %</i>             | Tier 2    | MO                                               |
| <i>hydrocortisone topical cream 2.5 %</i>                             | Tier 2    | MO                                               |
| <i>hydrocortisone topical cream with perineal applicator 2.5 %</i>    | Tier 2    | MO                                               |
| <i>hydrocortisone topical lotion 2.5 %</i>                            | Tier 2    | MO                                               |
| <i>hydrocortisone topical ointment 2.5 %</i>                          | Tier 2    | MO                                               |
| <i>mometasone topical cream 0.1 %</i>                                 | Tier 2    | MO                                               |
| <i>mometasone topical ointment 0.1 %</i>                              | Tier 2    | MO                                               |
| <i>mometasone topical solution 0.1 %</i>                              | Tier 2    | MO                                               |
| PROCTO-MED HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %            | Tier 2    | MO                                               |
| PROCTOSOL HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %             | Tier 2    | MO                                               |
| PROCTOZONE-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %            | Tier 2    | MO                                               |
| <i>triamcinolone acetonide topical aerosol 0.147 mg/gram</i>          | Tier 2    | MO                                               |
| <i>triamcinolone acetonide topical cream 0.025 %, 0.1 %, 0.5 %</i>    | Tier 2    | MO                                               |
| <i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i> | Tier 2    | MO                                               |
| TRIDERM TOPICAL CREAM 0.1 %, 0.5 %                                    | Tier 2    | MO                                               |
| <b>Dermatology - Miscellaneous</b>                                    |           |                                                  |
| <b>Antiperspirants</b>                                                |           |                                                  |
| DRYSOL DAB-O-MATIC TOPICAL SOLUTION 20 %                              | Tier 3    | MO                                               |

| Drug Name                                                     | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|---------------------------------------------------------------|-----------|--------------------------------------------------|
| DRYSOL TOPICAL SOLUTION 20 %                                  | Tier 3    | MO                                               |
| <b>Antiseborrheic Agents</b>                                  |           |                                                  |
| <i>selenium sulfide topical lotion 2.5 %</i>                  | Tier 2    |                                                  |
| <b>Irrigants</b>                                              |           |                                                  |
| AQUA CARE SODIUM CHLORIDE IRRIGATION SOLUTION 0.9 %           | Tier 2    |                                                  |
| AQUA CARE STERILE WATER IRRIGATION SOLUTION                   | Tier 2    |                                                  |
| <i>lactated ringers irrigation solution</i>                   | Tier 3    |                                                  |
| <i>ringer's irrigation solution</i>                           | Tier 2    |                                                  |
| <i>sodium chloride irrigation solution 0.9 %</i>              | Tier 2    |                                                  |
| <i>water for irrigation, sterile irrigation solution</i>      | Tier 2    |                                                  |
| <b>Keratolytics</b>                                           |           |                                                  |
| <i>podofilox topical solution 0.5 %</i>                       | Tier 2    | MO                                               |
| <b>Topical Antineoplastic &amp; Premalignant Lesion Agnts</b> |           |                                                  |
| <i>fluorouracil topical cream 5 %</i>                         | Tier 2    |                                                  |
| <i>fluorouracil topical solution 2 %, 5 %</i>                 | Tier 2    |                                                  |
| <b>Topical Local Anesthetics</b>                              |           |                                                  |
| <i>ethyl chloride topical aerosol,spray 100 %</i>             | Tier 2    |                                                  |
| <i>lidocaine topical ointment 5 %</i>                         | Tier 2    |                                                  |
| <i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>           | Tier 2    | MO                                               |
| <b>Topical/Mucous Membr./Subcut. Enzymes</b>                  |           |                                                  |
| AMPHADASE INJECTION SOLUTION 150 UNIT/ML                      | Tier 5    | DS                                               |
| SANTYL TOPICAL OINTMENT 250 UNIT/GRAM                         | Tier 3    |                                                  |

| Drug Name                                                     | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|---------------------------------------------------------------|-----------|--------------------------------------------------|
| <b>Dermatology - Psoriasis/Eczema</b>                         |           |                                                  |
| <b>Antipsoriatic Agents, Systemic</b>                         |           |                                                  |
| <i>acitretin oral capsule 10 mg, 25 mg</i>                    | Tier 2    |                                                  |
| COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML          | Tier 5    | DS                                               |
| COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML     | Tier 5    | DS                                               |
| <i>methoxsalen oral capsule, liqd-filled, rapid rel 10 mg</i> | Tier 2    |                                                  |
| <b>Antipsoriatics Agents</b>                                  |           |                                                  |
| <i>calcipotriene scalp solution 0.005 %</i>                   | Tier 2    | MO                                               |
| <i>calcitriol topical ointment 3 mcg/gram</i>                 | Tier 2    | MO                                               |
| DRITHOCREME HP TOPICAL CREAM 1 %                              | Tier 3    | MO                                               |
| <i>tazarotene topical cream 0.1 %</i>                         | Tier 2    | MO                                               |
| TAZORAC TOPICAL CREAM 0.05 %                                  | Tier 3    | MO                                               |
| TAZORAC TOPICAL GEL 0.05 %, 0.1 %                             | Tier 3    | MO                                               |
| VECTICAL TOPICAL OINTMENT 3 MCG/GRAM                          | Tier 3    | MO                                               |
| <b>Topical Immunosuppressive Agents</b>                       |           |                                                  |
| <i>tacrolimus topical ointment 0.03 %, 0.1 %</i>              | Tier 2    | MO                                               |
| <b>Diabetes</b>                                               |           |                                                  |
| <b>Antihyperglycemic-Sod/Gluc Cotransport2(Sglt2)Inhib</b>    |           |                                                  |
| JARDIANCE ORAL TABLET 10 MG, 25 MG                            | Tier 3    |                                                  |
| <b>Antihyperglycemic, Alpha-Glucosidase Inhib (N-S)</b>       |           |                                                  |
| <i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>              | Tier 2    |                                                  |

| Drug Name                                                          | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|--------------------------------------------------------------------|-----------|--------------------------------------------------|
| <b>Antihyperglycemic, Insulin-Release Stimulant Type</b>           |           |                                                  |
| <i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>                    | Tier 2    |                                                  |
| <i>glipizide oral tablet 10 mg, 5 mg</i>                           | Tier 2    |                                                  |
| <i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>                 | Tier 2    |                                                  |
| <b>Antihyperglycemic, Insulin-Response Enhancer (N-S)</b>          |           |                                                  |
| <i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i>                | Tier 2    |                                                  |
| <b>Antihyperglycemic, Biguanide Type (Non-Sulfonylurea)</b>        |           |                                                  |
| <i>metformin oral solution 500 mg/5 ml</i>                         | Tier 2    |                                                  |
| <i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i>              | Tier 2    |                                                  |
| <i>metformin oral tablet extended release 24 hr 500 mg, 750 mg</i> | Tier 2    |                                                  |
| RIOMET ORAL SOLUTION 500 MG/5 ML                                   | Tier 3    |                                                  |
| <b>Blood Sugar Diagnostics</b>                                     |           |                                                  |
| ACCU-CHEK AVIVA PLUS TEST STRIP STRIP                              | Tier 7    | QL                                               |
| ACCU-CHEK COMPACT PLUS TEST STRIP                                  | Tier 7    | QL                                               |
| ACCU-CHEK GUIDE TEST STRIPS STRIP                                  | Tier 7    | QL                                               |
| ACCU-CHEK SMARTVIEW TEST STRIP STRIP                               | Tier 7    | QL                                               |
| ACCUTREND GLUCOSE TEST STRIPS STRIP                                | Tier 7    | QL                                               |
| ADVANCED GLUC METER TEST STRIP STRIP                               | Tier 7    | QL                                               |
| ADVOCATE REDI-CODE PLUS STRIP                                      | Tier 7    | QL                                               |
| ADVOCATE REDI-CODE STRIP                                           | Tier 7    | QL                                               |
| ADVOCATE TEST STRIPS STRIP                                         | Tier 7    | QL                                               |

| Drug Name                            | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|--------------------------------------|-----------|--------------------------------------------------|
| AGAMATRIX AMP TEST STRIPS STRIP      | Tier 7    | QL                                               |
| AGAMATRIX PRESTO TEST STRIPS STRIP   | Tier 7    | QL                                               |
| ASSURE 4 STRIPS STRIP                | Tier 7    | QL                                               |
| ASSURE PLATINUM TEST STRIP STRIP     | Tier 7    | QL                                               |
| ASSURE PRISM MULTI STRIP STRIP       | Tier 7    | QL                                               |
| BIONIME RIGHTEST TEST STRIPS STRIP   | Tier 7    | QL                                               |
| BLOOD GLUCOSE TEST STRIP             | Tier 7    | QL                                               |
| BREEZE 2 TEST STRIPS STRIP           | Tier 7    | QL                                               |
| CARESENS N TEST STRIPS STRIP         | Tier 7    | QL                                               |
| CARETOUCH TEST STRIP STRIP           | Tier 7    | QL                                               |
| CHOICEDM CLARUS STRIP                | Tier 7    | QL                                               |
| CLEVER CHOICE MICRO TEST STRIP STRIP | Tier 7    | QL                                               |
| CLEVER CHOICE PRO STRIP              | Tier 7    | QL                                               |
| CLEVER CHOICE TALK TEST STRIP        | Tier 7    | QL                                               |
| CLEVER CHOICE TEST STRIPS STRIP      | Tier 7    | QL                                               |
| CLEVER CHOICE VOICE PLUS TEST STRIP  | Tier 7    | QL                                               |
| CONTOUR NEXT TEST STRIPS STRIP       | Tier 7    | QL                                               |
| CONTOUR TEST STRIPS STRIP            | Tier 7    | QL                                               |
| COOL GLUCOSE TEST STRIP STRIP        | Tier 7    | QL                                               |
| DARIO BLOOD GLUCOSE TEST STRIP STRIP | Tier 7    | QL                                               |
| DIATRUE PLUS TEST STRIP STRIP        | Tier 7    | QL                                               |
| EASY GLUCO G2 STRIP                  | Tier 7    | QL                                               |

| Drug Name                            | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|--------------------------------------|-----------|--------------------------------------------------|
| EASY PLUS II TEST STRIP              | Tier 7    | QL                                               |
| EASY STEP STRIP                      | Tier 7    | QL                                               |
| EASY TALK GLUCOSE TEST STRIP         | Tier 7    | QL                                               |
| EASY TALK PLUS II TEST STRIP STRIP   | Tier 7    | QL                                               |
| EASY TOUCH BLU LINK TEST STRIP STRIP | Tier 7    | QL                                               |
| EASY TOUCH TEST STRIP STRIP          | Tier 7    | QL                                               |
| EASY TRAK GLUCOSE TEST STRIP         | Tier 7    | QL                                               |
| EASY TRAK II TEST STRIP STRIP        | Tier 7    | QL                                               |
| EASYGLUCO PLUS STRIP                 | Tier 7    | QL                                               |
| EASYGLUCO TEST STRIP                 | Tier 7    | QL                                               |
| EASYMAX 15 TEST STRIPS STRIP         | Tier 7    | QL                                               |
| EASYMAX STRIP                        | Tier 7    | QL                                               |
| ELEMENT COMPACT TEST STRIPS STRIP    | Tier 7    | QL                                               |
| ELEMENT TEST STRIPS STRIP            | Tier 7    | QL                                               |
| EMBRACE BLOOD GLUCOSE SYSTEM STRIP   | Tier 7    | QL                                               |
| EMBRACE EVO TEST STRIPS STRIP        | Tier 7    | QL                                               |
| EMBRACE PRO TEST STRIPS STRIP        | Tier 7    | QL                                               |
| EMBRACE TALK TEST STRIPS STRIP       | Tier 7    | QL                                               |
| EVENCARE G2 STRIP                    | Tier 7    | QL                                               |
| EVENCARE G3 TEST STRIP               | Tier 7    | QL                                               |
| EVENCARE MINI GLUCOSE TEST STR STRIP | Tier 7    | QL                                               |
| EVENCARE PROVIEW TEST STRIP STRIP    | Tier 7    | QL                                               |
| EVENCARE TEST STRIP                  | Tier 7    | QL                                               |



| Drug Name                            | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|--------------------------------------|-----------|--------------------------------------------------|
| EVOLUTION TEST STRIPS STRIP          | Tier 7    | QL                                               |
| EZ SMART PLUS TEST STRIP             | Tier 7    | QL                                               |
| EZ SMART TEST STRIP                  | Tier 7    | QL                                               |
| FIFTY50 TEST STRIP STRIP             | Tier 7    | QL                                               |
| FORA 6 CONNECT GLUCOSE STRIP STRIP   | Tier 7    | QL                                               |
| FORA D15G STRIPS STRIP               | Tier 7    | QL                                               |
| FORA D20 STRIP                       | Tier 7    | QL                                               |
| FORA D40-G31 TEST STRIPS STRIP       | Tier 7    | QL                                               |
| FORA G20 STRIP                       | Tier 7    | QL                                               |
| FORA G30-PREMIUM V10 TEST STRP STRIP | Tier 7    | QL                                               |
| FORA GD50 TEST STRIPS STRIP          | Tier 7    | QL                                               |
| FORA GTEL GLUCOSE TEST STRIP STRIP   | Tier 7    | QL                                               |
| FORA TEST STRIP STRIP                | Tier 7    | QL                                               |
| FORA TN'G ADVAN PRO TEST STRIP STRIP | Tier 7    | QL                                               |
| FORA TN'G VOICE TEST STRIPS STRIP    | Tier 7    | QL                                               |
| FORA V10 STRIP                       | Tier 7    | QL                                               |
| FORA V10-V12-D10-D20 STRIPS STRIP    | Tier 7    | QL                                               |
| FORA V12 GLUCOSE STRIP               | Tier 7    | QL                                               |
| FORA V20 STRIP                       | Tier 7    | QL                                               |
| FORA V30A STRIP                      | Tier 7    | QL                                               |
| FORACARE GD20 STRIP                  | Tier 7    | QL                                               |
| FORACARE GD40 TEST STRIPS STRIP      | Tier 7    | QL                                               |
| FORTISCARE G1 TEST STRIP STRIP       | Tier 7    | QL                                               |
| FORTISCARE GLUCOSE TEST STRIPS STRIP | Tier 7    | QL                                               |
| FREESTYLE INSULINX STRIP             | Tier 7    | QL                                               |

| Drug Name                            | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|--------------------------------------|-----------|--------------------------------------------------|
| FREESTYLE INSULINX TEST STRIPS STRIP | Tier 7    | QL                                               |
| FREESTYLE LITE STRIPS STRIP          | Tier 7    | QL                                               |
| FREESTYLE PRECISION NEO STRIPS STRIP | Tier 7    | QL                                               |
| FREESTYLE TEST STRIP                 | Tier 7    | QL                                               |
| GE100 BLOOD GLUCOSE TEST STRIP STRIP | Tier 7    | QL                                               |
| GE333 BLOOD GLUCOSE TEST STRIP STRIP | Tier 7    | QL                                               |
| GENSTRIP TEST STRIP STRIP            | Tier 7    | QL                                               |
| GENULTIMATE TEST STRIP STRIP         | Tier 7    | QL                                               |
| GLUCO NAVII TEST STRIP STRIP         | Tier 7    | QL                                               |
| GLUCOCARD 01 SENSOR PLUS STRIP       | Tier 7    | QL                                               |
| GLUCOCARD EXPRESSION STRIP           | Tier 7    | QL                                               |
| GLUCOCARD SHINE TEST STRIPS STRIP    | Tier 7    | QL                                               |
| GLUCOCARD VITAL SENSOR STRIP         | Tier 7    | QL                                               |
| GLUCOCARD VITAL TEST STRIPS STRIP    | Tier 7    | QL                                               |
| GLUCOCOM GLUCOSE STRIP               | Tier 7    | QL                                               |
| GM100 STRIP                          | Tier 7    | QL                                               |
| GOJJI BLOOD GLUCOSE TEST STRIP STRIP | Tier 7    | QL                                               |
| GOODLIFE AC-302 TEST STRIP STRIP     | Tier 7    | QL                                               |
| HARMONY GLUCOSE TEST STRIP STRIP     | Tier 7    | QL                                               |
| HEALTHPRO TEST STRIPS STRIP          | Tier 7    | QL                                               |
| IGLUCOSE TEST STRIP STRIP            | Tier 7    | QL                                               |

| Drug Name                           | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|-------------------------------------|-----------|--------------------------------------------------|
| INFINITY TEST STRIPS STRIP          | Tier 7    | QL                                               |
| INFINITY VOICE TEST STRIP STRIP     | Tier 7    | QL                                               |
| MICRO BLOOD GLUCOSE STRIP           | Tier 7    | QL                                               |
| MICRODOT BLOOD GLUCOSE SYSTEM STRIP | Tier 7    | QL                                               |
| MICRODOT XTRA BLOOD GLUCOSE STRIP   | Tier 7    | QL                                               |
| MYGLUCOHEALTH STRIP                 | Tier 7    | QL                                               |
| NEUTEK 2TEK TEST STRIPS STRIP       | Tier 7    | QL                                               |
| NOVA MAX GLUCOSE TEST STRIP         | Tier 7    | QL                                               |
| ON CALL EXPRESS TEST STRIP STRIP    | Tier 7    | QL                                               |
| ON CALL PLUS TEST STRIP STRIP       | Tier 7    | QL                                               |
| ON CALL VIVID TEST STRIP STRIP      | Tier 7    | QL                                               |
| ONETOUCH ULTRA TEST STRIP           | Tier 7    | QL                                               |
| ONETOUCH VERIO TEST STRIPS STRIP    | Tier 7    | QL                                               |
| OPTIUM EZ STRIP                     | Tier 7    | QL                                               |
| OPTIUM TEST STRIP                   | Tier 7    | QL                                               |
| OPTUMRX STRIP                       | Tier 7    | QL                                               |
| PHARMACIST CHOICE STRIP             | Tier 7    | QL                                               |
| PIP BLOOD GLUCOSE TEST STRIP STRIP  | Tier 7    | QL                                               |
| PRECISION PCX PLUS TEST STRIP       | Tier 7    | QL                                               |
| PRECISION PCX TEST STRIP            | Tier 7    | QL                                               |
| PRECISION POINT OF CARE TEST STRIP  | Tier 7    | QL                                               |
| PRECISION Q-I-D TEST STRIP          | Tier 7    | QL                                               |
| PRECISION XTRA TEST STRIP           | Tier 7    | QL                                               |

| Drug Name                            | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|--------------------------------------|-----------|--------------------------------------------------|
| PREMIER TEST STRIP STRIP             | Tier 7    | QL                                               |
| PREMIUM V10 STRIP                    | Tier 7    | QL                                               |
| PRO VOICE V8-V9 TEST STRIP STRIP     | Tier 7    | QL                                               |
| PRODIGY NO CODING STRIP              | Tier 7    | QL                                               |
| QUINTET AC STRIP                     | Tier 7    | QL                                               |
| QUINTET GLUCOSE TEST STRIPS STRIP    | Tier 7    | QL                                               |
| REFUAH PLUS STRIP                    | Tier 7    | QL                                               |
| RELION CONFIRM-MICRO STRIP           | Tier 7    | QL                                               |
| RELION PRIME TEST STRIPS STRIP       | Tier 7    | QL                                               |
| RELION ULTIMA STRIP                  | Tier 7    | QL                                               |
| REVEAL TEST STRIP STRIP              | Tier 7    | QL                                               |
| RIGHTEST GS250S TEST STRIPS STRIP    | Tier 7    | QL                                               |
| RIGHTEST GS260 TEST STRIPS STRIP     | Tier 7    | QL                                               |
| RIGHTEST GS550 TEST STRIPS STRIP     | Tier 7    | QL                                               |
| RIGHTEST GS700 TEST STRIP STRIP      | Tier 7    | QL                                               |
| RIGHTEST GT333 TEST STRIP STRIP      | Tier 7    | QL                                               |
| RIGHTEST MAX TEST STRIP STRIP        | Tier 7    | QL                                               |
| SMART SENSE TEST STRIPS STRIP        | Tier 7    | QL                                               |
| SMARTEST TEST STRIP                  | Tier 7    | QL                                               |
| SOLUS V2 TEST STRIPS STRIP           | Tier 7    | QL                                               |
| SURE-TEST EASYPLUS MINI STRIP        | Tier 7    | QL                                               |
| TD GOLD TEST STRIP STRIP             | Tier 7    | QL                                               |
| TELCARE TEST STRIPS STRIP            | Tier 7    | QL                                               |
| TEST N'GO TEST STRIP                 | Tier 7    | QL                                               |
| TRUE METRIX GLUCOSE TEST STRIP STRIP | Tier 7    | QL                                               |



| Drug Name                               | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|-----------------------------------------|-----------|--------------------------------------------------|
| TRUE METRIX PRO TEST STRIP STRIP        | Tier 7    | QL                                               |
| TRUETEST TEST STRIPS STRIP              | Tier 7    | QL                                               |
| TRUETRACK TEST STRIP                    | Tier 7    | QL                                               |
| ULTIMA TEST STRIPS STRIP                | Tier 7    | QL                                               |
| ULTRATRAK STRIP                         | Tier 7    | QL                                               |
| ULTRATRAK ULTIMATE STRIP                | Tier 7    | QL                                               |
| UNISTRIPI1 TEST STRIP STRIP             | Tier 7    | QL                                               |
| VERASENS TEST STRIP STRIP               | Tier 7    | QL                                               |
| VIVAGUARD INO TEST STRIP STRIP          | Tier 7    | QL                                               |
| WAVESENSE JAZZ STRIP                    | Tier 7    | QL                                               |
| WAVESENSE PRESTO STRIP                  | Tier 7    | QL                                               |
| <b>Diabetic Supplies</b>                |           |                                                  |
| 2TEK CONTROL (HIGH-NORMAL) SOLUTION     | Tier 7    |                                                  |
| 2TEK GLUCOSE/BLOOD PRESSURE KIT         | Tier 7    |                                                  |
| ACCU-CHEK AVIVA CONNECT METER           | Tier 7    |                                                  |
| ACCU-CHEK AVIVA CONTROL SOLN SOLUTION   | Tier 7    | QL                                               |
| ACCU-CHEK AVIVA PLUS METER              | Tier 7    |                                                  |
| ACCU-CHEK COMPACT PLUS CARE KIT         | Tier 7    |                                                  |
| ACCU-CHEK COMPACT PLUS CONTROL SOLUTION | Tier 7    |                                                  |
| ACCU-CHEK FASTCLIX LANCING DEV KIT      | Tier 7    |                                                  |
| ACCU-CHEK GUIDE GLUCOSE METER           | Tier 7    |                                                  |
| ACCU-CHEK GUIDE L1-L2 CTRL SOL SOLUTION | Tier 7    |                                                  |

| Drug Name                               | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|-----------------------------------------|-----------|--------------------------------------------------|
| ACCU-CHEK GUIDE ME GLUCOSE MTR          | Tier 7    |                                                  |
| ACCU-CHEK MULTICLIX LANCET KIT          | Tier 7    |                                                  |
| ACCU-CHEK NANO                          | Tier 7    |                                                  |
| ACCU-CHEK SMARTVIEW CONTRL SOL SOLUTION | Tier 7    |                                                  |
| ACCU-CHEK SOFT DEV LANCETS KIT          | Tier 7    |                                                  |
| ACCUTREND GLUCOSE CONTROL SOLUTION      | Tier 7    |                                                  |
| ADJUSTABLE LANCING DEVICE               | Tier 7    |                                                  |
| ADVANCED GLUCOSE METER                  | Tier 7    |                                                  |
| ADVANCED LANCING DEVICE KIT             | Tier 7    |                                                  |
| ADVOCATE BLOOD GLUCOSE MONITOR          | Tier 7    |                                                  |
| ADVOCATE CONTROL SOLUTION HIGH SOLUTION | Tier 7    |                                                  |
| ADVOCATE DUO DEVICE                     | Tier 7    |                                                  |
| ADVOCATE LANCING DEVICE                 | Tier 7    |                                                  |
| ADVOCATE LOW CONTROL SOLUTION           | Tier 7    |                                                  |
| ADVOCATE RAPID-SAFE LANCING             | Tier 7    |                                                  |
| ADVOCATE REDI-CODE DUO METER DEVICE     | Tier 7    |                                                  |
| ADVOCATE REDI-CODE GLU MONITOR          | Tier 7    |                                                  |
| ADVOCATE REDI-CODE GLU MONITOR KIT      | Tier 7    |                                                  |
| ADVOCATE REDI-CODE PLUS                 | Tier 7    |                                                  |
| ADVOCATE REDI-CODE PLUS CTRL L SOLUTION | Tier 7    |                                                  |

| Drug Name                                            | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|------------------------------------------------------|-----------|--------------------------------------------------|
| ADVOCATE REDI-CODE+ CTRL HIGH SOLUTION               | Tier 7    |                                                  |
| AGAMATRIX AMP GLUC MONITOR SYS                       | Tier 7    |                                                  |
| AGAMATRIX CONTROL HIGH SOLUTION                      | Tier 7    |                                                  |
| AGAMATRIX CONTROL NORM-HI SOLUTION                   | Tier 7    |                                                  |
| AGAMATRIX CONTROL SOLN-LEVEL 2 SOLUTION              | Tier 7    |                                                  |
| AGAMATRIX CONTROL SOLN-LEVEL 4 SOLUTION              | Tier 7    |                                                  |
| ALTERNATE SITE LANCING DEVICE                        | Tier 7    |                                                  |
| AQUA LANCE LANCING DEVICE                            | Tier 7    |                                                  |
| ASSURE 4 CONTROL SOLUTION COMBO PACK                 | Tier 7    |                                                  |
| ASSURE DOSE NORMAL CONTROL SOLUTION                  | Tier 7    |                                                  |
| ASSURE DOSE NORM-HI CONTROL SOLUTION                 | Tier 7    |                                                  |
| ASSURE PLATINUM GLUCOSE METER                        | Tier 7    |                                                  |
| ASSURE PRISM CONTROL 1-2 SOLN SOLUTION               | Tier 7    |                                                  |
| ASSURE PRISM MULTI METER                             | Tier 7    |                                                  |
| AUTOJECT 2 INJECTION DEVICE SUBCUTANEOUS INSULIN PEN | Tier 7    | PA                                               |
| AUTO-LANCET MINI                                     | Tier 7    |                                                  |
| AUTOLET IMPRESSION LANC DEV KIT                      | Tier 7    |                                                  |
| AUTOLET LANCING DEVICE                               | Tier 7    |                                                  |
| AUTOLET PLUS LANCING DEVICE                          | Tier 7    |                                                  |

| Drug Name                                      | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|------------------------------------------------|-----------|--------------------------------------------------|
| AUTOPEN 1 TO 21 UNITS SUBCUTANEOUS INSULIN PEN | Tier 7    | PA                                               |
| AUTOPEN 2 TO 42 UNITS SUBCUTANEOUS INSULIN PEN | Tier 7    | PA                                               |
| BIONIME RIGHTTEST GM300 SYSTEM KIT             | Tier 7    |                                                  |
| BIOTEL CARE BGM-4 METER                        | Tier 7    |                                                  |
| <i>blood glucose contrl hi,normal solution</i> | Tier 7    |                                                  |
| <i>blood glucose control, normal solution</i>  | Tier 7    |                                                  |
| <i>blood glucose ctl high,nml,low solution</i> | Tier 7    |                                                  |
| BLOOD GLUCOSE MONITORING KIT                   | Tier 7    |                                                  |
| <i>blood-glucose meter</i>                     | Tier 7    |                                                  |
| <i>blood-glucose meter kit</i>                 | Tier 7    |                                                  |
| BREEZE 2 CONTROL SOLUTION, LOW SOLUTION        | Tier 7    |                                                  |
| BREEZE 2 CONTROL SOLUTION, NML SOLUTION        | Tier 7    |                                                  |
| BREEZE 2 CONTROL SOLUTION,HIGH SOLUTION        | Tier 7    |                                                  |
| CARELANCE ULT LANCING DEVICE                   | Tier 7    |                                                  |
| CAREONE LANCING DEVICE                         | Tier 7    | QL                                               |
| CARESENS CONTROL A AND B SOLUTION              | Tier 7    |                                                  |
| CARESENS CONTROL A NORMAL SOLUTION             | Tier 7    |                                                  |
| CARESENS N                                     | Tier 7    |                                                  |
| CARESENS N KIT                                 | Tier 7    |                                                  |
| CARESENS N VOICE                               | Tier 7    |                                                  |
| CARESENS N VOICE KIT                           | Tier 7    |                                                  |
| CARESENS PREM LANCING DEVICE                   | Tier 7    |                                                  |

| Drug Name                               | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|-----------------------------------------|-----------|--------------------------------------------------|
| CARETOUCH GLUCOSE MONITORING KIT        | Tier 7    |                                                  |
| CARETOUCH LANCING DEVICE                | Tier 7    |                                                  |
| CHOICE DM CLARUS NORM CONTROL SOLUTION  | Tier 7    |                                                  |
| CHOICEDM CLARUS                         | Tier 7    |                                                  |
| CLEVER CHEK BLOOD GLUCOSE               | Tier 7    |                                                  |
| CLEVER CHEK BLOOD GLUCOSE SYST KIT      | Tier 7    |                                                  |
| CLEVER CHOICE BLOOD GLUC SYS            | Tier 7    |                                                  |
| CLEVER CHOICE GLUCOSE MONITOR           | Tier 7    |                                                  |
| CLEVER CHOICE LEVEL 1 CONTROL SOLUTION  | Tier 7    |                                                  |
| CLEVER CHOICE LEVEL 2 CONTROL SOLUTION  | Tier 7    |                                                  |
| CLEVER CHOICE LEVEL 3 CONTROL SOLUTION  | Tier 7    |                                                  |
| CLEVER CHOICE MICRO                     | Tier 7    |                                                  |
| CLEVER CHOICE PRO                       | Tier 7    |                                                  |
| CLEVER CHOICE TALK GLUCOSE SYS          | Tier 7    |                                                  |
| CONTOUR CONTROL SOLUTION, HIGH SOLUTION | Tier 7    |                                                  |
| CONTOUR CONTROL SOLUTION, LOW SOLUTION  | Tier 7    |                                                  |
| CONTOUR CONTROL SOLUTION, NML SOLUTION  | Tier 7    |                                                  |
| CONTOUR METER                           | Tier 7    |                                                  |
| CONTOUR METER KIT                       | Tier 7    |                                                  |
| CONTOUR NEXT EZ METER                   | Tier 7    |                                                  |
| CONTOUR NEXT EZ METER KIT               | Tier 7    |                                                  |

| Drug Name                               | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|-----------------------------------------|-----------|--------------------------------------------------|
| CONTOUR NEXT GEN METER                  | Tier 7    |                                                  |
| CONTOUR NEXT GEN METER KIT              | Tier 7    |                                                  |
| CONTOUR NEXT GLUCOSE METER KIT          | Tier 7    |                                                  |
| CONTOUR NEXT LEV 1 CONTROL SOL SOLUTION | Tier 7    |                                                  |
| CONTOUR NEXT LEV 2 CONTROL SOL SOLUTION | Tier 7    |                                                  |
| CONTOUR NEXT METER                      | Tier 7    |                                                  |
| CONTOUR NEXT ONE METER                  | Tier 7    |                                                  |
| CONTROL AST MONITORING SYSTEM           | Tier 7    |                                                  |
| COOL BLOOD GLUCOSE METER                | Tier 7    |                                                  |
| COOL BLOOD GLUCOSE METER KIT            | Tier 7    |                                                  |
| COOL CONTROL A SOLUTION SOLUTION        | Tier 7    |                                                  |
| COOL CONTROL B SOLUTION SOLUTION        | Tier 7    |                                                  |
| DIATRUE CONTROL SOLN NORMAL SOLUTION    | Tier 7    |                                                  |
| DIATRUE CONTROL SOLUTION HIGH SOLUTION  | Tier 7    |                                                  |
| DIATRUE CONTROL SOLUTION LOW SOLUTION   | Tier 7    |                                                  |
| DIATRUE PLUS BLOOD GLUCOSE MET          | Tier 7    |                                                  |
| DROPLET GENTEEL LANCING DEVICE          | Tier 7    |                                                  |
| DROPLET LANCING DEVICE                  | Tier 7    |                                                  |
| EASY CHECK BLOOD GLUCOSE KIT            | Tier 7    |                                                  |
| EASY CLICK LANCING DEVICE               | Tier 7    |                                                  |
| EASY MINI EJECT LANCING DEVICE          | Tier 7    |                                                  |

| Drug Name                               | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|-----------------------------------------|-----------|--------------------------------------------------|
| EASY PLUS II BLOOD GLUCOSE MET          | Tier 7    |                                                  |
| EASY PLUS II HIGH CONTROL SOLUTION      | Tier 7    |                                                  |
| EASY PLUS II LOW CONTROL SOLUTION       | Tier 7    |                                                  |
| EASY STEP BLOOD GLUCOSE METER           | Tier 7    |                                                  |
| EASY STEP BLOOD GLUCOSE SYSTEM KIT      | Tier 7    |                                                  |
| EASY STEP HIGH CONTROL SOLN SOLUTION    | Tier 7    |                                                  |
| EASY STEP LOW CONTROL SOLUTION SOLUTION | Tier 7    |                                                  |
| EASY STEP NORMAL CONTROL SOLN SOLUTION  | Tier 7    |                                                  |
| EASY TALK BLOOD GLUCOSE METER           | Tier 7    |                                                  |
| EASY TALK HIGH CONTROL SOLUTION         | Tier 7    |                                                  |
| EASY TALK LOW CONTROL SOLUTION          | Tier 7    |                                                  |
| EASY TALK PLUS II HIGH CONTROL SOLUTION | Tier 7    |                                                  |
| EASY TALK PLUS II LOW CONTROL SOLUTION  | Tier 7    |                                                  |
| EASY TOUCH BLU CTRL SOLN-L1,L3 SOLUTION | Tier 7    |                                                  |
| EASY TOUCH BLU LINK GLUC SYST           | Tier 7    |                                                  |
| EASY TOUCH GLUCOSE MONITOR              | Tier 7    |                                                  |
| EASY TOUCH HIGH-LOW CONTROL SOLUTION    | Tier 7    |                                                  |
| EASY TOUCH LANCING DEVICE               | Tier 7    |                                                  |
| EASY TRAK BLOOD GLUCOSE METER           | Tier 7    |                                                  |
| EASY TRAK HIGH CONTROL SOLUTION         | Tier 7    |                                                  |

| Drug Name                               | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|-----------------------------------------|-----------|--------------------------------------------------|
| EASY TRAK II BLOOD GLUCOSE MTR          | Tier 7    |                                                  |
| EASY TRAK II CTRL SOLN-NORMAL SOLUTION  | Tier 7    |                                                  |
| EASY TRAK LOW CONTROL SOLUTION          | Tier 7    |                                                  |
| EASYGLUCO METER KIT                     | Tier 7    |                                                  |
| EASYGLUCO MONITORING SYSTEM KIT         | Tier 7    |                                                  |
| EASYGLUCO PLUS KIT                      | Tier 7    |                                                  |
| EASYGLUCO PLUS NORMAL CONTROL SOLUTION  | Tier 7    |                                                  |
| EASYMAX 15 LEVEL 2 SOLUTION             | Tier 7    |                                                  |
| EASYMAX L BLOOD GLUCOSE METER           | Tier 7    |                                                  |
| EASYMAX LOW CONTROL SOLUTION            | Tier 7    |                                                  |
| EASYMAX NG                              | Tier 7    |                                                  |
| EASYMAX NG KIT                          | Tier 7    |                                                  |
| EASYMAX NORMAL CONTROL SOLUTION         | Tier 7    |                                                  |
| EASYMAX V SPEAKING GLUCOSE SYS          | Tier 7    |                                                  |
| EASYMAX V2 BLOOD GLUCOSE METER          | Tier 7    |                                                  |
| EASY-TOUCH BLOOD GLUCOSE METER          | Tier 7    |                                                  |
| ELEMENT COMPACT GLUCOSE METER           | Tier 7    |                                                  |
| ELEMENT COMPACT HIGH CONTROL SOLUTION   | Tier 7    |                                                  |
| ELEMENT COMPACT NORMAL CONTROL SOLUTION | Tier 7    |                                                  |
| ELEMENT COMPACT V GLUCOSE MTR           | Tier 7    |                                                  |
| ELEMENT HIGH CONTROL SOLUTION           | Tier 7    |                                                  |

| Drug Name                               | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|-----------------------------------------|-----------|--------------------------------------------------|
| ELEMENT LOW CONTROL SOLUTION            | Tier 7    |                                                  |
| ELEMENT NORMAL CONTROL SOLUTION         | Tier 7    |                                                  |
| ELEMENT PLUS BLOOD GLUCOSE KIT KIT      | Tier 7    |                                                  |
| EMBRACE BLOOD GLUCOSE KIT               | Tier 7    |                                                  |
| EMBRACE BLOOD GLUCOSE SYSTEM            | Tier 7    |                                                  |
| EMBRACE EVO BLOOD GLUCOSE KIT KIT       | Tier 7    |                                                  |
| EMBRACE EVO GLUCOSE MONITOR             | Tier 7    |                                                  |
| EMBRACE EVO LEVEL 1 SOLUTION            | Tier 7    |                                                  |
| EMBRACE GLUCOSE CONTROL HIGH SOLUTION   | Tier 7    |                                                  |
| EMBRACE GLUCOSE CONTROL LOW SOLUTION    | Tier 7    |                                                  |
| EMBRACE LANCING DEVICE                  | Tier 7    |                                                  |
| EMBRACE PRO GLUCOSE METER               | Tier 7    |                                                  |
| EMBRACE PRO SOLUTION                    | Tier 7    |                                                  |
| EMBRACE TALK BLOOD GLUCOSE SYS KIT      | Tier 7    |                                                  |
| EMBRACE TALK CONTROL-HIGH (L2) SOLUTION | Tier 7    |                                                  |
| EMBRACE TALK CONTROL-LOW (L1) SOLUTION  | Tier 7    |                                                  |
| EMBRACE TALK GLUCOSE MONITOR            | Tier 7    |                                                  |
| ENLITE SYSTEM                           | Tier 7    |                                                  |
| EVENCARE G2                             | Tier 7    |                                                  |
| EVENCARE G2 SOLUTION                    | Tier 7    |                                                  |
| EVENCARE G3 CONTROL SOLUTION            | Tier 7    |                                                  |

| Drug Name                               | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|-----------------------------------------|-----------|--------------------------------------------------|
| EVENCARE G3 GLUCOSE METER KIT           | Tier 7    |                                                  |
| EVENCARE KIT                            | Tier 7    |                                                  |
| EVENCARE MINI GLUCOSE CONTROL SOLUTION  | Tier 7    |                                                  |
| EVENCARE MINI MONITOR SYSTEM            | Tier 7    |                                                  |
| EVENCARE PROVIEW CONTROL-L2,L3 SOLUTION | Tier 7    |                                                  |
| EVENCARE SOLUTION                       | Tier 7    |                                                  |
| EVOLUTION BLOOD GLUCOSE METER KIT       | Tier 7    |                                                  |
| EVOLUTION NORMAL CONTROL SOLUTION       | Tier 7    |                                                  |
| EZ SMART CONTROL SOLUTION               | Tier 7    |                                                  |
| EZ SMART PLUS SYSTEM KIT                | Tier 7    | QL                                               |
| EZ SMART SYSTEM KIT                     | Tier 7    |                                                  |
| FORA D10 KIT                            | Tier 7    |                                                  |
| FORA D15 GLUCOSE-BP MONITOR DEVICE      | Tier 7    |                                                  |
| FORA D20 KIT                            | Tier 7    |                                                  |
| FORA D40D GLUCOSE-BP MONITOR DEVICE     | Tier 7    |                                                  |
| FORA D40G GLUCOSE-BP MONITOR DEVICE     | Tier 7    |                                                  |
| FORA G20 KIT                            | Tier 7    |                                                  |
| FORA G30A                               | Tier 7    |                                                  |
| FORA GD50 BLOOD GLUCOSE SYSTEM          | Tier 7    |                                                  |
| FORA HIGH CONTROL SOLUTION              | Tier 7    |                                                  |
| FORA LANCING DEVICE                     | Tier 7    |                                                  |
| FORA LOW CONTROL SOLUTION               | Tier 7    |                                                  |
| FORA NORMAL CONTROL SOLUTION            | Tier 7    |                                                  |
| FORA PREMIUM V10 GLUCOSE METER          | Tier 7    |                                                  |

| Drug Name                            | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|--------------------------------------|-----------|--------------------------------------------------|
| FORA TEST N'GO VOICE METER           | Tier 7    |                                                  |
| FORA TN'G VOICE METER                | Tier 7    |                                                  |
| FORA V10 KIT                         | Tier 7    |                                                  |
| FORA V12 BLOOD GLUCOSE SYSTEM        | Tier 7    |                                                  |
| FORA V12 BLOOD GLUCOSE SYSTEM KIT    | Tier 7    |                                                  |
| FORA V20 KIT                         | Tier 7    |                                                  |
| FORA V30A                            | Tier 7    |                                                  |
| FORA V30A KIT                        | Tier 7    |                                                  |
| FORACARE GD20 GLUCOSE METER          | Tier 7    |                                                  |
| FORACARE GD40A GLUCOSE METER         | Tier 7    |                                                  |
| FORACARE GD40B GLUCOSE METER         | Tier 7    |                                                  |
| FORACARE GDH HIGH CONTROL SOLUTION   | Tier 7    |                                                  |
| FORACARE GDH LOW CONTROL SOLUTION    | Tier 7    |                                                  |
| FORACARE GDH NORMAL CONTROL SOLUTION | Tier 7    |                                                  |
| FORTISCARE BLOOD GLUCOSE SYST KIT    | Tier 7    |                                                  |
| FORTISCARE HIGH SOLUTION             | Tier 7    |                                                  |
| FORTISCARE LOW SOLUTION              | Tier 7    |                                                  |
| FORTISCARE NORMAL SOLUTION           | Tier 7    |                                                  |
| FORTISCARE T1 BLOOD GLUC SYS         | Tier 7    |                                                  |
| FREESTYLE CONTROL SOLUTION           | Tier 7    |                                                  |
| FREESTYLE FLASH SYSTEM KIT           | Tier 7    |                                                  |
| FREESTYLE FREEDOM KIT                | Tier 7    |                                                  |
| FREESTYLE FREEDOM LITE KIT           | Tier 7    |                                                  |
| FREESTYLE INSULINX                   | Tier 7    |                                                  |

| Drug Name                               | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|-----------------------------------------|-----------|--------------------------------------------------|
| FREESTYLE LITE METER KIT                | Tier 7    |                                                  |
| FREESTYLE PRECISION NEO METER           | Tier 7    |                                                  |
| FREESTYLE SIDEKICK II KIT               | Tier 7    |                                                  |
| FREESTYLE SYSTEM KIT KIT                | Tier 7    |                                                  |
| GDRIVE KIT                              | Tier 7    |                                                  |
| GE100 BLOOD GLUCOSE SYSTEM              | Tier 7    |                                                  |
| GE100 BLOOD GLUCOSE SYSTEM KIT          | Tier 7    |                                                  |
| GE100 CONTROL SOLUTION NORMAL SOLUTION  | Tier 7    |                                                  |
| GE333 BLOOD GLUCOSE SYSTEM              | Tier 7    |                                                  |
| GE333 CONTROL SOLUTION NORMAL SOLUTION  | Tier 7    |                                                  |
| GLUCO NAVII GLUCOSE MONITOR KIT         | Tier 7    |                                                  |
| GLUCOCARD 01 HI-NORMAL CONTROL SOLUTION | Tier 7    |                                                  |
| GLUCOCARD 01 METER KIT                  | Tier 7    |                                                  |
| GLUCOCARD 01 NORMAL CONTROL SOLUTION    | Tier 7    |                                                  |
| GLUCOCARD EXPRESSION                    | Tier 7    |                                                  |
| GLUCOCARD EXPRESSION KIT                | Tier 7    |                                                  |
| GLUCOCARD EXPRESSION SOLUTION           | Tier 7    |                                                  |
| GLUCOCARD SHINE CONNEX METER            | Tier 7    |                                                  |
| GLUCOCARD SHINE EXPRESS METER           | Tier 7    |                                                  |
| GLUCOCARD SHINE METER                   | Tier 7    |                                                  |



| Drug Name                                  | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|--------------------------------------------|-----------|--------------------------------------------------|
| GLUCOCARD SHINE METER KIT KIT              | Tier 7    |                                                  |
| GLUCOCARD SHINE SOLUTION                   | Tier 7    |                                                  |
| GLUCOCARD SHINE XL METER                   | Tier 7    |                                                  |
| GLUCOCARD VITAL KIT                        | Tier 7    |                                                  |
| GLUCOCOM BLOOD GLUCOSE KIT                 | Tier 7    |                                                  |
| GLUCOCOM CONTROL HIGH SOLUTION             | Tier 7    |                                                  |
| GLUCOCOM CONTROL NORMAL SOLUTION           | Tier 7    |                                                  |
| GLUCOSE CONTROL SOLUTION                   | Tier 7    |                                                  |
| GLUCOSE KETONE CONTROL SOLN SOLUTION       | Tier 7    |                                                  |
| GM100 KIT                                  | Tier 7    |                                                  |
| GOJJI GLUCOSE CNTRL SOL-NORMAL SOLUTION    | Tier 7    |                                                  |
| GOJJI LANCING DEVICE                       | Tier 7    |                                                  |
| GOODLIFE AC-302 GLUCOSE METER              | Tier 7    |                                                  |
| HARMONY CONTROL L1,L3 SOLUTION             | Tier 7    |                                                  |
| HEALTHPRO GLUCOSE MONITOR                  | Tier 7    |                                                  |
| HEALTHPRO HIGH-LOW CONTROL SOLUTION        | Tier 7    |                                                  |
| HEALTHY ACCENTS AUTOLET                    | Tier 7    |                                                  |
| HUMAPEN LUXURA HD SUBCUTANEOUS INSULIN PEN | Tier 7    | PA                                               |
| HYPOLANCE AST LANCING KIT                  | Tier 7    |                                                  |
| IGLUCOSE BLOOD GLUCOSE MONITOR KIT         | Tier 7    |                                                  |
| INCONTROL LANCING DEVICE                   | Tier 7    |                                                  |

| Drug Name                                              | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|--------------------------------------------------------|-----------|--------------------------------------------------|
| INFINITY CONTROL SOLUTION HIGH SOLUTION                | Tier 7    |                                                  |
| INFINITY CONTROL SOLUTION LOW SOLUTION                 | Tier 7    |                                                  |
| INFINITY CONTROL SOLUTION NORM SOLUTION                | Tier 7    |                                                  |
| INFINITY METER KIT KIT                                 | Tier 7    |                                                  |
| INFINITY STARTER KIT KIT                               | Tier 7    |                                                  |
| INFINITY VOICE CTRL SOLN-LVL 2 SOLUTION                | Tier 7    |                                                  |
| INFINITY VOICE GLUCOSE MONITOR                         | Tier 7    |                                                  |
| INPEN (FOR HUMALOG) BLUE SUBCUTANEOUS INSULIN PEN      | Tier 7    | PA                                               |
| INPEN (FOR HUMALOG) GREY SUBCUTANEOUS INSULIN PEN      | Tier 7    | PA                                               |
| INPEN (FOR HUMALOG) PINK SUBCUTANEOUS INSULIN PEN      | Tier 7    | PA                                               |
| INPEN (NOVOLOG OR FIASP) BLUE SUBCUTANEOUS INSULIN PEN | Tier 7    | PA                                               |
| INPEN (NOVOLOG OR FIASP) GREY SUBCUTANEOUS INSULIN PEN | Tier 7    | PA                                               |
| INPEN (NOVOLOG OR FIASP) PINK SUBCUTANEOUS INSULIN PEN | Tier 7    | PA                                               |
| JAZZ WIRELESS 2 METER KIT KIT                          | Tier 7    |                                                  |
| <i>lancing device</i>                                  | Tier 7    |                                                  |
| LANCING DEVICE WITH LANCETS                            | Tier 7    |                                                  |
| <i>lancing device with lancets kit</i>                 | Tier 7    |                                                  |



| Drug Name                               | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|-----------------------------------------|-----------|--------------------------------------------------|
| LANCING SYSTEM                          | Tier 7    |                                                  |
| LANZO LANCING DEVICE KIT                | Tier 7    |                                                  |
| LITE TOUCH LANCING DEVICE               | Tier 7    |                                                  |
| MEDISENSE COMBO PACK                    | Tier 7    |                                                  |
| MEDISENSE CONTROLS 1-HI 1-LO COMBO PACK | Tier 7    |                                                  |
| MEDISENSE GLUCOSE KETONE COMBO PACK     | Tier 7    |                                                  |
| MEDISENSE MID CONTROL SOLUTION          | Tier 7    |                                                  |
| MEDPOINT NORMAL CONTROL SOLUTION        | Tier 7    |                                                  |
| METER-CHECK SOLUTION                    | Tier 7    |                                                  |
| MICRODOT BLOOD GLUCOSE SYSTEM           | Tier 7    |                                                  |
| MICRODOT BLOOD GLUCOSE SYSTEM KIT       | Tier 7    |                                                  |
| MICRODOT HIGH-LOW CONTROL SOLUTION      | Tier 7    |                                                  |
| MICRODOT NORMAL CONTROL SOLUTION        | Tier 7    |                                                  |
| MICROLET 2 LANCING DEVICE KIT           | Tier 7    |                                                  |
| MICROLET NEXT LANCING DEVICE KIT        | Tier 7    |                                                  |
| MINI LANCING DEVICE                     | Tier 7    |                                                  |
| MULTI-LANCET DEVICE 2 KIT               | Tier 7    |                                                  |
| MYGLUCOHEALTH CONTROL SOLUTION SOLUTION | Tier 7    |                                                  |
| MYGLUCOHEALTH KIT                       | Tier 7    |                                                  |
| NOVA MAX GLUCOSE CONTROL SOLUTION       | Tier 7    |                                                  |
| NOVAMAX PLUS GLU-KET SOLUTION           | Tier 7    |                                                  |
| NOVOPEN ECHO SUBCUTANEOUS INSULIN PEN   | Tier 7    | PA                                               |

| Drug Name                                        | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|--------------------------------------------------|-----------|--------------------------------------------------|
| ON CALL EXPRESS CONTROL SOLUTION                 | Tier 7    |                                                  |
| ON CALL EXPRESS METER                            | Tier 7    |                                                  |
| ON CALL EXPRESS METER KIT                        | Tier 7    |                                                  |
| ON CALL LANCING DEVICE                           | Tier 7    |                                                  |
| ON CALL PLUS CONTROL SOLUTION                    | Tier 7    |                                                  |
| ON CALL PLUS LANCING DEVICE                      | Tier 7    |                                                  |
| ON CALL PLUS METER                               | Tier 7    |                                                  |
| ON CALL PLUS METER KIT                           | Tier 7    |                                                  |
| ON CALL VIVID CONTROL SOLUTION                   | Tier 7    |                                                  |
| ON CALL VIVID METER                              | Tier 7    |                                                  |
| ON CALL VIVID METER KIT                          | Tier 7    |                                                  |
| ON CALL VIVID PAL METER                          | Tier 7    |                                                  |
| ON CALL VIVID PAL METER KIT                      | Tier 7    |                                                  |
| ONETOUCH DELICA LANC DEVICE KIT                  | Tier 7    |                                                  |
| ONETOUCH DELICA PLUS LANC DEV KIT                | Tier 7    |                                                  |
| ONETOUCH SOLUTIONS COMPLETE KIT                  | Tier 7    |                                                  |
| ONETOUCH SOLUTIONS FIT KIT                       | Tier 7    |                                                  |
| ONETOUCH SOLUTIONS STARTER KIT                   | Tier 7    |                                                  |
| ONETOUCH SURESOFT LANCING DEV 18 GAUGE, 21 GAUGE | Tier 7    | QL                                               |
| ONETOUCH ULTRA CONTROL SOLUTION                  | Tier 7    |                                                  |
| ONETOUCH ULTRA2 METER                            | Tier 7    |                                                  |
| ONETOUCH ULTRA2 METER KIT                        | Tier 7    |                                                  |

| Drug Name                                 | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|-------------------------------------------|-----------|--------------------------------------------------|
| ONETOUGH ULTRAMINI KIT                    | Tier 7    |                                                  |
| ONETOUGH VERIO FLEX METER                 | Tier 7    |                                                  |
| ONETOUGH VERIO FLEX START KIT             | Tier 7    |                                                  |
| ONETOUGH VERIO HIGH CONTROL SOLUTION      | Tier 7    |                                                  |
| ONETOUGH VERIO IQ METER                   | Tier 7    |                                                  |
| ONETOUGH VERIO IQ METER KIT               | Tier 7    |                                                  |
| ONETOUGH VERIO METER                      | Tier 7    |                                                  |
| ONETOUGH VERIO MID CONTROL SOLUTION       | Tier 7    |                                                  |
| ONETOUGH VERIO REFLECT METER              | Tier 7    |                                                  |
| ONETOUGH VERIO REFLECT START KIT          | Tier 7    |                                                  |
| OPTUMRX                                   | Tier 7    |                                                  |
| OPTUMRX KIT                               | Tier 7    |                                                  |
| OPTUMRX SOLUTION                          | Tier 7    |                                                  |
| PARADIGM REAL-TIME TRANSMIT-SN            | Tier 7    |                                                  |
| PHARMACIST CHOICE GLUCOSE SYS             | Tier 7    |                                                  |
| PIP BLOOD GLUCOSE MONITOR                 | Tier 7    |                                                  |
| PIP GLUCOSE CONTROL SOLN L1-L2 SOLUTION   | Tier 7    |                                                  |
| POGO AUTOMATIC BLOOD GLUC SYS             | Tier 7    |                                                  |
| PRECISION                                 | Tier 7    |                                                  |
| PRECISION GLUCOSE CONTROL SOLN COMBO PACK | Tier 7    |                                                  |
| PRECISION GLUCOSE/KETONE CONTR COMBO PACK | Tier 7    |                                                  |
| PRECISION XTRA MONITOR                    | Tier 7    |                                                  |

| Drug Name                              | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|----------------------------------------|-----------|--------------------------------------------------|
| PREMIER BLU GLUCOSE METER              | Tier 7    |                                                  |
| PREMIER CLASSIC GLUCOSE METER          | Tier 7    |                                                  |
| PREMIER COMPACT GLUCOSE METER KIT      | Tier 7    |                                                  |
| PREMIER VOICE GLUCOSE METER            | Tier 7    |                                                  |
| PREMIUM BLOOD GLUCOSE MONITOR          | Tier 7    |                                                  |
| PREMIUM V10                            | Tier 7    |                                                  |
| PRESTO PRO BLOOD GLUCOSE METER         | Tier 7    |                                                  |
| PRO VOICE V8 GLUCOSE MONITOR           | Tier 7    |                                                  |
| PRO VOICE V9 GLUCOSE MONITOR           | Tier 7    |                                                  |
| PRODIGY AUTOCODE METER KIT             | Tier 7    |                                                  |
| PRODIGY AUTOCODE MONITOR SYST          | Tier 7    |                                                  |
| PRODIGY CONTROL SOLUTION, LOW SOLUTION | Tier 7    |                                                  |
| PRODIGY CONTROL SOLUTION,HIGH SOLUTION | Tier 7    |                                                  |
| PRODIGY LANCING DEVICE                 | Tier 7    |                                                  |
| PRODIGY POCKET METER KIT               | Tier 7    |                                                  |
| PRODIGY VOICE GLUCOSE METER KIT        | Tier 7    |                                                  |
| QUINTET AC                             | Tier 7    |                                                  |
| QUINTET BLOOD GLUCOSE METER            | Tier 7    |                                                  |
| REFUAH PLUS GLUCOSE CONTROL SOLUTION   | Tier 7    |                                                  |
| REFUAH PLUS GLUCOSE MONITOR KIT        | Tier 7    |                                                  |
| RELIAMED MINI LANCING DEVICE           | Tier 7    |                                                  |
| RELION ALL-IN-ONE METER KIT            | Tier 7    |                                                  |

| Drug Name                               | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|-----------------------------------------|-----------|--------------------------------------------------|
| RELION CONFIRM KIT                      | Tier 7    |                                                  |
| RELION MICRO GLUCOSE MONITOR            | Tier 7    |                                                  |
| RELION MICRO GLUCOSE MONITOR KIT        | Tier 7    |                                                  |
| RELION PRIME METER                      | Tier 7    |                                                  |
| REVEAL BLOOD GLUCOSE METER KIT          | Tier 7    |                                                  |
| RIGHTEST CONTROL SOLUTION HIGH SOLUTION | Tier 7    |                                                  |
| RIGHTEST CONTROL SOLUTION NORM SOLUTION | Tier 7    |                                                  |
| RIGHTEST GC250S CNTRL SOL NORM SOLUTION | Tier 7    |                                                  |
| RIGHTEST GC700 LEV 2 CTRL SOLN SOLUTION | Tier 7    |                                                  |
| RIGHTEST GD500 LANCING DEVICE           | Tier 7    |                                                  |
| RIGHTEST GM250S GLUCOSE METER           | Tier 7    |                                                  |
| RIGHTEST GM260 GLUCOSE METER            | Tier 7    |                                                  |
| RIGHTEST GM550 SYSTEM KIT               | Tier 7    |                                                  |
| RIGHTEST GM700SB GLUCOSE METER          | Tier 7    |                                                  |
| RIGHTEST GT333 GLUCOSE METER            | Tier 7    |                                                  |
| RIGHTEST GT333 LEV 2 CTRL SOLN SOLUTION | Tier 7    |                                                  |
| RIGHTEST MAX PLUS GLUCOSE MTR           | Tier 7    |                                                  |
| SAFE-CLIP BY MAIL DEVICE                | Tier 7    |                                                  |
| SAFE-CLIP NEEDLE STORAGE DEV DEVICE     | Tier 7    |                                                  |
| SIDEKICK BLOOD GLUCOSE SYSTEM KIT       | Tier 7    |                                                  |
| SMART CARESENS N KIT                    | Tier 7    |                                                  |
| SMART SENSE MONITORING SYSTEM           | Tier 7    |                                                  |

| Drug Name                               | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|-----------------------------------------|-----------|--------------------------------------------------|
| SMARTDIABETES VANTAGE                   | Tier 7    |                                                  |
| SMARTEST CONTROL SOLUTION               | Tier 7    |                                                  |
| SMARTEST EJECT KIT                      | Tier 7    |                                                  |
| SMARTEST PERSONA GLUCOSE METER          | Tier 7    |                                                  |
| SMARTEST PERSONA STARTER KIT            | Tier 7    |                                                  |
| SMARTEST PRONTO GLUCOSE METER           | Tier 7    |                                                  |
| SMARTEST PRONTO STARTER KIT             | Tier 7    |                                                  |
| SMARTEST PROTEGE KIT                    | Tier 7    |                                                  |
| SMARTEST SMART CODE METER KIT           | Tier 7    |                                                  |
| SMARTEST TALKING METER KIT              | Tier 7    |                                                  |
| SOLUS V2 AUDIBLE METER                  | Tier 7    |                                                  |
| SOLUS V2 AUDIBLE METER KIT              | Tier 7    |                                                  |
| SOLUS V2 CONTROL SOLUTION, LOW SOLUTION | Tier 7    |                                                  |
| SOLUS V2 CONTROL SOLUTION,HIGH SOLUTION | Tier 7    |                                                  |
| SOLUS V2 LANCING DEVICE KIT             | Tier 7    |                                                  |
| SURE COMFORT LANCING PEN                | Tier 7    |                                                  |
| SUREFLEX DEVICE WITH LANCETS KIT        | Tier 7    |                                                  |
| SUREFLEX LANCING DEVICE                 | Tier 7    |                                                  |
| SURE-PEN LANCING DEVICE                 | Tier 7    |                                                  |
| SURE-TEST EASYPLUS MINI METER           | Tier 7    |                                                  |
| SURE-TEST EASYPLUS MINI SOLUTION        | Tier 7    |                                                  |
| TD GOLD BLOOD GLUCOSE MONITOR           | Tier 7    |                                                  |

| Drug Name                          | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|------------------------------------|-----------|--------------------------------------------------|
| TD GOLD LEVEL 1 CONTROL SOLUTION   | Tier 7    |                                                  |
| TD GOLD LEVEL 2 CONTROL SOLUTION   | Tier 7    |                                                  |
| TD GOLD LEVEL 3 CONTROL SOLUTION   | Tier 7    |                                                  |
| TD GOLD VOICE GLUCOSE MONITOR      | Tier 7    |                                                  |
| TELCARE BGM KIT                    | Tier 7    |                                                  |
| TELCARE BLOOD GLUCOSE KIT KIT      | Tier 7    |                                                  |
| TELCARE CONTROL SOLUTION           | Tier 7    |                                                  |
| TEST N'GO BLOOD GLUCOSE SYSTEM     | Tier 7    |                                                  |
| TRUE METRIX AIR GLUCOSE METER      | Tier 7    |                                                  |
| TRUE METRIX AIR GLUCOSE METER KIT  | Tier 7    |                                                  |
| TRUE METRIX GLUCOSE METER          | Tier 7    |                                                  |
| TRUE METRIX GLUCOSE METER KIT      | Tier 7    |                                                  |
| TRUE METRIX GO GLUCOSE METER       | Tier 7    |                                                  |
| TRUE METRIX LEVEL 1 SOLUTION       | Tier 7    |                                                  |
| TRUE METRIX LEVEL 2 SOLUTION       | Tier 7    |                                                  |
| TRUE METRIX LEVEL 3 SOLUTION       | Tier 7    |                                                  |
| TRUE2GO BLOOD GLUCOSE SYSTEM KIT   | Tier 7    |                                                  |
| TRUECONTROL LEVEL 0 SOLUTION       | Tier 7    |                                                  |
| TRUECONTROL LEVEL 1 SOLUTION       | Tier 7    |                                                  |
| TRUEDRAW LANCING DEVICE            | Tier 7    |                                                  |
| TRUERESULT BLOOD GLUCOSE SYSTM KIT | Tier 7    |                                                  |
| TRUETRACK BLOOD GLUCOSE SYSTEM KIT | Tier 7    |                                                  |
| TRUETRACK SMART SYSTEM KIT         | Tier 7    |                                                  |
| ULTI-LANCE                         | Tier 7    |                                                  |

| Drug Name                               | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|-----------------------------------------|-----------|--------------------------------------------------|
| ULTI-LANCE KIT                          | Tier 7    |                                                  |
| ULTIMA MONITOR                          | Tier 7    |                                                  |
| ULTRATRAK GLUCOSE METER                 | Tier 7    |                                                  |
| ULTRATRAK GLUCOSE METER KIT             | Tier 7    |                                                  |
| ULTRATRAK HIGH-LOW CONTROL SOLUTION     | Tier 7    |                                                  |
| ULTRATRAK NORMAL CONTROL SOLUTION       | Tier 7    |                                                  |
| ULTRATRAK ULTIMATE                      | Tier 7    |                                                  |
| ULTRATRAK ULTIMATE SOLUTION             | Tier 7    |                                                  |
| UNISTIK 2 DEVICE KIT                    | Tier 7    |                                                  |
| UNISTIK 2 EXTRA KIT                     | Tier 7    |                                                  |
| UNISTIK 2 NORMAL LANCET,DEVICE KIT      | Tier 7    |                                                  |
| UNISTIK 3 COMFORT DEVICE KIT            | Tier 7    |                                                  |
| UNISTIK 3 KIT                           | Tier 7    |                                                  |
| UNISTIK 3 NEONATAL DEVICE KIT           | Tier 7    |                                                  |
| UNISTIK 3 NEONATAL KIT                  | Tier 7    |                                                  |
| UNISTRIP HIGH CONTROL SOLUTION          | Tier 7    |                                                  |
| UNISTRIP LOW CONTROL SOLUTION           | Tier 7    |                                                  |
| VERASENS BLOOD GLUCOSE METER            | Tier 7    |                                                  |
| VERASENS CONTROL SOLN-LEVEL 1 SOLUTION  | Tier 7    |                                                  |
| VERASENS METER STARTER KIT KIT          | Tier 7    |                                                  |
| VIVAGUARD INO CTRL SOLN-L1,2,3 SOLUTION | Tier 7    |                                                  |
| VIVAGUARD INO CTRL SOLN-L1,L3 SOLUTION  | Tier 7    |                                                  |
| VIVAGUARD INO CTRL SOLN-L2 SOLUTION     | Tier 7    |                                                  |

| Drug Name                                                                    | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|------------------------------------------------------------------------------|-----------|--------------------------------------------------|
| VIVAGUARD INO GLUCOSE METER                                                  | Tier 7    |                                                  |
| VIVAGUARD INO SMART GLUC METER                                               | Tier 7    |                                                  |
| VIVAGUARD LANCING DEVICE                                                     | Tier 7    |                                                  |
| WAVESENSE AMP KIT                                                            | Tier 7    |                                                  |
| WAVESENSE CONTROL SOLUTION SOLUTION                                          | Tier 7    |                                                  |
| WAVESENSE PRESTO                                                             | Tier 7    |                                                  |
| WAVESENSE PRESTO KIT                                                         | Tier 7    |                                                  |
| <b>Hyperglycemics</b>                                                        |           |                                                  |
| BAQSIMI NASAL SPRAY, NON-AEROSOL 3 MG/ACTUATION                              | Tier 3    |                                                  |
| GLUCAGON EMERGENCY KIT (HUMAN) INJECTION RECON SOLN 1 MG                     | Tier 2    |                                                  |
| <b>Insulins</b>                                                              |           |                                                  |
| ADMELOG SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML          | Tier 3    | PA                                               |
| ADMELOG U-100 INSULIN LISPRO SUBCUTANEOUS SOLUTION 100 UNIT/ML               | Tier 3    |                                                  |
| BASAGLAR KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)   | Tier 3    | PA                                               |
| HUMALOG JUNIOR KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN, HALF-UNIT 100 UNIT/ML | Tier 3    | PA                                               |
| HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML                 | Tier 3    | PA                                               |

| Drug Name                                                                  | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|----------------------------------------------------------------------------|-----------|--------------------------------------------------|
| HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML                   | Tier 3    | PA                                               |
| HUMALOG U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML                    | Tier 3    |                                                  |
| HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)    | Tier 3    |                                                  |
| HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)  | Tier 3    | PA                                               |
| HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML            | Tier 3    |                                                  |
| HUMULIN R REGULAR U-100 INSULIN INJECTION SOLUTION 100 UNIT/ML             | Tier 3    |                                                  |
| HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML           | Tier 3    |                                                  |
| HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML) | Tier 3    |                                                  |
| <i>insulin glargine subcutaneous insulin pen 100 unit/ml (3 ml)</i>        | Tier 2    | PA                                               |
| <i>insulin glargine subcutaneous solution 100 unit/ml</i>                  | Tier 2    | PA                                               |
| <i>insulin lispro subcutaneous insulin pen 100 unit/ml</i>                 | Tier 2    | PA                                               |
| <i>insulin lispro subcutaneous insulin pen, half-unit 100 unit/ml</i>      | Tier 2    | PA                                               |

| Drug Name                                                                 | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|---------------------------------------------------------------------------|-----------|--------------------------------------------------|
| <i>insulin lispro subcutaneous solution 100 unit/ml</i>                   | Tier 2    |                                                  |
| LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) | Tier 3    | PA                                               |
| LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML                    | Tier 3    | PA                                               |
| NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)             | Tier 3    | PA                                               |
| SEMGLEE PEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)     | Tier 3    | PA                                               |
| SEMGLEE U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML                   | Tier 3    | PA                                               |
| <b>Urine Glucose Test Aids</b>                                            |           |                                                  |
| DIASTIX STRIP                                                             | Tier 7    |                                                  |
| NO-STICK GLUCOSE STRIP                                                    | Tier 7    |                                                  |
| <b>Urine Glucose/Acetone Test Aids, Strips</b>                            |           |                                                  |
| CHEMSTRIP UGK STRIP                                                       | Tier 7    |                                                  |
| KETO-DIASTIX STRIP                                                        | Tier 7    |                                                  |
| <b>Ear - General Disorders</b>                                            |           |                                                  |
| <b>Ear Preparations, Misc. Anti-Infectives</b>                            |           |                                                  |
| <i>acetic acid otic (ear) solution 2 %</i>                                | Tier 2    | MO                                               |
| <i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i>                  | Tier 2    |                                                  |
| <b>Ear Preparations, Antibiotics</b>                                      |           |                                                  |
| COLY-MYCIN S OTIC (EAR) DROPS, SUSPENSION 3.3-3-10-0.5 MG/ML              | Tier 3    |                                                  |

| Drug Name                                                                                                | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|----------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------|
| CORTISPORIN-TC OTIC (EAR) DROPS, SUSPENSION 3.3-3-10-0.5 MG/ML                                           | Tier 3    |                                                  |
| <i>neomycin-polymyxin-hc otic (ear) drops, suspension 3.5-10,000-1 mg/ml-unit/ml-%</i>                   | Tier 2    |                                                  |
| <i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i>                            | Tier 2    |                                                  |
| <i>ofloxacin otic (ear) drops 0.3 %</i>                                                                  | Tier 2    |                                                  |
| <b>Otic Preparations, Anti-Inflammatory-Antibiotics</b>                                                  |           |                                                  |
| <i>ciprofloxacin-dexamethasone otic (ear) drops, suspension 0.3-0.1 %</i>                                | Tier 2    |                                                  |
| <b>Electrolyte Regulation</b>                                                                            |           |                                                  |
| <b>Bicarbonate Producing/Containing Agents</b>                                                           |           |                                                  |
| <i>sodium bicarbonate intravenous solution 1 meq/ml (8.4 %), 4.2 %</i>                                   | Tier 2    |                                                  |
| <i>sodium bicarbonate intravenous syringe 10 meq/10 ml (8.4 %), 7.5 % (0.9 meq/ml), 8.4 % (1 meq/ml)</i> | Tier 2    |                                                  |
| <b>Electrolyte Depleters</b>                                                                             |           |                                                  |
| <i>calcium acetate (phosphat bind) oral capsule 667 mg</i>                                               | Tier 2    |                                                  |
| <i>calcium acetate (phosphat bind) oral tablet 667 mg</i>                                                | Tier 2    |                                                  |
| ELIPHOS ORAL TABLET 667 MG                                                                               | Tier 2    |                                                  |
| KIONEX (WITH SORBITOL) ORAL SUSPENSION 15-19.3 GRAM/60 ML                                                | Tier 2    |                                                  |
| KIONEX ORAL POWDER                                                                                       | Tier 2    |                                                  |
| LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM                                                            | Tier 5    | DS; PR; QL                                       |
| <i>sevelamer carbonate oral powder in packet 2.4 gram</i>                                                | Tier 2    |                                                  |



| Drug Name                                                                                          | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|----------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------|
| <i>sevelamer carbonate oral tablet 800 mg</i>                                                      | Tier 2    |                                                  |
| <i>sodium polystyrene sulfonate oral powder</i>                                                    | Tier 2    |                                                  |
| SPS (WITH SORBITOL) ORAL SUSPENSION 15-20 GRAM/60 ML                                               | Tier 2    |                                                  |
| SPS (WITH SORBITOL) RECTAL ENEMA 30-40 GRAM/120 ML                                                 | Tier 3    |                                                  |
| <b>Electrolyte Maintenance</b>                                                                     |           |                                                  |
| <i>lactated ringers intravenous parenteral solution</i>                                            | Tier 3    |                                                  |
| <i>ringer's intravenous parenteral solution</i>                                                    | Tier 2    |                                                  |
| <b>Potassium Replacement</b>                                                                       |           |                                                  |
| KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ                                                    | Tier 3    |                                                  |
| KLOR-CON 8 ORAL TABLET EXTENDED RELEASE 8 MEQ                                                      | Tier 2    |                                                  |
| KLOR-CON M10 ORAL TABLET,ER PARTICLES/CRYSTALS 10 MEQ                                              | Tier 2    |                                                  |
| KLOR-CON M20 ORAL TABLET,ER PARTICLES/CRYSTALS 20 MEQ                                              | Tier 2    |                                                  |
| KLOR-CON SPRINKLE ORAL CAPSULE, EXTENDED RELEASE 10 MEQ, 8 MEQ                                     | Tier 2    |                                                  |
| K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ                                                          | Tier 3    |                                                  |
| <i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meqll, 20 meqll, 40 meqll</i> | Tier 2    |                                                  |
| <i>potassium chloride intravenous solution 2 meq/ml</i>                                            | Tier 2    |                                                  |
| <i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i>                             | Tier 2    |                                                  |

| Drug Name                                                                    | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|------------------------------------------------------------------------------|-----------|--------------------------------------------------|
| <i>potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq</i> | Tier 2    |                                                  |
| <i>potassium chloride oral tablet,er particles/crystals 10 meq, 20 meq</i>   | Tier 2    |                                                  |
| <b>Sodium/Saline Preparations</b>                                            |           |                                                  |
| BD POSIFLUSH NORMAL SALINE 0.9 INJECTION SYRINGE                             | Tier 2    |                                                  |
| BD PRE-FILLED NORMAL SALINE INJECTION SYRINGE                                | Tier 2    |                                                  |
| BD PRE-FILLED SALINE BLUNT CAN INJECTION SYRINGE                             | Tier 2    |                                                  |
| CLEARSHIELD SODIUM CHLOR FLUSH INJECTION SYRINGE                             | Tier 2    |                                                  |
| NORMAL SALINE FLUSH INJECTION SYRINGE                                        | Tier 2    |                                                  |
| <i>sodium chlor 0.9% bacteriostat injection solution 0.9 %</i>               | Tier 2    |                                                  |
| <i>sodium chloride 0.45 % intravenous parenteral solution 0.45 %</i>         | Tier 2    |                                                  |
| <i>sodium chloride 0.45 % intravenous piggyback 0.45 %</i>                   | Tier 2    |                                                  |
| <i>sodium chloride 0.9 % (flush) injection syringe</i>                       | Tier 2    |                                                  |
| <i>sodium chloride 0.9 % injection solution</i>                              | Tier 2    |                                                  |
| <i>sodium chloride 0.9 % intravenous parenteral solution</i>                 | Tier 2    |                                                  |
| <i>sodium chloride 0.9 % intravenous piggyback</i>                           | Tier 2    |                                                  |
| <i>sodium chloride injection syringe 0.9 %</i>                               | Tier 2    |                                                  |
| <i>sodium chloride intravenous parenteral solution 4 meq/ml</i>              | Tier 2    |                                                  |



| Drug Name                                                                                         | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|---------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------|
| <b>Endocrine Disorder - Fertility</b>                                                             |           |                                                  |
| <b>Drugs To Treat Impotency</b>                                                                   |           |                                                  |
| CAVERJECT IMPULSE INTRACavernosal KIT 10 MCG, 20 MCG                                              | Tier 3    | RB; QL                                           |
| CAVERJECT INTRACavernosal RECON SOLN 20 MCG, 40 MCG                                               | Tier 3    | RB; QL                                           |
| EDEX INTRACavernosal KIT 10 MCG, 20 MCG, 40 MCG                                                   | Tier 3    | RB; QL                                           |
| MUSE INTRA-URETHRAL SUPPOSITORY 1,000 MCG, 125 MCG, 250 MCG, 500 MCG                              | Tier 3    | RB; QL                                           |
| <i>tadalafil oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>                                           | Tier 2    | RB; QL                                           |
| <b>Fertility Stimulating Preparations, Non-Fsh</b>                                                |           |                                                  |
| CLOMID ORAL TABLET 50 MG                                                                          | Tier 3    | RB                                               |
| <i>clomiphene citrate oral tablet 50 mg</i>                                                       | Tier 2    | RB                                               |
| <b>Follicle Stim./Luteinizing Hormones</b>                                                        |           |                                                  |
| MENOPUR SUBCUTANEOUS RECON SOLN 75 UNIT                                                           | Tier 5    | RB; DS                                           |
| <b>Follicle-Stimulating Hormone (Fsh)</b>                                                         |           |                                                  |
| GONAL-F RFF REDIRECT SUBCUTANEOUS PEN INJECTOR 300/0.5 UNIT/ML, 450/0.75 UNIT/ML, 900/1.5 UNIT/ML | Tier 5    | RB; DS                                           |
| GONAL-F RFF SUBCUTANEOUS RECON SOLN 75 UNIT                                                       | Tier 5    | RB; DS                                           |
| GONAL-F SUBCUTANEOUS RECON SOLN 1,050 UNIT, 450 UNIT                                              | Tier 5    | RB; DS                                           |

| Drug Name                                                                 | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|---------------------------------------------------------------------------|-----------|--------------------------------------------------|
| <b>Human Chorionic Gonadotropin (Hcg)</b>                                 |           |                                                  |
| <i>chorionic gonadotropin, human intramuscular recon soln 10,000 unit</i> | Tier 5    | RB; DS                                           |
| NOVAREL INTRAMUSCULAR RECON SOLN 10,000 UNIT                              | Tier 5    | RB; DS                                           |
| PREGNYL INTRAMUSCULAR RECON SOLN 10,000 UNIT                              | Tier 5    | RB; DS                                           |
| <b>Endocrine Disorder - Other</b>                                         |           |                                                  |
| <b>Adrenocorticotrophic Hormones</b>                                      |           |                                                  |
| ACTHAR INJECTION GEL 80 UNIT/ML                                           | Tier 5    | PA; DS                                           |
| CORTROPHIN GEL INJECTION GEL 80 UNIT/ML                                   | Tier 5    | PA; DS                                           |
| <b>Antidiuretic And Vasopressor Hormones</b>                              |           |                                                  |
| <i>desmopressin injection solution 4 mcg/ml</i>                           | Tier 2    |                                                  |
| <i>desmopressin nasal spray with pump 10 mcg/spray (0.1 ml)</i>           | Tier 2    |                                                  |
| <i>desmopressin nasal spray, non-aerosol 10 mcg/spray (0.1 ml)</i>        | Tier 2    |                                                  |
| <i>desmopressin oral tablet 0.1 mg, 0.2 mg</i>                            | Tier 2    |                                                  |
| STIMATE NASAL SPRAY, NON-AEROSOL 150 MCG/SPRAY (0.1 ML)                   | Tier 3    |                                                  |
| <b>Bone Resorption Inhibitors</b>                                         |           |                                                  |
| <i>alendronate oral tablet 35 mg, 70 mg</i>                               | Tier 2    |                                                  |
| <i>calcitonin (salmon) nasal spray, non-aerosol 200 unit/lactation</i>    | Tier 2    |                                                  |
| <i>etidronate disodium oral tablet 200 mg</i>                             | Tier 2    |                                                  |
| <i>pamidronate intravenous recon soln 90 mg</i>                           | Tier 6    |                                                  |

| Drug Name                                                                          | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|------------------------------------------------------------------------------------|-----------|--------------------------------------------------|
| <i>raloxifene oral tablet 60 mg</i>                                                | Tier 2    |                                                  |
| <b>Calcimimetic,Parathyroid Calcium Enhancer</b>                                   |           |                                                  |
| <i>cinacalcet oral tablet 30 mg, 60 mg, 90 mg</i>                                  | Tier 5    | DS                                               |
| <b>Growth Hormones</b>                                                             |           |                                                  |
| OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML) | Tier 3    | PA; DS                                           |
| <b>Lhrh(Gnrh) Agonist Analog Pituitary Suppressants</b>                            |           |                                                  |
| SYNAREL NASAL SPRAY,NON-AEROSOL 2 MG/ML                                            | Tier 3    | PA                                               |
| <b>Lhrh(Gnrh) Antagonist,Pituitary Suppressant Agents</b>                          |           |                                                  |
| ORILISSA ORAL TABLET 150 MG, 200 MG                                                | Tier 5    | PA; DS                                           |
| <b>Menopausal Sympt Supp-Sel Estrogen Recep Modulator</b>                          |           |                                                  |
| OSPHENA ORAL TABLET 60 MG                                                          | Tier 3    | RB; DS; QL                                       |
| <b>Pituitary Suppressive Agents</b>                                                |           |                                                  |
| <i>cabergoline oral tablet 0.5 mg</i>                                              | Tier 2    |                                                  |
| <i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>                                  | Tier 2    | MO                                               |
| <b>Endocrine Disorder - Thyroid</b>                                                |           |                                                  |
| <b>Antithyroid Preparations</b>                                                    |           |                                                  |
| <i>methimazole oral tablet 10 mg, 5 mg</i>                                         | Tier 2    |                                                  |
| <i>propylthiouracil oral tablet 50 mg</i>                                          | Tier 2    |                                                  |
| <b>Iodine Containing Agents</b>                                                    |           |                                                  |
| <i>potassium iodide oral solution 1 gram/ml</i>                                    | Tier 2    |                                                  |
| SSKI ORAL SOLUTION 1 GRAM/ML                                                       | Tier 2    |                                                  |

| Drug Name                                                                                                                               | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|-----------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------|
| <b>Thyroid Hormones</b>                                                                                                                 |           |                                                  |
| EUTHYROX ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG                      | Tier 2    |                                                  |
| <i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i> | Tier 2    |                                                  |
| <i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i>                                                                                   | Tier 2    |                                                  |
| <b>Eye - General Disorders</b>                                                                                                          |           |                                                  |
| <b>Eye Antibiotic-Corticoid Combinations</b>                                                                                            |           |                                                  |
| <i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i>                                    | Tier 2    |                                                  |
| <i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i>                                             | Tier 2    |                                                  |
| <i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml</i>                                              | Tier 2    |                                                  |
| PRED-G OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-1 %                                                                                        | Tier 3    |                                                  |
| PRED-G S.O.P. OPHTHALMIC (EYE) OINTMENT 0.3-0.6 %                                                                                       | Tier 3    |                                                  |
| <b>Eye Antiinflammatory Agents</b>                                                                                                      |           |                                                  |
| <i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>                                                                      | Tier 2    | MO                                               |
| <i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>                                                                                   | Tier 2    |                                                  |
| <i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i>                                                                          | Tier 2    | MO                                               |

| Drug Name                                                         | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|-------------------------------------------------------------------|-----------|--------------------------------------------------|
| <i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>          | Tier 2    |                                                  |
| FML FORTE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %                | Tier 3    | MO                                               |
| FML S.O.P. OPHTHALMIC (EYE) OINTMENT 0.1 %                        | Tier 3    | MO                                               |
| <i>ketorolac ophthalmic (eye) drops 0.5 %</i>                     | Tier 2    |                                                  |
| OMNIPRED OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %                    | Tier 3    | MO                                               |
| PRED FORTE OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %                  | Tier 3    | MO                                               |
| PRED MILD OPHTHALMIC (EYE) DROPS,SUSPENSION 0.12 %                | Tier 3    | MO                                               |
| <i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i> | Tier 2    | MO                                               |
| <i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>   | Tier 2    | MO                                               |
| <b>Eye Antivirals</b>                                             |           |                                                  |
| <i>trifluridine ophthalmic (eye) drops 1 %</i>                    | Tier 2    |                                                  |
| <b>Eye Local Anesthetics</b>                                      |           |                                                  |
| ALCAINE OPHTHALMIC (EYE) DROPS 0.5 %                              | Tier 2    |                                                  |
| ALTACAIN OPHTHALMIC (EYE) DROPS 0.5 %                             | Tier 2    |                                                  |
| ALTAFLUOR BENOX OPHTHALMIC (EYE) DROPS 0.25-0.4 %                 | Tier 2    |                                                  |
| ALTAFLUOR OPHTHALMIC (EYE) DROPS 0.25-0.4 %                       | Tier 2    |                                                  |

| Drug Name                                                                     | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|-------------------------------------------------------------------------------|-----------|--------------------------------------------------|
| FLUCAINE OPHTHALMIC (EYE) DROPS 0.25-0.5 %                                    | Tier 2    |                                                  |
| <i>fluorescein-proparacaine ophthalmic (eye) drops 0.25-0.5 %</i>             | Tier 2    |                                                  |
| <i>proparacaine ophthalmic (eye) drops 0.5 %</i>                              | Tier 2    |                                                  |
| <i>tetracaine hcl ophthalmic (eye) drops 0.5 %</i>                            | Tier 2    |                                                  |
| <b>Eye Sulfonamides</b>                                                       |           |                                                  |
| BLEPH-10 OPHTHALMIC (EYE) DROPS 10 %                                          | Tier 2    |                                                  |
| BLEPHAMIDE OPHTHALMIC (EYE) DROPS,SUSPENSION 10-0.2 %                         | Tier 3    |                                                  |
| BLEPHAMIDE S.O.P. OPHTHALMIC (EYE) OINTMENT 10-0.2 %                          | Tier 3    |                                                  |
| <i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i>                       | Tier 2    |                                                  |
| <i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i> | Tier 2    |                                                  |
| <b>Eye Vasoconstrictors (Rx Only)</b>                                         |           |                                                  |
| <i>phenylephrine hcl ophthalmic (eye) drops 10 %, 2.5 %</i>                   | Tier 2    |                                                  |
| <b>Ophthalmic Antibiotics</b>                                                 |           |                                                  |
| AK-POLY-BAC OPHTHALMIC (EYE) OINTMENT 500-10,000 UNIT/GRAM                    | Tier 2    |                                                  |
| BACIGUENT OPHTHALMIC (EYE) OINTMENT 500 UNIT/GRAM                             | Tier 3    |                                                  |
| <i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i>                     | Tier 2    |                                                  |
| <i>bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram</i>  | Tier 2    |                                                  |

| Drug Name                                                                        | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|----------------------------------------------------------------------------------|-----------|--------------------------------------------------|
| CILOXAN OPTHALMIC (EYE) OINTMENT 0.3 %                                           | Tier 3    |                                                  |
| <i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i>                            | Tier 2    |                                                  |
| <i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>                  | Tier 2    |                                                  |
| <i>gatifloxacin ophthalmic (eye) drops 0.5 %</i>                                 | Tier 2    |                                                  |
| GENTAK OPTHALMIC (EYE) OINTMENT 0.3 % (3 MG/GRAM)                                | Tier 2    |                                                  |
| <i>gentamicin ophthalmic (eye) drops 0.3 %</i>                                   | Tier 2    |                                                  |
| <i>moxifloxacin ophthalmic (eye) drops 0.5 %</i>                                 | Tier 2    |                                                  |
| <i>ofloxacin ophthalmic (eye) drops 0.3 %</i>                                    | Tier 2    |                                                  |
| POLYCIN OPTHALMIC (EYE) OINTMENT 500-10,000 UNIT/GRAM                            | Tier 2    |                                                  |
| <i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i> | Tier 2    |                                                  |
| <i>tobramycin ophthalmic (eye) drops 0.3 %</i>                                   | Tier 2    |                                                  |
| TOBREX OPTHALMIC (EYE) OINTMENT 0.3 %                                            | Tier 3    |                                                  |
| <b>Ophthalmic Anti-Inflammatory Immunomodulator-Type</b>                         |           |                                                  |
| <i>cyclosporine ophthalmic (eye) dropperette 0.05 %</i>                          | Tier 2    | DS; QL                                           |
| <b>Ophthalmic Mast Cell Stabilizers</b>                                          |           |                                                  |
| <i>cromolyn ophthalmic (eye) drops 4 %</i>                                       | Tier 2    | MO                                               |
| <b>Ophthalmic Preparations, Miscellaneous</b>                                    |           |                                                  |
| BIOLON INTRAOCULAR SYRINGE 10 MG/ML                                              | Tier 3    |                                                  |

| Drug Name                                                        | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|------------------------------------------------------------------|-----------|--------------------------------------------------|
| HEALON INTRAOCULAR SYRINGE 10 MG/ML                              | Tier 3    |                                                  |
| HEALON PRO INTRAOCULAR SYRINGE 10 MG/ML                          | Tier 3    |                                                  |
| PROVISC INTRAOCULAR SYRINGE 10 MG/ML                             | Tier 3    |                                                  |
| <b>Eye - Glaucoma</b>                                            |           |                                                  |
| <b>Carbonic Anhydrase Inhibitors</b>                             |           |                                                  |
| <i>acetazolamide oral capsule, extended release 500 mg</i>       | Tier 2    |                                                  |
| <i>acetazolamide oral tablet 125 mg, 250 mg</i>                  | Tier 2    |                                                  |
| <i>acetazolamide sodium injection recon soln 500 mg</i>          | Tier 2    |                                                  |
| <i>methazolamide oral tablet 25 mg, 50 mg</i>                    | Tier 2    |                                                  |
| <b>Miotics/Other Intraoc. Pressure Reducers</b>                  |           |                                                  |
| <i>betaxolol ophthalmic (eye) drops 0.5 %</i>                    | Tier 2    |                                                  |
| <i>brimonidine ophthalmic (eye) drops 0.2 %</i>                  | Tier 2    |                                                  |
| <i>dorzolamide ophthalmic (eye) drops 2 %</i>                    | Tier 2    |                                                  |
| <i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i> | Tier 2    |                                                  |
| <i>latanoprost ophthalmic (eye) drops 0.005 %</i>                | Tier 2    |                                                  |
| <i>levobunolol ophthalmic (eye) drops 0.5 %</i>                  | Tier 2    |                                                  |
| PHOSPHOLINE IODIDE OPTHALMIC (EYE) DROPS 0.125 %                 | Tier 3    |                                                  |
| <i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>      | Tier 2    |                                                  |
| <i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i>      | Tier 2    |                                                  |
| <b>Mydriatics</b>                                                |           |                                                  |
| <i>atropine ophthalmic (eye) drops 1 %</i>                       | Tier 2    |                                                  |

| Drug Name                                                    | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|--------------------------------------------------------------|-----------|--------------------------------------------------|
| <i>atropine ophthalmic (eye) ointment 1 %</i>                | Tier 2    |                                                  |
| CYCLOGYL OPTHALMIC (EYE) DROPS 0.5 %, 2 %                    | Tier 3    |                                                  |
| CYCLOMYDRIL OPTHALMIC (EYE) DROPS 0.2-1 %                    | Tier 3    |                                                  |
| <i>cyclopentolate ophthalmic (eye) drops 0.5 %, 1 %, 2 %</i> | Tier 2    |                                                  |
| HOMATROPAIRE OPTHALMIC (EYE) DROPS 5 %                       | Tier 2    |                                                  |
| <i>homatropine hbr ophthalmic (eye) drops 5 %</i>            | Tier 2    |                                                  |
| ISOPTO ATROPINE OPTHALMIC (EYE) DROPS 1 %                    | Tier 3    |                                                  |
| <i>tropicamide ophthalmic (eye) drops 0.5 %, 1 %</i>         | Tier 2    |                                                  |
| <b>Eye - Miscellaneous</b>                                   |           |                                                  |
| <b>Artificial Tears</b>                                      |           |                                                  |
| LACRISERT OPTHALMIC (EYE) INSERT 5 MG                        | Tier 3    | MO                                               |
| <b>Eye Diagnostic Agents</b>                                 |           |                                                  |
| BIOGLO OPTHALMIC (EYE) STRIP 1 MG                            | Tier 2    |                                                  |
| GLOSTRIPS OPTHALMIC (EYE) STRIP 1 MG                         | Tier 2    |                                                  |
| <b>Eye Irrigations</b>                                       |           |                                                  |
| BALANCED SALT INTRAOCULAR SOLUTION                           | Tier 2    |                                                  |
| <b>Ophth Vasc. Endothelial Growth Factor Antagonists</b>     |           |                                                  |
| EYLEA INTRAVITREAL SOLUTION 2 MG/0.05 ML                     | Tier 6    |                                                  |
| <b>Ophth. Vegf-A Receptor Antag. Rcmb Mc Antibody</b>        |           |                                                  |
| LUCENTIS INTRAVITREAL SOLUTION 0.5 MG/0.05 ML                | Tier 6    |                                                  |

| Drug Name                                                                             | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|---------------------------------------------------------------------------------------|-----------|--------------------------------------------------|
| <b>Fluid Replacement</b>                                                              |           |                                                  |
| <b>Iv Solutions: Dextrose-Saline</b>                                                  |           |                                                  |
| <i>d5 % and 0.9 % sodium chloride intravenous parenteral solution</i>                 | Tier 2    |                                                  |
| <i>d5 %-0.45 % sodium chloride intravenous parenteral solution</i>                    | Tier 2    |                                                  |
| <i>dextrose 5%-0.2 % sod chloride intravenous parenteral solution</i>                 | Tier 2    |                                                  |
| <b>Iv Solutions: Dextrose-Water</b>                                                   |           |                                                  |
| <i>dextrose 5 % in water (d5w) intravenous parenteral solution</i>                    | Tier 2    |                                                  |
| <b>Gout And Related Diseases</b>                                                      |           |                                                  |
| <b>Colchicine</b>                                                                     |           |                                                  |
| <i>colchicine oral tablet 0.6 mg</i>                                                  | Tier 2    |                                                  |
| <b>Hyperuricemia Tx - Purine Inhibitors</b>                                           |           |                                                  |
| <i>allopurinol oral tablet 100 mg, 300 mg</i>                                         | Tier 2    |                                                  |
| <i>febuxostat oral tablet 40 mg, 80 mg</i>                                            | Tier 2    | ST; QL                                           |
| <b>Uricosuric Agents</b>                                                              |           |                                                  |
| <i>probenecid oral tablet 500 mg</i>                                                  | Tier 2    |                                                  |
| <b>Hematological Disorders</b>                                                        |           |                                                  |
| <b>Anticoagulants,Coumarin Type</b>                                                   |           |                                                  |
| JANTOVEN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG        | Tier 2    |                                                  |
| <i>warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i> | Tier 2    |                                                  |
| <b>Antifibrinolytic Agents</b>                                                        |           |                                                  |
| AMICAR ORAL SOLUTION 250 MG/ML (25 %)                                                 | Tier 3    |                                                  |
| <i>aminocaproic acid oral solution 250 mg/ml (25 %)</i>                               | Tier 2    |                                                  |

| Drug Name                                                                                          | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|----------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------|
| <i>aminocaproic acid oral tablet 1,000 mg, 500 mg</i>                                              | Tier 2    |                                                  |
| <i>tranexamic acid intravenous solution 1,000 mg/10 ml (100 mg/ml)</i>                             | Tier 2    |                                                  |
| <b>Antihemophilic Factors</b>                                                                      |           |                                                  |
| ADVATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT | Tier 5    | DS                                               |
| ADVATE INTRAVENOUS RECON SOLN 2,000 (+/-) UNIT, 250 (+/-) UNIT                                     | Tier 6    | DS                                               |
| HELIXATE FS INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT              | Tier 5    | DS                                               |
| HELIXATE FS INTRAVENOUS RECON SOLN 2,000 (+/-) UNIT, 250 (+/-) UNIT                                | Tier 6    | DS                                               |
| HEMOFIL M HIGH INTRAVENOUS RECON SOLN 801-1,500 UNIT                                               | Tier 6    | DS                                               |
| HUMATE-P INTRAVENOUS RECON SOLN 1,000-2,400 UNIT, 500-1,200 UNIT                                   | Tier 5    | DS                                               |
| KOATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT                                                      | Tier 6    | DS                                               |
| KOGENATE FS INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT              | Tier 5    | DS                                               |
| KOGENATE FS INTRAVENOUS RECON SOLN 2,000 (+/-) UNIT, 250 (+/-) UNIT                                | Tier 6    | DS                                               |
| KOVALTRY INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT                 | Tier 5    | DS                                               |

| Drug Name                                                                                                                                | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------|
| KOVALTRY INTRAVENOUS RECON SOLN 2,000 (+/-) UNIT, 250 (+/-) UNIT                                                                         | Tier 6    | DS                                               |
| MONOCLATE-P INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT                                                                                      | Tier 6    | DS                                               |
| RECOMBINATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT                                                                                      | Tier 5    | DS                                               |
| RECOMBINATE INTRAVENOUS RECON SOLN 250 (+/-) UNIT                                                                                        | Tier 6    | DS                                               |
| <b>Direct Factor Xa Inhibitors</b>                                                                                                       |           |                                                  |
| XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)                                                              | Tier 3    |                                                  |
| <b>Factor Ix Complex (Pcc) Preparations</b>                                                                                              |           |                                                  |
| PROFILNINE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT                                                                                       | Tier 5    | DS                                               |
| <b>Factor Ix Preparations</b>                                                                                                            |           |                                                  |
| ALPHANINE SD INTRAVENOUS RECON SOLN 500 (+/-) UNIT                                                                                       | Tier 6    | DS                                               |
| <b>Hematinics,Other</b>                                                                                                                  |           |                                                  |
| EPOGEN INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML                  | Tier 5    | DS                                               |
| PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML | Tier 5    | DS                                               |
| <b>Hemorrhologic Agents</b>                                                                                                              |           |                                                  |
| <i>pentoxifylline oral tablet extended release 400 mg</i>                                                                                | Tier 2    |                                                  |



| Drug Name                                                                                                                          | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------|
| <b>Heparin And Related Preparations</b>                                                                                            |           |                                                  |
| <i>enoxaparin subcutaneous syringe 100 mg/ml, 120 mg/0.8 ml, 150 mg/ml, 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml</i> | Tier 2    |                                                  |
| HEP FLUSH-10 (PF) INTRAVENOUS SOLUTION 10 UNIT/ML                                                                                  | Tier 2    |                                                  |
| <i>heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/500 ml (50 unit/ml)</i>                                | Tier 2    |                                                  |
| <i>heparin (porcine) injection cartridge 5,000 unit/ml (1 ml)</i>                                                                  | Tier 2    |                                                  |
| <i>heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml</i>                           | Tier 2    |                                                  |
| <i>heparin lock flush (porcine) intravenous solution 10 unit/ml, 100 unit/ml</i>                                                   | Tier 2    |                                                  |
| HEPARIN LOCK INTRAVENOUS SOLUTION 100 UNIT/ML                                                                                      | Tier 2    |                                                  |
| HEPARIN LOCKFLUSH(PORCINE )(PF) INTRAVENOUS SYRINGE 10 UNIT/ML, 100 UNIT/ML                                                        | Tier 2    |                                                  |
| <i>heparin, porcine (pf) injection solution 1,000 unit/ml</i>                                                                      | Tier 2    |                                                  |
| <i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>                                                                   | Tier 2    |                                                  |
| <i>heparin, porcine (pf) intravenous solution 100 unit/ml (1 ml)</i>                                                               | Tier 2    |                                                  |
| <i>heparin, porcine (pf) intravenous syringe 10 unit/ml, 100 unit/ml</i>                                                           | Tier 2    |                                                  |

| Drug Name                                                                                                                | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|--------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------|
| LOVENOX SUBCUTANEOUS SYRINGE 100 MG/ML, 120 MG/0.8 ML, 150 MG/ML, 30 MG/0.3 ML, 40 MG/0.4 ML, 60 MG/0.6 ML, 80 MG/0.8 ML | Tier 3    |                                                  |
| <b>Human Monoclonal Antibody Complement(C5) Inhibitor</b>                                                                |           |                                                  |
| ULTOMIRIS INTRAVENOUS SOLUTION 10 MG/ML, 100 MG/ML                                                                       | Tier 3    |                                                  |
| <b>Leukocyte (Wbc) Stimulants</b>                                                                                        |           |                                                  |
| NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML                                                                   | Tier 5    | DS                                               |
| NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML                                                             | Tier 5    | DS                                               |
| <b>Plasma Expanders</b>                                                                                                  |           |                                                  |
| <i>hetastarch 6 % in 0.9 % nacl intravenous solution 6 %</i>                                                             | Tier 2    |                                                  |
| <b>Platelet Aggregation Inhibitors</b>                                                                                   |           |                                                  |
| AGGRENOX ORAL CAPSULE, ER MULTIPHASE 12 HR 25-200 MG                                                                     | Tier 3    |                                                  |
| <i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>                                                  | Tier 2    |                                                  |
| BRILINTA ORAL TABLET 60 MG, 90 MG                                                                                        | Tier 3    |                                                  |
| <i>cilostazol oral tablet 100 mg, 50 mg</i>                                                                              | Tier 2    |                                                  |
| <i>clopidogrel oral tablet 75 mg</i>                                                                                     | Tier 2    |                                                  |
| <i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>                                                                      | Tier 2    |                                                  |
| <i>prasugrel oral tablet 10 mg, 5 mg</i>                                                                                 | Tier 2    |                                                  |
| <b>Platelet Reducing Agents</b>                                                                                          |           |                                                  |
| <i>anagrelide oral capsule 0.5 mg, 1 mg</i>                                                                              | Tier 2    |                                                  |



| Drug Name                                                       | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|-----------------------------------------------------------------|-----------|--------------------------------------------------|
| <b>Thrombin Inhibitors, Selective, Direct, &amp; Reversible</b> |           |                                                  |
| PRADAXA ORAL CAPSULE 110 MG, 150 MG                             | Tier 3    |                                                  |
| <b>Thrombolytic Enzymes</b>                                     |           |                                                  |
| ACTIVASE INTRAVENOUS RECON SOLN 100 MG                          | Tier 3    |                                                  |
| CATHFLO ACTIVASE INTRA-CATHETER RECON SOLN 2 MG                 | Tier 3    |                                                  |
| <b>Topical Hemostatics</b>                                      |           |                                                  |
| GELFOAM COMPRESSED SIZE 100 TOPICAL SPONGE 100 CM               | Tier 3    |                                                  |
| GELFOAM SPONGE SIZE 100 TOPICAL SPONGE 100                      | Tier 3    |                                                  |
| GELFOAM SPONGE SIZE 12-7MM TOPICAL SPONGE 12-7 MM               | Tier 3    |                                                  |
| GELFOAM SPONGE SIZE 50 TOPICAL SPONGE 50                        | Tier 3    |                                                  |
| SURGIFOAM TOPICAL SPONGE 100 , 100 CM, 12-7 MM, 50              | Tier 3    |                                                  |
| THROMBIN-JMI TOPICAL RECON SOLN 20,000 UNIT, 5,000 UNIT         | Tier 2    |                                                  |
| <b>Vitamin K Preparations</b>                                   |           |                                                  |
| MEPHYTON ORAL TABLET 5 MG                                       | Tier 3    |                                                  |
| <i>phytonadione (vitamin k1) injection solution 10 mg/ml</i>    | Tier 5    | DS                                               |
| <i>phytonadione (vitamin k1) oral tablet 5 mg</i>               | Tier 2    |                                                  |
| VITAMIN K1 INJECTION SOLUTION 10 MG/ML                          | Tier 5    | DS                                               |
| <b>Hormonal Deficiency</b>                                      |           |                                                  |
| <b>Androgenic Agents</b>                                        |           |                                                  |
| ANADROL-50 ORAL TABLET 50 MG                                    | Tier 5    | DS                                               |

| Drug Name                                                                                                                    | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------|
| ANDROID ORAL CAPSULE 10 MG                                                                                                   | Tier 3    |                                                  |
| DEPO-TESTOSTERONE INTRAMUSCULAR OIL 100 MG/ML, 200 MG/ML                                                                     | Tier 3    | DS                                               |
| METHITEST ORAL TABLET 10 MG                                                                                                  | Tier 3    |                                                  |
| <i>methyltestosterone oral capsule 10 mg</i>                                                                                 | Tier 2    |                                                  |
| <i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i>                                                         | Tier 2    | DS                                               |
| <i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i>                                         | Tier 2    |                                                  |
| TESTRED ORAL CAPSULE 10 MG                                                                                                   | Tier 3    |                                                  |
| <b>Estrogen/Androgen Combinations</b>                                                                                        |           |                                                  |
| COVARYX H.S. ORAL TABLET 0.625-1.25 MG                                                                                       | Tier 2    |                                                  |
| COVARYX ORAL TABLET 1.25-2.5 MG                                                                                              | Tier 2    |                                                  |
| EEMT HS ORAL TABLET 0.625-1.25 MG                                                                                            | Tier 2    |                                                  |
| EEMT ORAL TABLET 1.25-2.5 MG                                                                                                 | Tier 2    |                                                  |
| <i>estrogens-methyltestosterone oral tablet 0.625-1.25 mg, 1.25-2.5 mg</i>                                                   | Tier 2    |                                                  |
| <b>Estrogenic Agents</b>                                                                                                     |           |                                                  |
| CLIMARA TRANSDERMAL PATCH WEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.06 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR | Tier 3    |                                                  |
| DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML                                                                                     | Tier 3    |                                                  |
| <i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>                                                                              | Tier 2    |                                                  |

| Drug Name                                                                                                                                  | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|--------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------|
| <i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>      | Tier 2    |                                                  |
| <i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>                                                                             | Tier 2    |                                                  |
| PREMARIN INJECTION RECON SOLN 25 MG                                                                                                        | Tier 3    |                                                  |
| <b>Progestational Agents</b>                                                                                                               |           |                                                  |
| <i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i>                                                                                 | Tier 2    |                                                  |
| <i>norethindrone acetate oral tablet 5 mg</i>                                                                                              | Tier 2    |                                                  |
| <i>progesterone intramuscular oil 50 mg/ml</i>                                                                                             | Tier 2    | RB                                               |
| <i>progesterone micronized oral capsule 100 mg, 200 mg</i>                                                                                 | Tier 2    | MO                                               |
| <b>Immunization</b>                                                                                                                        |           |                                                  |
| <b>Antisera</b>                                                                                                                            |           |                                                  |
| GAMMAKED INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 5 GRAM/50 ML (10 %)  | Tier 3    | DS                                               |
| GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 5 GRAM/50 ML (10 %) | Tier 3    | DS                                               |
| HIZENTRA SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)                          | Tier 3    | DS                                               |
| HYPERTET (PF) INTRAMUSCULAR SYRINGE 250 UNIT/ML                                                                                            | Tier 3    |                                                  |

| Drug Name                                                                                                                                         | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|---------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------|
| HYQVIA SUBCUTANEOUS SOLUTION 10 GRAM /100 ML (10 %), 2.5 GRAM /25 ML (10 %), 20 GRAM /200 ML (10 %), 30 GRAM /300 ML (10 %), 5 GRAM /50 ML (10 %) | Tier 5    | PA; DS                                           |
| <b>Immunosuppression/Modulation</b>                                                                                                               |           |                                                  |
| <b>Immunomodulators</b>                                                                                                                           |           |                                                  |
| <i>imiquimod topical cream in packet 5 %</i>                                                                                                      | Tier 2    |                                                  |
| INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML), 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML)                                              | Tier 6    | DS                                               |
| INTRON A INJECTION SOLUTION 10 MILLION UNIT/ML, 6 MILLION UNIT/ML                                                                                 | Tier 6    | DS                                               |
| <b>Immunosupp - Monoclonal Ab Inhibiting T Lymph Fxn</b>                                                                                          |           |                                                  |
| SIMULECT INTRAVENOUS RECON SOLN 10 MG                                                                                                             | Tier 6    |                                                  |
| <b>Immunosuppressives</b>                                                                                                                         |           |                                                  |
| <i>azathioprine oral tablet 50 mg</i>                                                                                                             | Tier 2    |                                                  |
| <i>cyclosporine modified oral capsule 100 mg, 25 mg</i>                                                                                           | Tier 2    |                                                  |
| <i>cyclosporine modified oral solution 100 mg/ml</i>                                                                                              | Tier 2    |                                                  |
| GENGRAF ORAL CAPSULE 100 MG, 25 MG                                                                                                                | Tier 2    |                                                  |
| GENGRAF ORAL SOLUTION 100 MG/ML                                                                                                                   | Tier 2    |                                                  |
| <i>mycophenolate mofetil oral capsule 250 mg</i>                                                                                                  | Tier 2    |                                                  |
| <i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i>                                                                         | Tier 2    |                                                  |
| <i>mycophenolate mofetil oral tablet 500 mg</i>                                                                                                   | Tier 2    |                                                  |

| Drug Name                                                         | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|-------------------------------------------------------------------|-----------|--------------------------------------------------|
| NULOJIX INTRAVENOUS RECON SOLN 250 MG                             | Tier 6    |                                                  |
| sirolimus oral solution 1 mg/ml                                   | Tier 5    |                                                  |
| sirolimus oral tablet 0.5 mg, 1 mg, 2 mg                          | Tier 2    |                                                  |
| tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg                        | Tier 2    |                                                  |
| <b>Infectious Disease - Bacterial</b>                             |           |                                                  |
| <b>Absorbable Sulfonamides</b>                                    |           |                                                  |
| sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml      | Tier 2    | MO                                               |
| sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg   | Tier 2    | MO                                               |
| SULFATRIM ORAL SUSPENSION 200-40 MG/5 ML                          | Tier 2    | MO                                               |
| <b>Betalactams</b>                                                |           |                                                  |
| aztreonam injection recon soln 1 gram, 2 gram                     | Tier 2    |                                                  |
| CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML             | Tier 5    | DS                                               |
| <b>Carbapenems (Thienamycins)</b>                                 |           |                                                  |
| ertapenem injection recon soln 1 gram                             | Tier 5    | DS                                               |
| imipenem-cilastatin intravenous recon soln 500 mg                 | Tier 2    |                                                  |
| <b>Cephalosporins - 1St Generation</b>                            |           |                                                  |
| cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml | Tier 2    |                                                  |
| cefazolin injection recon soln 1 gram, 10 gram, 500 mg            | Tier 2    |                                                  |
| cephalexin oral capsule 250 mg, 500 mg                            | Tier 2    |                                                  |

| Drug Name                                                                        | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|----------------------------------------------------------------------------------|-----------|--------------------------------------------------|
| cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml           | Tier 2    |                                                  |
| <b>Cephalosporins - 2Nd Generation</b>                                           |           |                                                  |
| cefotetan in dextrose, iso-osm intravenous piggyback 1 gram/50 ml, 2 gram/50 ml  | Tier 2    |                                                  |
| cefotetan injection recon soln 1 gram, 2 gram                                    | Tier 2    |                                                  |
| cefuroxime axetil oral tablet 250 mg, 500 mg                                     | Tier 2    |                                                  |
| cefuroxime sodium injection recon soln 750 mg                                    | Tier 2    |                                                  |
| cefuroxime sodium intravenous recon soln 1.5 gram                                | Tier 2    |                                                  |
| <b>Cephalosporins - 3Rd Generation</b>                                           |           |                                                  |
| cefdinir oral capsule 300 mg                                                     | Tier 2    |                                                  |
| cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml             | Tier 2    |                                                  |
| cefixime oral capsule 400 mg                                                     | Tier 2    |                                                  |
| cefixime oral suspension for reconstitution 100 mg/5 ml                          | Tier 2    |                                                  |
| cefotaxime injection recon soln 2 gram                                           | Tier 2    |                                                  |
| cefpodoxime oral suspension for reconstitution 100 mg/5 ml                       | Tier 2    |                                                  |
| ceftazidime injection recon soln 2 gram, 6 gram                                  | Tier 2    |                                                  |
| ceftriaxone in dextrose, iso-os intravenous piggyback 1 gram/50 ml, 2 gram/50 ml | Tier 2    |                                                  |
| ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg         | Tier 2    |                                                  |
| ceftriaxone intravenous recon soln 1 gram, 2 gram                                | Tier 2    |                                                  |
| CLAFORAN INJECTION RECON SOLN 2 GRAM                                             | Tier 3    |                                                  |
| CLAFORAN INTRAVENOUS RECON SOLN 1 GRAM, 2 GRAM                                   | Tier 3    |                                                  |

| Drug Name                                                                                 | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|-------------------------------------------------------------------------------------------|-----------|--------------------------------------------------|
| TAZICEF INJECTION<br>RECON SOLN 2 GRAM,<br>6 GRAM                                         | Tier 2    |                                                  |
| TAZICEF<br>INTRAVENOUS RECON<br>SOLN 1 GRAM                                               | Tier 3    |                                                  |
| <b>Cephalosporins - 4Th Generation</b>                                                    |           |                                                  |
| <i>cefepime injection recon soln<br/>1 gram, 2 gram</i>                                   | Tier 2    |                                                  |
| MAXIPIME<br>INTRAVENOUS RECON<br>SOLN 1 GRAM                                              | Tier 3    |                                                  |
| <b>Chemotherapeutics,<br/>Antibacterial, Misc.</b>                                        |           |                                                  |
| <i>fosfomycin tromethamine<br/>oral packet 3 gram</i>                                     | Tier 2    |                                                  |
| <i>methenamine hippurate oral<br/>tablet 1 gram</i>                                       | Tier 2    |                                                  |
| PRIMSOL ORAL<br>SOLUTION 50 MG/5 ML                                                       | Tier 3    |                                                  |
| <i>trimethoprim oral tablet 100<br/>mg</i>                                                | Tier 2    |                                                  |
| TRIMPEX ORAL<br>SOLUTION 50 MG/5 ML                                                       | Tier 3    |                                                  |
| <b>Macrolides</b>                                                                         |           |                                                  |
| <i>azithromycin oral packet 1<br/>gram</i>                                                | Tier 2    | MO                                               |
| <i>azithromycin oral<br/>suspension for reconstitution<br/>100 mg/5 ml, 200 mg/5 ml</i>   | Tier 2    | MO                                               |
| <i>azithromycin oral tablet 250<br/>mg, 500 mg, 600 mg</i>                                | Tier 2    | MO                                               |
| <i>clarithromycin oral<br/>suspension for reconstitution<br/>125 mg/5 ml, 250 mg/5 ml</i> | Tier 2    |                                                  |
| <i>clarithromycin oral tablet<br/>250 mg, 500 mg</i>                                      | Tier 2    |                                                  |
| E.E.S. 400 ORAL<br>TABLET 400 MG                                                          | Tier 2    |                                                  |
| E.E.S. GRANULES<br>ORAL SUSPENSION<br>FOR<br>RECONSTITUTION 200<br>MG/5 ML                | Tier 3    |                                                  |

| Drug Name                                                                                                  | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------|
| ERYPED 200 ORAL<br>SUSPENSION FOR<br>RECONSTITUTION 200<br>MG/5 ML                                         | Tier 3    |                                                  |
| ERYPED 400 ORAL<br>SUSPENSION FOR<br>RECONSTITUTION 400<br>MG/5 ML                                         | Tier 3    |                                                  |
| ERY-TAB ORAL<br>TABLET, DELAYED<br>RELEASE (DR/EC) 250<br>MG, 500 MG                                       | Tier 2    |                                                  |
| ERYTHROCIN<br>INTRAVENOUS RECON<br>SOLN 500 MG                                                             | Tier 3    |                                                  |
| <i>erythromycin ethylsuccinate<br/>oral suspension for<br/>reconstitution 200 mg/5 ml,<br/>400 mg/5 ml</i> | Tier 2    |                                                  |
| <i>erythromycin ethylsuccinate<br/>oral tablet 400 mg</i>                                                  | Tier 2    |                                                  |
| <i>erythromycin lactobionate<br/>intravenous recon soln 500<br/>mg</i>                                     | Tier 2    |                                                  |
| <i>erythromycin oral<br/>capsule, delayed<br/>release (drlec) 250 mg</i>                                   | Tier 2    |                                                  |
| <i>erythromycin oral<br/>tablet, delayed release<br/>(drlec) 250 mg, 333 mg, 500<br/>mg</i>                | Tier 2    |                                                  |
| ZITHROMAX ORAL<br>PACKET 1 GRAM                                                                            | Tier 3    | MO                                               |
| <b>Nitrofurantoin Derivatives</b>                                                                          |           |                                                  |
| <i>nitrofurantoin macrocrystal<br/>oral capsule 100 mg, 25 mg,<br/>50 mg</i>                               | Tier 2    |                                                  |
| <i>nitrofurantoin monohydrate<br/>oral capsule 100 mg</i>                                                  | Tier 2    |                                                  |
| <i>nitrofurantoin oral<br/>suspension 25 mg/5 ml</i>                                                       | Tier 2    |                                                  |
| <b>Oxazolidinones</b>                                                                                      |           |                                                  |
| <i>linezolid oral suspension for<br/>reconstitution 100 mg/5 ml</i>                                        | Tier 5    | DS                                               |
| <i>linezolid oral tablet 600 mg</i>                                                                        | Tier 2    | DS                                               |
| ZYVOX INTRAVENOUS<br>PIGGYBACK 200<br>MG/100 ML                                                            | Tier 5    | DS                                               |

| Drug Name                                                                                                                                  | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|--------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------|
| <b>Penicillins</b>                                                                                                                         |           |                                                  |
| <i>amoxicillin oral capsule 250 mg, 500 mg</i>                                                                                             | Tier 2    |                                                  |
| <i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>                                   | Tier 2    |                                                  |
| <i>amoxicillin oral tablet 500 mg, 875 mg</i>                                                                                              | Tier 2    |                                                  |
| <i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>                                                                                    | Tier 2    |                                                  |
| <i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml</i> | Tier 2    |                                                  |
| <i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>                                                          | Tier 2    |                                                  |
| <i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>                                                            | Tier 2    |                                                  |
| <i>ampicillin oral capsule 250 mg, 500 mg</i>                                                                                              | Tier 2    |                                                  |
| <i>ampicillin sodium injection recon soln 1 gram, 10 gram, 2 gram, 500 mg</i>                                                              | Tier 2    |                                                  |
| <i>ampicillin-sulbactam injection recon soln 1.5 gram, 3 gram</i>                                                                          | Tier 2    |                                                  |
| <i>ampicillin-sulbactam intravenous recon soln 1.5 gram, 3 gram</i>                                                                        | Tier 2    |                                                  |
| <b>AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML</b>                                                                      | Tier 3    |                                                  |
| <b>BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML</b>                                        | Tier 3    |                                                  |
| <i>dicloxacillin oral capsule 250 mg, 500 mg</i>                                                                                           | Tier 2    |                                                  |

| Drug Name                                                                                                   | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|-------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------|
| <i>oxacillin in dextrose(iso-osm) intravenous piggyback 2 gram/50 ml</i>                                    | Tier 2    |                                                  |
| <i>penicillin g potassium injection recon soln 20 million unit, 5 million unit</i>                          | Tier 2    |                                                  |
| <i>penicillin g procaine intramuscular syringe 1.2 million unit/2 ml, 600,000 unit/ml</i>                   | Tier 2    |                                                  |
| <i>penicillin g sodium injection recon soln 5 million unit</i>                                              | Tier 2    |                                                  |
| <i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>                                      | Tier 2    |                                                  |
| <i>penicillin v potassium oral tablet 250 mg, 500 mg</i>                                                    | Tier 2    |                                                  |
| <b>PFIZERPEN-G INJECTION RECON SOLN 20 MILLION UNIT, 5 MILLION UNIT</b>                                     | Tier 2    |                                                  |
| <i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram</i>                       | Tier 2    |                                                  |
| <b>ZOSYN IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK 2.25 GRAM/50 ML, 3.375 GRAM/50 ML, 4.5 GRAM/100 ML</b> | Tier 3    |                                                  |
| <b>Quinolones</b>                                                                                           |           |                                                  |
| <b>AVELOX IN NAACL (ISO-OSMOTIC) INTRAVENOUS PIGGYBACK 400 MG/250 ML</b>                                    | Tier 3    |                                                  |
| <b>CIPRO ORAL SUSPENSION, MICROCAPSULE RECON 250 MG/5 ML</b>                                                | Tier 3    |                                                  |
| <i>ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg</i>                                         | Tier 2    |                                                  |
| <i>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml, 400 mg/200 ml</i>                     | Tier 2    |                                                  |

| Drug Name                                                                         | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|-----------------------------------------------------------------------------------|-----------|--------------------------------------------------|
| <i>ciprofloxacin oral suspension, microcapsule recon 250 mg/5 ml, 500 mg/5 ml</i> | Tier 2    |                                                  |
| <i>levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml</i>     | Tier 2    |                                                  |
| <i>levofloxacin oral solution 250 mg/10 ml</i>                                    | Tier 2    |                                                  |
| <i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>                            | Tier 2    |                                                  |
| <i>moxifloxacin oral tablet 400 mg</i>                                            | Tier 2    |                                                  |
| <i>moxifloxacin-sod. chloride (iso) intravenous piggyback 400 mg/250 ml</i>       | Tier 2    |                                                  |
| <b>Tetracyclines</b>                                                              |           |                                                  |
| DOXY-100 INTRAVENOUS RECON SOLN 100 MG                                            | Tier 2    | MO                                               |
| <i>doxycycline hyclate intravenous recon soln 100 mg</i>                          | Tier 2    | MO                                               |
| <i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>                         | Tier 2    | MO                                               |
| <i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i>      | Tier 2    | MO                                               |
| <i>doxycycline monohydrate oral tablet 100 mg, 50 mg</i>                          | Tier 2    | MO                                               |
| <i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>                              | Tier 2    | MO                                               |
| <i>minocycline oral tablet 100 mg</i>                                             | Tier 2    | MO                                               |
| MONDOXYNE NL ORAL CAPSULE 100 MG, 50 MG                                           | Tier 2    | MO                                               |
| OKEBO ORAL CAPSULE 100 MG                                                         | Tier 2    | MO                                               |
| <i>tetracycline oral capsule 250 mg, 500 mg</i>                                   | Tier 2    |                                                  |
| <b>Infectious Disease - Fungal</b>                                                |           |                                                  |
| <b>Antifungal Agents</b>                                                          |           |                                                  |
| <i>clotrimazole mucous membrane troche 10 mg</i>                                  | Tier 2    |                                                  |

| Drug Name                                                                               | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|-----------------------------------------------------------------------------------------|-----------|--------------------------------------------------|
| <i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml, 400 mg/200 ml</i> | Tier 2    |                                                  |
| <i>fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml</i>                | Tier 2    |                                                  |
| <i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>                            | Tier 2    |                                                  |
| <i>flucytosine oral capsule 250 mg, 500 mg</i>                                          | Tier 5    | DS                                               |
| <i>ketokonazole oral tablet 200 mg</i>                                                  | Tier 2    | PA                                               |
| <i>terbinafine hcl oral tablet 250 mg</i>                                               | Tier 2    |                                                  |
| <i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i>           | Tier 2    |                                                  |
| <i>voriconazole oral tablet 200 mg, 50 mg</i>                                           | Tier 2    |                                                  |
| <b>Antifungal Antibiotics</b>                                                           |           |                                                  |
| AMBISOME INTRAVENOUS SUSPENSION FOR RECONSTITUTION 50 MG                                | Tier 5    | DS                                               |
| <i>amphotericin b injection recon soln 50 mg</i>                                        | Tier 5    | DS                                               |
| <i>amphotericin b liposome intravenous suspension for reconstitution 50 mg</i>          | Tier 5    | DS                                               |
| <i>caspofungin intravenous recon soln 50 mg, 70 mg</i>                                  | Tier 5    | DS                                               |
| <i>griseofulvin microsize oral suspension 125 mg/5 ml</i>                               | Tier 2    |                                                  |
| <i>griseofulvin microsize oral tablet 500 mg</i>                                        | Tier 2    |                                                  |
| <i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>                           | Tier 2    |                                                  |
| <i>nystatin oral suspension 100,000 unit/ml</i>                                         | Tier 2    |                                                  |
| <i>nystatin oral tablet 500,000 unit</i>                                                | Tier 2    |                                                  |



| Drug Name                                                                          | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|------------------------------------------------------------------------------------|-----------|--------------------------------------------------|
| <b>Infectious Disease - Miscellaneous</b>                                          |           |                                                  |
| <b>Aminoglycosides</b>                                                             |           |                                                  |
| <i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>                      | Tier 2    |                                                  |
| <i>gentamicin injection solution 20 mg/2 ml, 40 mg/ml</i>                          | Tier 2    |                                                  |
| <i>gentamicin sulfate (ped) (pf) injection solution 20 mg/2 ml</i>                 | Tier 2    |                                                  |
| <i>neomycin oral tablet 500 mg</i>                                                 | Tier 2    |                                                  |
| <i>streptomycin intramuscular recon soln 1 gram</i>                                | Tier 2    |                                                  |
| <i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i> | Tier 2    | DS                                               |
| <i>tobramycin sulfate injection solution 10 mg/ml, 40 mg/ml</i>                    | Tier 2    |                                                  |
| <b>Antileprotics</b>                                                               |           |                                                  |
| <i>dapsone oral tablet 100 mg, 25 mg</i>                                           | Tier 2    |                                                  |
| THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG                                | Tier 3    | DS                                               |
| <b>Anti-Mycobacterium Agents</b>                                                   |           |                                                  |
| <i>ethambutol oral tablet 100 mg, 400 mg</i>                                       | Tier 2    |                                                  |
| <i>isoniazid oral solution 50 mg/5 ml</i>                                          | Tier 2    |                                                  |
| <i>isoniazid oral tablet 100 mg, 300 mg</i>                                        | Tier 2    |                                                  |
| <i>pyrazinamide oral tablet 500 mg</i>                                             | Tier 2    |                                                  |
| <b>Antitubercular Antibiotics</b>                                                  |           |                                                  |
| <i>rifampin oral capsule 150 mg, 300 mg</i>                                        | Tier 2    |                                                  |
| <b>Lincosamides</b>                                                                |           |                                                  |
| CLEOCIN INTRAVENOUS SOLUTION 600 MG/4 ML                                           | Tier 3    |                                                  |
| <i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>                          | Tier 2    |                                                  |

| Drug Name                                                                            | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|--------------------------------------------------------------------------------------|-----------|--------------------------------------------------|
| CLINDAMYCIN PEDIATRIC ORAL RECON SOLN 75 MG/5 ML                                     | Tier 2    |                                                  |
| <i>clindamycin phosphate injection solution 150 mg/ml</i>                            | Tier 2    |                                                  |
| <i>clindamycin phosphate intravenous solution 600 mg/4 ml</i>                        | Tier 2    |                                                  |
| <b>Vancomycin And Derivatives</b>                                                    |           |                                                  |
| FIRVANQ ORAL RECON SOLN 25 MG/ML, 50 MG/ML                                           | Tier 3    |                                                  |
| <i>vancomycin in dextrose 5 % intravenous piggyback 1 gram/200 ml, 500 mg/100 ml</i> | Tier 2    |                                                  |
| <i>vancomycin intravenous recon soln 10 gram, 5 gram, 500 mg</i>                     | Tier 2    |                                                  |
| <i>vancomycin oral capsule 125 mg, 250 mg</i>                                        | Tier 2    |                                                  |
| <i>vancomycin oral recon soln 50 mg/ml</i>                                           | Tier 2    |                                                  |
| <b>Infectious Disease - Parasitic</b>                                                |           |                                                  |
| <b>Amebicides</b>                                                                    |           |                                                  |
| <i>paromomycin oral capsule 250 mg</i>                                               | Tier 2    |                                                  |
| <b>Anaerobic Antiprotozoal-Antibacterial Agents</b>                                  |           |                                                  |
| <i>metronidazole oral capsule 375 mg</i>                                             | Tier 2    |                                                  |
| <i>metronidazole oral tablet 250 mg, 500 mg</i>                                      | Tier 2    |                                                  |
| <b>Anthelmintics</b>                                                                 |           |                                                  |
| <i>albendazole oral tablet 200 mg</i>                                                | Tier 2    |                                                  |
| <i>ivermectin oral tablet 3 mg</i>                                                   | Tier 2    |                                                  |
| <i>praziquantel oral tablet 600 mg</i>                                               | Tier 2    |                                                  |
| <b>Antimalarial Drugs</b>                                                            |           |                                                  |
| <i>atovaquone-proguanil oral tablet 250-100 mg, 62.5-25 mg</i>                       | Tier 2    |                                                  |



| Drug Name                                                 | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|-----------------------------------------------------------|-----------|--------------------------------------------------|
| <i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>   | Tier 2    |                                                  |
| DARAPRIM ORAL TABLET 25 MG                                | Tier 5    | DS                                               |
| <i>hydroxychloroquine oral tablet 200 mg</i>              | Tier 2    |                                                  |
| <i>mefloquine oral tablet 250 mg</i>                      | Tier 2    |                                                  |
| <i>primaquine oral tablet 26.3 mg</i>                     | Tier 3    |                                                  |
| <i>pyrimethamine oral tablet 25 mg</i>                    | Tier 5    | DS                                               |
| <b>Antiprotozoal Drugs, Miscellaneous</b>                 |           |                                                  |
| <i>atovaquone oral suspension 750 mg/5 ml</i>             | Tier 5    | DS                                               |
| NEBUPENT INHALATION RECON SOLN 300 MG                     | Tier 3    |                                                  |
| <i>pentamidine inhalation recon soln 300 mg</i>           | Tier 2    |                                                  |
| <i>pentamidine injection recon soln 300 mg</i>            | Tier 2    |                                                  |
| <b>Infectious Disease - Viral</b>                         |           |                                                  |
| <b>Antiretroviral-Integrase Inhibitor And Nnrti Comb.</b> |           |                                                  |
| JULUCA ORAL TABLET 50-25 MG                               | Tier 5    |                                                  |
| <b>Antiretroviral-Integrase Inhibitor And Nrti Comb.</b>  |           |                                                  |
| DOVATO ORAL TABLET 50-300 MG                              | Tier 5    |                                                  |
| <b>Antivirals, General</b>                                |           |                                                  |
| <i>acyclovir oral capsule 200 mg</i>                      | Tier 2    |                                                  |
| <i>acyclovir oral suspension 200 mg/5 ml</i>              | Tier 2    |                                                  |
| <i>acyclovir oral tablet 400 mg, 800 mg</i>               | Tier 2    |                                                  |
| <i>acyclovir sodium intravenous recon soln 1,000 mg</i>   | Tier 2    |                                                  |
| <i>acyclovir sodium intravenous solution 50 mg/ml</i>     | Tier 2    |                                                  |

| Drug Name                                                     | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|---------------------------------------------------------------|-----------|--------------------------------------------------|
| <i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>         | Tier 2    |                                                  |
| FLUMADINE ORAL TABLET 100 MG                                  | Tier 3    |                                                  |
| <i>foscarnet intravenous solution 24 mg/ml</i>                | Tier 2    |                                                  |
| FOSCAVIR INTRAVENOUS SOLUTION 24 MG/ML                        | Tier 3    |                                                  |
| <i>oseltamivir oral capsule 30 mg, 45 mg, 75 mg</i>           | Tier 2    |                                                  |
| <i>oseltamivir oral suspension for reconstitution 6 mg/ml</i> | Tier 2    |                                                  |
| <i>rimantadine oral tablet 100 mg</i>                         | Tier 2    |                                                  |
| <i>valganciclovir oral recon soln 50 mg/ml</i>                | Tier 5    | DS                                               |
| <i>valganciclovir oral tablet 450 mg</i>                      | Tier 5    | DS                                               |
| <b>Antivirals, Hiv-Spec, Non-Peptidic Protease Inhib</b>      |           |                                                  |
| APTIVUS (WITH VITAMIN E) ORAL SOLUTION 100 MG/ML              | Tier 3    |                                                  |
| APTIVUS ORAL CAPSULE 250 MG                                   | Tier 3    |                                                  |
| PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG            | Tier 5    |                                                  |
| <b>Antivirals, Hiv-Spec, Nucleoside-Nucleotide Analog</b>     |           |                                                  |
| CIMDUO ORAL TABLET 300-300 MG                                 | Tier 5    |                                                  |
| <i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i>   | Tier 2    | MO; \$0 COPAY IF USED FOR PREVENTION OF HIV      |
| TEMIXYS ORAL TABLET 300-300 MG                                | Tier 5    |                                                  |
| <b>Antivirals, Hiv-Spec., Nucleoside Analog, Rti Comb</b>     |           |                                                  |
| <i>abacavir-lamivudine oral tablet 600-300 mg</i>             | Tier 5    |                                                  |

| Drug Name                                                              | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|------------------------------------------------------------------------|-----------|--------------------------------------------------|
| <i>abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg</i>       | Tier 5    |                                                  |
| <i>lamivudine-zidovudine oral tablet 150-300 mg</i>                    | Tier 2    |                                                  |
| <b>Antivirals, Hiv-Specific, Ccr5 Co-Receptor Antag.</b>               |           |                                                  |
| <i>maraviroc oral tablet 150 mg, 300 mg</i>                            | Tier 5    |                                                  |
| SELZENTRY ORAL TABLET 25 MG, 75 MG                                     | Tier 5    |                                                  |
| <b>Antivirals, Hiv-Specific, Non-Nucleoside, Rti</b>                   |           |                                                  |
| EDURANT ORAL TABLET 25 MG                                              | Tier 5    |                                                  |
| <i>efavirenz oral capsule 200 mg, 50 mg</i>                            | Tier 2    |                                                  |
| <i>efavirenz oral tablet 600 mg</i>                                    | Tier 2    |                                                  |
| <i>etravirine oral tablet 100 mg, 200 mg</i>                           | Tier 5    |                                                  |
| INTELENCE ORAL TABLET 25 MG                                            | Tier 3    |                                                  |
| <i>nevirapine oral suspension 50 mg/5 ml</i>                           | Tier 2    |                                                  |
| <i>nevirapine oral tablet 200 mg</i>                                   | Tier 2    |                                                  |
| <i>nevirapine oral tablet extended release 24 hr 400 mg</i>            | Tier 2    |                                                  |
| RESCRIPTOR ORAL TABLET 200 MG                                          | Tier 3    |                                                  |
| <b>Antivirals, Hiv-Specific, Nucleoside Analog, Rti</b>                |           |                                                  |
| <i>abacavir oral solution 20 mg/ml</i>                                 | Tier 2    |                                                  |
| <i>abacavir oral tablet 300 mg</i>                                     | Tier 2    |                                                  |
| <i>didanosine oral capsule, delayed release (drlec) 250 mg, 400 mg</i> | Tier 2    |                                                  |
| <i>emtricitabine oral capsule 200 mg</i>                               | Tier 2    |                                                  |
| EMTRIVA ORAL CAPSULE 200 MG                                            | Tier 3    |                                                  |
| <i>lamivudine oral solution 10 mg/ml</i>                               | Tier 2    |                                                  |

| Drug Name                                                                     | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|-------------------------------------------------------------------------------|-----------|--------------------------------------------------|
| <i>lamivudine oral tablet 150 mg, 300 mg</i>                                  | Tier 2    |                                                  |
| <i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>                      | Tier 2    |                                                  |
| VIDEX 2 GRAM PEDIATRIC ORAL RECON SOLN 10 MG/ML (FINAL)                       | Tier 3    |                                                  |
| VIDEX 4 GRAM PEDIATRIC ORAL RECON SOLN 10 MG/ML (FINAL)                       | Tier 3    |                                                  |
| VIDEX EC ORAL CAPSULE, DELAYED RELEASE (DR/EC) 125 MG, 200 MG, 250 MG, 400 MG | Tier 3    |                                                  |
| <i>zidovudine oral capsule 100 mg</i>                                         | Tier 2    |                                                  |
| <i>zidovudine oral syrup 10 mg/ml</i>                                         | Tier 2    |                                                  |
| <i>zidovudine oral tablet 300 mg</i>                                          | Tier 2    |                                                  |
| <b>Antivirals, Hiv-Specific, Nucleotide Analog, Rti</b>                       |           |                                                  |
| <i>tenofovir disoproxil fumarate oral tablet 300 mg</i>                       | Tier 2    |                                                  |
| <b>Antivirals, Hiv-Specific, Protease Inhibitor Comb</b>                      |           |                                                  |
| <i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i>                      | Tier 5    |                                                  |
| <i>lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg</i>                   | Tier 5    |                                                  |
| <b>Antivirals, Hiv-Specific, Protease Inhibitors</b>                          |           |                                                  |
| <i>atazanavir oral capsule 150 mg, 200 mg, 300 mg</i>                         | Tier 2    |                                                  |
| CRIXIVAN ORAL CAPSULE 200 MG, 400 MG                                          | Tier 3    |                                                  |
| <i>fosamprenavir oral tablet 700 mg</i>                                       | Tier 2    |                                                  |
| INVIRASE ORAL TABLET 500 MG                                                   | Tier 5    |                                                  |
| <i>ritonavir oral tablet 100 mg</i>                                           | Tier 2    |                                                  |

| Drug Name                                                                                 | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|-------------------------------------------------------------------------------------------|-----------|--------------------------------------------------|
| VIRACEPT ORAL<br>TABLET 250 MG, 625 MG                                                    | Tier 5    |                                                  |
| <b>Antivirals,Hiv-1 Integrase Strand Transfer Inhibtr</b>                                 |           |                                                  |
| ISENTRESS ORAL<br>TABLET 400 MG                                                           | Tier 5    |                                                  |
| TIVICAY ORAL<br>TABLET 10 MG, 25 MG, 50 MG                                                | Tier 5    |                                                  |
| TIVICAY PD ORAL<br>TABLET FOR<br>SUSPENSION 5 MG                                          | Tier 5    |                                                  |
| <b>Artv Cmb<br/>Nucleoside,Nucleotide,&amp;No<br/>n-Nucleoside Rti</b>                    |           |                                                  |
| COMPLERA ORAL<br>TABLET 200-25-300 MG                                                     | Tier 5    |                                                  |
| <i>efavirenz-lamivu-tenofov<br/>disop oral tablet 400-300-<br/>300 mg, 600-300-300 mg</i> | Tier 2    |                                                  |
| ODEFSEY ORAL<br>TABLET 200-25-25 MG                                                       | Tier 3    |                                                  |
| SYMFI LO ORAL<br>TABLET 400-300-300 MG                                                    | Tier 3    |                                                  |
| SYMFI ORAL TABLET<br>600-300-300 MG                                                       | Tier 3    |                                                  |
| <b>Arv Cmb-Nrti,N(T)Rti,<br/>Integrase Inhibitor</b>                                      |           |                                                  |
| BIKTARVY ORAL<br>TABLET 50-200-25 MG                                                      | Tier 3    |                                                  |
| GENVOYA ORAL<br>TABLET 150-150-200-10<br>MG                                               | Tier 3    |                                                  |
| <b>Hep C - Ns5a, Ns3/4A,<br/>Nucleotide Ns5b Inhib<br/>Combo</b>                          |           |                                                  |
| VOSEVI ORAL TABLET<br>400-100-100 MG                                                      | Tier 3    | PA; DS                                           |
| <b>Hep C Virus - Ns5a &amp; Ns5b<br/>Polymerase Inhib. Combo.</b>                         |           |                                                  |
| EPCLUSA ORAL<br>TABLET 400-100 MG                                                         | Tier 5    | PA; DS                                           |
| HARVONI ORAL<br>TABLET 90-400 MG                                                          | Tier 5    | PA; DS                                           |
| <i>ledipasvir-sofosbuvir oral<br/>tablet 90-400 mg</i>                                    | Tier 5    | PA; DS                                           |

| Drug Name                                                        | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|------------------------------------------------------------------|-----------|--------------------------------------------------|
| <i>sofosbuvir-velpatasvir oral<br/>tablet 400-100 mg</i>         | Tier 5    | PA; DS                                           |
| <b>Hep C Virus,Nucleotide<br/>Analog Ns5b Polymerase<br/>Inh</b> |           |                                                  |
| SOVALDI ORAL<br>TABLET 400 MG                                    | Tier 3    | DS                                               |
| <b>Hepatitis B Treatment<br/>Agents</b>                          |           |                                                  |
| <i>adefovir oral tablet 10 mg</i>                                | Tier 2    | DS                                               |
| <i>entecavir oral tablet 0.5 mg,<br/>1 mg</i>                    | Tier 2    |                                                  |
| EPIVIR HBV ORAL<br>SOLUTION 25 MG/5 ML<br>(5 MG/ML)              | Tier 3    |                                                  |
| <i>lamivudine oral tablet 100<br/>mg</i>                         | Tier 2    |                                                  |
| <b>Hepatitis C Treatment<br/>Agents</b>                          |           |                                                  |
| PEGASYS<br>SUBCUTANEOUS<br>SOLUTION 180<br>MCG/ML                | Tier 5    | DS                                               |
| PEGASYS<br>SUBCUTANEOUS<br>SYRINGE 180 MCG/0.5<br>ML             | Tier 5    | DS                                               |
| RIBASPHERE ORAL<br>CAPSULE 200 MG                                | Tier 2    |                                                  |
| RIBASPHERE ORAL<br>TABLET 200 MG                                 | Tier 2    |                                                  |
| <i>ribavirin oral capsule 200<br/>mg</i>                         | Tier 2    |                                                  |
| <i>ribavirin oral tablet 200 mg</i>                              | Tier 2    |                                                  |
| <b>Inflammatory Disease</b>                                      |           |                                                  |
| <b>Anti-Flam. Interleukin-1<br/>Receptor Antagonist</b>          |           |                                                  |
| KINERET<br>SUBCUTANEOUS<br>SYRINGE 100 MG/0.67<br>ML             | Tier 5    | DS                                               |
| <b>Anti-Inflammatory Tumor<br/>Necrosis Factor Inhibitor</b>     |           |                                                  |
| ENBREL<br>SUBCUTANEOUS<br>RECON SOLN 25 MG (1<br>ML)             | Tier 5    | PA; DS                                           |

| Drug Name                                                                                       | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|-------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------|
| ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)                                 | Tier 5    | PA; DS                                           |
| ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)                                      | Tier 5    | PA; DS                                           |
| HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML                             | Tier 5    | PA; DS                                           |
| HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML                        | Tier 5    | PA; DS                                           |
| HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML                       | Tier 5    | PA; DS                                           |
| HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML                                           | Tier 5    | PA; DS                                           |
| HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML                                                    | Tier 5    | PA; DS                                           |
| HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML | Tier 5    | PA; DS                                           |
| HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML                          | Tier 5    | PA; DS                                           |
| HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML                          | Tier 5    | PA; DS                                           |

| Drug Name                                                                              | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|----------------------------------------------------------------------------------------|-----------|--------------------------------------------------|
| HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML | Tier 5    | PA; DS                                           |
| HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML                | Tier 5    | PA; DS                                           |
| HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML           | Tier 5    | PA; DS                                           |
| INFLECTRA INTRAVENOUS RECON SOLN 100 MG                                                | Tier 6    | DS                                               |
| <b>Anti-Inflammatory, Pyrimidine Synthesis Inhibitor</b>                               |           |                                                  |
| <i>leflunomide oral tablet 10 mg, 20 mg</i>                                            | Tier 2    |                                                  |
| <b>Anti-Inflammatory, Phosphodiesterase-4(Pde4) Inhib.</b>                             |           |                                                  |
| OTEZLA ORAL TABLET 30 MG                                                               | Tier 5    | DS                                               |
| OTEZLA STARTER ORAL TABLETS, DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)                  | Tier 5    | DS                                               |
| <b>Antinflammatory, Sel.Costim.Mod., T-Cell Inhibitor</b>                              |           |                                                  |
| ORENCIA (WITH MALTOSYL) INTRAVENOUS RECON SOLN 250 MG                                  | Tier 6    | DS                                               |
| ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML                                 | Tier 5    | PA; DS                                           |
| ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML                                                 | Tier 5    | PA; DS                                           |

| Drug Name                                                                        | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|----------------------------------------------------------------------------------|-----------|--------------------------------------------------|
| <b>Bradykinin B2 Receptor Antagonists</b>                                        |           |                                                  |
| <i>icatibant subcutaneous syringe 30 mg/3 ml</i>                                 | Tier 5    | DS; QL                                           |
| SAJAZIR SUBCUTANEOUS SYRINGE 30 MG/3 ML                                          | Tier 5    | DS; QL                                           |
| <b>C1 Esterase Inhibitors</b>                                                    |           |                                                  |
| BERINERT INTRAVENOUS KIT 500 UNIT (10 ML)                                        | Tier 3    | DS                                               |
| <b>Glucocorticoids</b>                                                           |           |                                                  |
| A-HYDROCORT INJECTION RECON SOLN 100 MG                                          | Tier 2    |                                                  |
| ARISTOSPAN INTRA-ARTICULAR INJECTION SUSPENSION 20 MG/ML                         | Tier 3    |                                                  |
| ARISTOSPAN INTRALESIONAL INJECTION SUSPENSION 5 MG/ML                            | Tier 3    |                                                  |
| <i>betamethasone acet,sod phos injection suspension 6 mg/ml</i>                  | Tier 2    |                                                  |
| <i>budesonide oral capsule,delayed,extend.release 3 mg</i>                       | Tier 2    |                                                  |
| <i>cortisone oral tablet 25 mg</i>                                               | Tier 2    |                                                  |
| DECADRON ORAL ELIXIR 0.5 MG/5 ML                                                 | Tier 2    |                                                  |
| DECADRON ORAL TABLET 0.5 MG, 0.75 MG, 4 MG, 6 MG                                 | Tier 2    |                                                  |
| DELTASONE ORAL TABLET 20 MG                                                      | Tier 2    | MO                                               |
| DEPO-MEDROL INJECTION SUSPENSION 20 MG/ML, 80 MG/ML                              | Tier 3    |                                                  |
| DEXAMETHASONE INTENSOL ORAL DROPS 1 MG/ML                                        | Tier 3    |                                                  |
| <i>dexamethasone oral elixir 0.5 mg/5 ml</i>                                     | Tier 2    |                                                  |
| <i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i> | Tier 2    |                                                  |

| Drug Name                                                                                             | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|-------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------|
| <i>dexamethasone sodium phosphate injection solution 10 mg/ml, 4 mg/ml</i>                            | Tier 2    |                                                  |
| <i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>                                                  | Tier 2    |                                                  |
| KENALOG INJECTION SUSPENSION 10 MG/ML                                                                 | Tier 6    |                                                  |
| MEDROL ORAL TABLET 2 MG                                                                               | Tier 3    |                                                  |
| <i>methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml</i>                             | Tier 2    |                                                  |
| <i>methylprednisolone oral tablet 16 mg, 4 mg</i>                                                     | Tier 2    |                                                  |
| <i>methylprednisolone oral tablets,dose pack 4 mg</i>                                                 | Tier 2    |                                                  |
| <i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i>                              | Tier 2    |                                                  |
| <i>methylprednisolone sodium succ intravenous recon soln 500 mg</i>                                   | Tier 2    |                                                  |
| MILLIPRED ORAL TABLET 5 MG                                                                            | Tier 3    |                                                  |
| <i>prednisolone oral solution 15 mg/5 ml</i>                                                          | Tier 2    |                                                  |
| <i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i> | Tier 2    |                                                  |
| <i>prednisone oral solution 5 mg/5 ml</i>                                                             | Tier 2    | MO                                               |
| <i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>                                 | Tier 2    | MO                                               |
| <i>prednisone oral tablets,dose pack 5 mg</i>                                                         | Tier 2    | MO                                               |
| SOLU-CORTEF ACT-O-VIAL (PF) INJECTION RECON SOLN 1,000 MG/8 ML, 100 MG/2 ML, 250 MG/2 ML, 500 MG/4 ML | Tier 3    |                                                  |
| SOLU-CORTEF INJECTION RECON SOLN 100 MG                                                               | Tier 3    |                                                  |

| Drug Name                                                    | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|--------------------------------------------------------------|-----------|--------------------------------------------------|
| SOLU-MEDROL (PF) INJECTION RECON SOLN 125 MG/2 ML, 40 MG/ML  | Tier 3    |                                                  |
| SOLU-MEDROL (PF) INTRAVENOUS RECON SOLN 1,000 MG/8 ML        | Tier 3    |                                                  |
| SOLU-MEDROL INTRAVENOUS RECON SOLN 500 MG                    | Tier 3    |                                                  |
| <i>triamcinolone acetonide injection suspension 40 mg/ml</i> | Tier 6    |                                                  |
| <b>Gold Salts</b>                                            |           |                                                  |
| RIDAURA ORAL CAPSULE 3 MG                                    | Tier 3    |                                                  |
| <b>Interleukin-6 (Il-6) Receptor Inhibitors</b>              |           |                                                  |
| ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML       | Tier 5    | DS                                               |
| ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML                   | Tier 5    | DS                                               |
| <b>Janus Kinase (Jak) Inhibitors</b>                         |           |                                                  |
| XELJANZ ORAL SOLUTION 1 MG/ML                                | Tier 5    | PA; DS                                           |
| XELJANZ ORAL TABLET 10 MG                                    | Tier 3    | DS; QL                                           |
| XELJANZ ORAL TABLET 5 MG                                     | Tier 5    | PA; DS                                           |
| XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG          | Tier 5    | PA; DS                                           |
| <b>Mineralocorticoids</b>                                    |           |                                                  |
| <i>fludrocortisone oral tablet 0.1 mg</i>                    | Tier 2    |                                                  |
| <b>Nsaids, Cyclooxygenase 2 Inhibitor - Type</b>             |           |                                                  |
| <i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>  | Tier 2    |                                                  |

| Drug Name                                                                                          | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|----------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------|
| <b>Nsaids, Cyclooxygenase Inhibitor-Type</b>                                                       |           |                                                  |
| <i>etodolac oral capsule 200 mg, 300 mg</i>                                                        | Tier 2    |                                                  |
| <i>etodolac oral tablet 400 mg, 500 mg</i>                                                         | Tier 2    |                                                  |
| IBU ORAL TABLET 400 MG, 600 MG, 800 MG                                                             | Tier 2    |                                                  |
| <i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>                                                | Tier 2    |                                                  |
| <i>indomethacin oral capsule 25 mg, 50 mg</i>                                                      | Tier 2    |                                                  |
| <i>indomethacin oral capsule, extended release 75 mg</i>                                           | Tier 2    |                                                  |
| <i>ketoprofen oral capsule 50 mg, 75 mg</i>                                                        | Tier 2    |                                                  |
| <i>ketorolac injection solution 15 mg/ml, 30 mg/ml (1 ml)</i>                                      | Tier 2    |                                                  |
| <i>meloxicam oral tablet 15 mg, 7.5 mg</i>                                                         | Tier 2    |                                                  |
| <i>nabumetone oral tablet 500 mg, 750 mg</i>                                                       | Tier 2    | MO                                               |
| <i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>                                                 | Tier 2    |                                                  |
| <i>sulindac oral tablet 150 mg, 200 mg</i>                                                         | Tier 2    |                                                  |
| <b>Local Anesthesia</b>                                                                            |           |                                                  |
| <b>Local Anesthetics</b>                                                                           |           |                                                  |
| <i>bupivacaine (pf) injection solution 0.25 % (2.5 mg/ml), 0.5 % (5 mg/ml), 0.75 % (7.5 mg/ml)</i> | Tier 2    |                                                  |
| <i>bupivacaine hcl injection solution 0.25 % (2.5 mg/ml)</i>                                       | Tier 2    |                                                  |
| <i>bupivacaine hcl injection solution 0.5 % (5 mg/ml)</i>                                          | Tier 6    |                                                  |
| <i>bupivacaine-epinephrine (pf) injection solution 0.25 %-1:200,000, 0.5 %-1:200,000</i>           | Tier 2    |                                                  |
| <i>bupivacaine-epinephrine bitart injection cartridge 0.5 %-1:200,000</i>                          | Tier 2    |                                                  |
| <i>bupivacaine-epinephrine injection solution 0.25 %-1:200,000, 0.5 %-1:200,000</i>                | Tier 2    |                                                  |



| Drug Name                                                                                     | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|-----------------------------------------------------------------------------------------------|-----------|--------------------------------------------------|
| <i>lidocaine (pf) injection solution 10 mg/ml (1 %)</i>                                       | Tier 2    |                                                  |
| <i>lidocaine hcl injection solution 10 mg/ml (1 %), 20 mg/ml (2 %)</i>                        | Tier 2    |                                                  |
| <i>lidocaine hcl mucous membrane solution 2 %, 4 % (40 mg/ml)</i>                             | Tier 2    | MO                                               |
| LIDOCAINE VISCOUS MUCOUS MEMBRANE SOLUTION 2 %                                                | Tier 2    | MO                                               |
| <i>lidocaine-epinephrine injection solution 0.5 %-1:200,000, 1 %-1:100,000, 2 %-1:100,000</i> | Tier 2    |                                                  |
| MARCAINE-EPINEPHRINE INJECTION CARTRIDGE 0.5 %-1:200,000                                      | Tier 2    |                                                  |
| NESACAINE INJECTION SOLUTION 10 MG/ML (1 %), 20 MG/ML (2 %)                                   | Tier 3    |                                                  |
| SENSORCAINE-EPINEPHRINE INJECTION SOLUTION 0.25 %-1:200,000, 0.5 %-1:200,000                  | Tier 2    |                                                  |
| SENSORCAINE-MPF INJECTION SOLUTION 0.75 % (7.5 MG/ML)                                         | Tier 2    |                                                  |
| SENSORCAINE-MPF/EPINEPHRINE INJECTION SOLUTION 0.25 %-1:200,000                               | Tier 2    |                                                  |
| VIVACAINE INJECTION CARTRIDGE 0.5 %-1:200,000                                                 | Tier 2    |                                                  |
| XYLOCAINE-MPF INJECTION SOLUTION 10 MG/ML (1 %)                                               | Tier 3    |                                                  |
| <b>Lower Gastrointestinal Disorders - Bowel Inflammation</b>                                  |           |                                                  |
| <b>Chronic Inflamm. Colon Dx, 5-A-Salicylat, Rectal Tx</b>                                    |           |                                                  |
| <i>mesalamine rectal enema 4 gram/60 ml</i>                                                   | Tier 2    |                                                  |

| Drug Name                                                        | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|------------------------------------------------------------------|-----------|--------------------------------------------------|
| <i>mesalamine rectal suppository 1,000 mg</i>                    | Tier 2    |                                                  |
| <b>Drug Tx-Chronic Inflamm. Colon Dx, 5-Aminosalicylat</b>       |           |                                                  |
| <i>balsalazide oral capsule 750 mg</i>                           | Tier 2    | MO                                               |
| LIALDA ORAL TABLET, DELAYED RELEASE (DR/EC) 1.2 GRAM             | Tier 3    |                                                  |
| <i>mesalamine oral capsule, extended release 500 mg</i>          | Tier 2    |                                                  |
| <i>mesalamine oral tablet, delayed release (drlec) 1.2 gram</i>  | Tier 2    |                                                  |
| PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG                    | Tier 3    |                                                  |
| <i>sulfasalazine oral tablet 500 mg</i>                          | Tier 2    |                                                  |
| <i>sulfasalazine oral tablet, delayed release (drlec) 500 mg</i> | Tier 2    |                                                  |
| <b>Irritable Bowel Agents, Guanylate Cyclase-C Agonist</b>       |           |                                                  |
| TRULANCE ORAL TABLET 3 MG                                        | Tier 3    | PA                                               |
| <b>Rectal Preparations</b>                                       |           |                                                  |
| ANUCORT-HC RECTAL SUPPOSITORY 25 MG                              | Tier 2    | MO                                               |
| <i>hydrocortisone acetate rectal suppository 25 mg</i>           | Tier 2    | MO                                               |
| <b>Rectal/Lower Bowel Prep., Glucocort. (Non-Hemorrh)</b>        |           |                                                  |
| COLOCORT RECTAL ENEMA 100 MG/60 ML                               | Tier 2    | MO                                               |
| <i>hydrocortisone rectal enema 100 mg/60 ml</i>                  | Tier 2    | MO                                               |
| <b>Lower Gastrointestinal Disorders - Other</b>                  |           |                                                  |
| <b>Ammonia Inhibitors</b>                                        |           |                                                  |
| ENULOSE ORAL SOLUTION 10 GRAM/15 ML                              | Tier 2    |                                                  |



| Drug Name                                                                                           | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|-----------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------|
| GENERLAC ORAL SOLUTION 10 GRAM/15 ML                                                                | Tier 2    |                                                  |
| <b>Antidiarrheals</b>                                                                               |           |                                                  |
| <i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>                                         | Tier 2    |                                                  |
| <i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>                                              | Tier 2    |                                                  |
| <i>paregoric oral liquid 2 mg/5 ml</i>                                                              | Tier 2    | DS                                               |
| <b>Bile Salts</b>                                                                                   |           |                                                  |
| <i>ursodiol oral tablet 250 mg, 500 mg</i>                                                          | Tier 2    |                                                  |
| <b>Laxatives And Cathartics</b>                                                                     |           |                                                  |
| COLYTE WITH FLAVOR PACKS ORAL RECON SOLN 240-22.72-6.72 -5.84 GRAM                                  | Tier 1    |                                                  |
| CONSTULOSE ORAL SOLUTION 10 GRAM/15 ML                                                              | Tier 2    |                                                  |
| GAVILYTE-C ORAL RECON SOLN 240-22.72-6.72 -5.84 GRAM                                                | Tier 1    |                                                  |
| GAVILYTE-G ORAL RECON SOLN 236-22.74-6.74 -5.86 GRAM                                                | Tier 1    |                                                  |
| GOLYTELY ORAL RECON SOLN 236-22.74-6.74 -5.86 GRAM                                                  | Tier 1    |                                                  |
| <i>lactulose oral solution 10 gram/15 ml</i>                                                        | Tier 2    |                                                  |
| <i>lubiprostone oral capsule 24 mcg, 8 mcg</i>                                                      | Tier 2    | PA                                               |
| <i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 - 5.86 gram, 240-22.72-6.72 - 5.84 gram</i> | Tier 1    |                                                  |
| <b>Medical Supplies</b>                                                                             |           |                                                  |
| <b>Durable Medical Equipment,Misc(Group 1)</b>                                                      |           |                                                  |
| 1ST TIER UNILET COMFORTOUCH 28 GAUGE, 30 GAUGE                                                      | Tier 7    | QL                                               |
| 2-IN-1 LANCET DEVICE 30 GAUGE                                                                       | Tier 7    | QL                                               |

| Drug Name                                           | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|-----------------------------------------------------|-----------|--------------------------------------------------|
| ACCU-CHEK FASTCLIX LANCET DRUM                      | Tier 7    | QL                                               |
| ACCU-CHEK MULTICLIX LANCET                          | Tier 7    | QL                                               |
| ACCU-CHEK SAFE-T-PRO 23 GAUGE                       | Tier 7    | QL                                               |
| ACCU-CHEK SAFE-T-PRO PLUS 23 GAUGE                  | Tier 7    | QL                                               |
| ACCU-CHEK SOFTCLIX LANCETS                          | Tier 7    | QL                                               |
| ACTI-LANCE LANCETS 23 GAUGE, 28 GAUGE               | Tier 7    | QL                                               |
| ADVANCED TRAVEL LANCETS 28 GAUGE, 30 GAUGE          | Tier 7    | QL                                               |
| ADVOCATE LANCET 26 GAUGE, 30 GAUGE                  | Tier 7    | QL                                               |
| ALTERNATE SITE LANCET 26 GAUGE                      | Tier 7    | QL                                               |
| ASSURE HAEMOLANCE PLUS 18 GAUGE, 21 GAUGE, 28 GAUGE | Tier 7    | QL                                               |
| ASSURE LANCE 28 GAUGE                               | Tier 7    | QL                                               |
| ASSURE LANCE PLUS 21 GAUGE, 30 GAUGE                | Tier 7    | QL                                               |
| BD MICROTAINER LANCET 21 GAUGE, 30 GAUGE            | Tier 7    | QL                                               |
| BD ULTRA FINE LANCETS 33 GAUGE                      | Tier 7    | QL                                               |
| BD ULTRA-FINE II LANCETS 30 GAUGE                   | Tier 7    | QL                                               |
| BULLSEYE MINI SAFETY LANCETS 21 GAUGE, 28 GAUGE     | Tier 7    | QL                                               |
| BUTTERFLY TOUCH LANCET 30 GAUGE                     | Tier 7    | QL                                               |
| CAREONE THIN LANCET                                 | Tier 7    | QL                                               |
| CAREONE ULTRA THIN LANCET                           | Tier 7    | QL                                               |
| CARESENS LANCETS 30 GAUGE                           | Tier 7    | QL                                               |

| Drug Name                                                                            | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|--------------------------------------------------------------------------------------|-----------|--------------------------------------------------|
| CARETOUCH SAFETY LANCETS 26 GAUGE, 28 GAUGE                                          | Tier 7    | QL                                               |
| CARETOUCH TWIST LANCET 28 GAUGE, 30 GAUGE, 33 GAUGE                                  | Tier 7    | QL                                               |
| CLEVER CHEK LANCETS 30 GAUGE                                                         | Tier 7    | QL                                               |
| COAGUCHEK LANCETS                                                                    | Tier 7    | QL                                               |
| COLOR LANCETS 21 GAUGE                                                               | Tier 7    | QL                                               |
| COMFORT EZ LANCETS 21 GAUGE, 23 GAUGE, 28 GAUGE                                      | Tier 7    | QL                                               |
| COMFORT LANCETS                                                                      | Tier 7    | QL                                               |
| COMFORT TOUCH PLUS SAFETY LANC 30 GAUGE                                              | Tier 7    | QL                                               |
| COMFORT TOUCH ULT THIN LANCETS 31 GAUGE                                              | Tier 7    | QL                                               |
| DROPLET LANCETS 30 GAUGE                                                             | Tier 7    | QL                                               |
| EASY COMFORT LANCETS 30 GAUGE                                                        | Tier 7    | QL                                               |
| EASY TOUCH LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE                            | Tier 7    | QL                                               |
| EASY TOUCH SAFETY LANCETS 21 GAUGE, 23 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE | Tier 7    | QL                                               |
| EASY TOUCH TWIST LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE, 33 GAUGE            | Tier 7    | QL                                               |
| EASY TWIST AND CAP LANCETS 28 GAUGE                                                  | Tier 7    | QL                                               |
| EMBRACE LANCETS 30 GAUGE                                                             | Tier 7    | QL                                               |
| EMBRACE SAFETY LANCET 21 GAUGE, 28 GAUGE                                             | Tier 7    | QL                                               |

| Drug Name                                                         | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|-------------------------------------------------------------------|-----------|--------------------------------------------------|
| E-Z JECT LANCETS , 26 GAUGE, 30 GAUGE, 32 GAUGE, 33 GAUGE         | Tier 7    | QL                                               |
| E-Z JECT THIN LANCETS 28 GAUGE                                    | Tier 7    | QL                                               |
| EZ SMART LANCETS 28 GAUGE                                         | Tier 7    | QL                                               |
| EZ-LETS 26 GAUGE                                                  | Tier 7    | QL                                               |
| FIFTY50 SAFETY SEAL LANCETS 30 GAUGE, 32 GAUGE                    | Tier 7    | QL                                               |
| FINE 30 UNIVERSAL LANCETS 30 GAUGE                                | Tier 7    | QL                                               |
| FINGERSTIX LANCETS                                                | Tier 7    | QL                                               |
| FORACARE LANCETS 30 GAUGE                                         | Tier 7    | QL                                               |
| FREESTYLE LANCETS 28 GAUGE                                        | Tier 7    | QL                                               |
| FREESTYLE UNISTIK 2                                               | Tier 7    | QL                                               |
| GLUCOCOM LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE                     | Tier 7    | QL                                               |
| GOJJI LANCETS 30 GAUGE                                            | Tier 7    | QL                                               |
| HEALTHY ACCENTS UNILET LANCET 30 GAUGE                            | Tier 7    | QL                                               |
| INCONTROL SUPER THIN LANCETS 30 GAUGE                             | Tier 7    | QL                                               |
| INCONTROL ULTRA THIN LANCETS 28 GAUGE                             | Tier 7    | QL                                               |
| INJECT EASE LANCETS 28 GAUGE, 30 GAUGE                            | Tier 7    | QL                                               |
| INVACARE LANCETS 30 GAUGE                                         | Tier 7    | QL                                               |
| <i>lancets , 21 gauge, 26 gauge, 28 gauge, 30 gauge, 33 gauge</i> | Tier 7    | QL                                               |
| LANCETS, SUPER THIN                                               | Tier 7    | QL                                               |
| LANCETS, THIN , 23 GAUGE, 28 GAUGE                                | Tier 7    | QL                                               |
| LANCETS, ULTRA THIN , 26 GAUGE                                    | Tier 7    | QL                                               |

| Drug Name                                       | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|-------------------------------------------------|-----------|--------------------------------------------------|
| LITE TOUCH LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE | Tier 7    | QL                                               |
| MEDISENSE THIN LANCETS 28 GAUGE                 | Tier 7    | QL                                               |
| MEDLANCE PLUS LANCETS 21 GAUGE, 30 GAUGE        | Tier 7    | QL                                               |
| MICRO THIN LANCETS 33 GAUGE                     | Tier 7    | QL                                               |
| MICROLET LANCET                                 | Tier 7    | QL                                               |
| MONOLET LANCETS 21 GAUGE                        | Tier 7    | QL                                               |
| MONOLET THIN LANCETS 28 GAUGE                   | Tier 7    | QL                                               |
| MYGLUCOHEALTH LANCETS 30 GAUGE                  | Tier 7    | QL                                               |
| NOVA SAFETY LANCETS 23 GAUGE, 28 GAUGE          | Tier 7    | QL                                               |
| NOVA SUREFLEX LANCETS                           | Tier 7    | QL                                               |
| ON CALL LANCET 30 GAUGE                         | Tier 7    | QL                                               |
| ON CALL PLUS LANCET 30 GAUGE                    | Tier 7    | QL                                               |
| ONETOUCH DELICA LANCETS 30 GAUGE, 33 GAUGE      | Tier 7    | QL                                               |
| ONETOUCH DELICA PLUS LANCET 30 GAUGE, 33 GAUGE  | Tier 7    | QL                                               |
| ONETOUCH DELICA SAFETY LANCET 30 GAUGE          | Tier 7    | QL                                               |
| ONETOUCH SURESOFT LANCING DEV 28 GAUGE          | Tier 7    | QL                                               |
| ONETOUCH ULTRASOFT LANCETS                      | Tier 7    | QL                                               |
| ON-THE-GO LANCETS 30 GAUGE                      | Tier 7    | QL                                               |
| PIP LANCET 28 GAUGE, 30 GAUGE                   | Tier 7    | QL                                               |
| PRESSURE ACTIVATED LANCETS 21 GAUGE, 28 GAUGE   | Tier 7    | QL                                               |

| Drug Name                                                                  | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|----------------------------------------------------------------------------|-----------|--------------------------------------------------|
| PRO COMFORT LANCET 30 GAUGE, 31 GAUGE                                      | Tier 7    | QL                                               |
| PRODIGY LANCETS 26 GAUGE, 28 GAUGE                                         | Tier 7    | QL                                               |
| PRODIGY TWIST TOP LANCET 28 GAUGE                                          | Tier 7    | QL                                               |
| PURE COMFORT LANCETS 30 GAUGE                                              | Tier 7    | QL                                               |
| PURE COMFORT SAFETY LANCETS 30 GAUGE                                       | Tier 7    | QL                                               |
| PUSH BUTTON SAFETY LANCETS 21 GAUGE, 28 GAUGE                              | Tier 7    | QL                                               |
| READYLANCE SAFETY LANCETS 21 GAUGE, 23 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE | Tier 7    | QL                                               |
| RELIAMED LANCET 23 GAUGE, 28 GAUGE, 30 GAUGE                               | Tier 7    | QL                                               |
| RELIAMED SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE                            | Tier 7    | QL                                               |
| RELIAMED TWIST AND CAP LANCET 28 GAUGE                                     | Tier 7    | QL                                               |
| RELION THIN LANCETS 26 GAUGE                                               | Tier 7    | QL                                               |
| RELION ULTRA THIN PLUS LANCETS                                             | Tier 7    | QL                                               |
| RIGHTEST GL300 LANCETS 30 GAUGE                                            | Tier 7    | QL                                               |
| SAFETY LANCETS 21 GAUGE, 26 GAUGE, 28 GAUGE                                | Tier 7    | QL                                               |
| SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE                                     | Tier 7    | QL                                               |
| SAFETY-LET LANCETS 30 GAUGE                                                | Tier 7    | QL                                               |
| SINGLE-LET                                                                 | Tier 7    | QL                                               |
| SMART SENSE LANCETS 21 GAUGE, 26 GAUGE, 33 GAUGE                           | Tier 7    | QL                                               |
| SMARTEST LANCET                                                            | Tier 7    | QL                                               |

| Drug Name                                                             | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|-----------------------------------------------------------------------|-----------|--------------------------------------------------|
| SOFT TOUCH LANCETS                                                    | Tier 7    | QL                                               |
| SOLUS V2 LANCETS 28 GAUGE, 30 GAUGE                                   | Tier 7    | QL                                               |
| STERILANCE TL 30 GAUGE, 32 GAUGE                                      | Tier 7    | QL                                               |
| SUPER THIN LANCETS , 28 GAUGE, 30 GAUGE                               | Tier 7    | QL                                               |
| SURE COMFORT LANCETS 18 GAUGE, 21 GAUGE, 23 GAUGE, 28 GAUGE, 30 GAUGE | Tier 7    | QL                                               |
| SURE-LANCE , 26 GAUGE, 28 GAUGE                                       | Tier 7    | QL                                               |
| SURE-LANCE ULTRA THIN 30 GAUGE                                        | Tier 7    | QL                                               |
| SURE-TOUCH LANCET                                                     | Tier 7    | QL                                               |
| TECHLITE LANCETS 28 GAUGE, 30 GAUGE                                   | Tier 7    | QL                                               |
| TELCARE LANCETS 30 GAUGE                                              | Tier 7    | QL                                               |
| THIN LANCETS 26 GAUGE                                                 | Tier 7    | QL                                               |
| TOPCARE UNIVERSAL1 LANCET , 33 GAUGE                                  | Tier 7    | QL                                               |
| TRUE COMFORT LANCET 30 GAUGE                                          | Tier 7    | QL                                               |
| TRUEPLUS LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 33 GAUGE               | Tier 7    | QL                                               |
| TWIST LANCETS 30 GAUGE, 32 GAUGE                                      | Tier 7    | QL                                               |
| ULTILET BASIC LANCETS 30 GAUGE                                        | Tier 7    | QL                                               |
| ULTILET CLASSIC LANCETS , 28 GAUGE, 30 GAUGE, 33 GAUGE                | Tier 7    | QL                                               |
| ULTILET LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE                          | Tier 7    | QL                                               |
| ULTILET SAFETY LANCETS 23 GAUGE                                       | Tier 7    | QL                                               |
| ULTRA FINE LANCETS 30 GAUGE                                           | Tier 7    | QL                                               |
| ULTRA THIN II LANCETS 30 GAUGE                                        | Tier 7    | QL                                               |

| Drug Name                                                   | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|-------------------------------------------------------------|-----------|--------------------------------------------------|
| ULTRA THIN LANCETS , 28 GAUGE, 30 GAUGE, 31 GAUGE, 33 GAUGE | Tier 7    | QL                                               |
| ULTRA THIN PLUS LANCETS 33 GAUGE                            | Tier 7    | QL                                               |
| ULTRA TLC LANCETS                                           | Tier 7    | QL                                               |
| ULTRA-CARE LANCETS 30 GAUGE                                 | Tier 7    | QL                                               |
| ULTRALANCE LANCETS 26 GAUGE, 28 GAUGE                       | Tier 7    | QL                                               |
| ULTRA-THIN II LANCETS 26 GAUGE, 28 GAUGE                    | Tier 7    | QL                                               |
| UNILET COMFORTOUCH LANCET , 26 GAUGE                        | Tier 7    | QL                                               |
| UNILET EXCELITE II LANCET                                   | Tier 7    | QL                                               |
| UNILET EXCELITE LANCET                                      | Tier 7    | QL                                               |
| UNILET GP LANCET                                            | Tier 7    | QL                                               |
| UNILET LANCET 28 GAUGE, 33 GAUGE                            | Tier 7    | QL                                               |
| UNILET LANCETS 30 GAUGE                                     | Tier 7    | QL                                               |
| UNILET SUPER THIN LANCETS 30 GAUGE                          | Tier 7    | QL                                               |
| UNISTIK 3 COMFORT LANCET                                    | Tier 7    | QL                                               |
| UNISTIK 3 EXTRA LANCET 21 GAUGE                             | Tier 7    | QL                                               |
| UNISTIK 3 GENTLE 30 GAUGE                                   | Tier 7    | QL                                               |
| UNISTIK 3 LANCETS 21 GAUGE                                  | Tier 7    | QL                                               |
| UNISTIK 3 NORMAL LANCET 23 GAUGE                            | Tier 7    | QL                                               |
| UNISTIK COMFORT LANCETS 28 GAUGE                            | Tier 7    |                                                  |
| UNISTIK CZT LANCET 23 GAUGE, 28 GAUGE                       | Tier 7    | QL                                               |
| UNISTIK EXTRA LANCETS 21 GAUGE                              | Tier 7    |                                                  |
| UNISTIK NORMAL LANCETS 23 GAUGE                             | Tier 7    |                                                  |

| Drug Name                                                                                                                                                                                                              | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------|
| UNISTIK PRO LANCET 21 GAUGE, 28 GAUGE                                                                                                                                                                                  | Tier 7    | QL                                               |
| UNISTIK SAFETY 28 GAUGE, 30 GAUGE                                                                                                                                                                                      | Tier 7    | QL                                               |
| UNISTIK TOUCH LANCETS 21 GAUGE, 23 GAUGE, 28 GAUGE, 30 GAUGE                                                                                                                                                           | Tier 7    | QL                                               |
| UNIVERSAL 1 LANCETS 21 GAUGE, 26 GAUGE, 30 GAUGE, 33 GAUGE                                                                                                                                                             | Tier 7    | QL                                               |
| VIVAGUARD LANCET 30 GAUGE                                                                                                                                                                                              | Tier 7    | QL                                               |
| <b>Syringes And Accessories</b>                                                                                                                                                                                        |           |                                                  |
| ADVOCATE SYRINGES SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 | Tier 7    |                                                  |
| BD ECLIPSE LUER-LOK SYRINGE 1 ML 30 GAUGE X 1/2"                                                                                                                                                                       | Tier 7    |                                                  |
| BD INSULIN SYRINGE (HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 5/16"                                                                                                                                                         | Tier 7    |                                                  |
| BD INSULIN SYRINGE MICRO-FINE SYRINGE 1 ML 28 GAUGE X 1/2"                                                                                                                                                             | Tier 7    |                                                  |
| BD INSULIN SYRINGE SAFETY-LOK SYRINGE 1 ML 29 GAUGE X 1/2"                                                                                                                                                             | Tier 7    |                                                  |
| BD INSULIN SYRINGE SLIP TIP SYRINGE 1 ML                                                                                                                                                                               | Tier 7    |                                                  |
| BD INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 1 ML 25 GAUGE X 5/8", 1 ML 25 X 1", 1 ML 26 X 1/2", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"                                                | Tier 7    |                                                  |

| Drug Name                                                                                                                                                                          | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------|
| BD INSULIN SYRINGE ULTRA-FINE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16 | Tier 7    |                                                  |
| BD LO-DOSE MICRO-FINE IV SYRINGE 1/2 ML 28 GAUGE X 1/2"                                                                                                                            | Tier 7    |                                                  |
| BD LO-DOSE ULTRA-FINE SYRINGE 0.5 ML 29 GAUGE X 1/2"                                                                                                                               | Tier 7    |                                                  |
| BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2"                                                                      | Tier 7    |                                                  |
| BD SAFETYGLIDE SYRINGE SYRINGE 1 ML 27 GAUGE X 5/8"                                                                                                                                | Tier 7    |                                                  |
| BD VEO INSULIN SYR (HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 15/64"                                                                                                                    | Tier 7    |                                                  |
| BD VEO INSULIN SYRINGE UF SYRINGE 0.3 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 15/64", 1/2 ML 31 GAUGE X 15/64"                                                                       | Tier 7    |                                                  |
| CARETOUCH INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16                            | Tier 7    |                                                  |

| Drug Name                                                                                                                                                                                                                                                                                                                                           | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------|
| COMFORT EZ INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2" | Tier 7    |                                                  |
| DROPLET INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16                                                                                                                            | Tier 7    |                                                  |
| EASY COMFORT INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16                                                                                                                                            | Tier 7    |                                                  |
| EASY GLIDE INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 15/64", 1/2 ML 31 GAUGE X 15/64"                                                                                                                                                                                                                                       | Tier 7    |                                                  |

| Drug Name                                                                                                                                                                                                                                                                                                                                                                                                               | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------|
| EASY TOUCH INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 27 GAUGE X 1/2", 1 ML 27 GAUGE X 5/8", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2" | Tier 7    |                                                  |
| EASY TOUCH LUER LOCK INSULIN SYRINGE 1 ML                                                                                                                                                                                                                                                                                                                                                                               | Tier 7    |                                                  |
| EASY TOUCH UNI-SLIP SYRINGE 1 ML                                                                                                                                                                                                                                                                                                                                                                                        | Tier 7    |                                                  |
| EXEL INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2"                                                                                                                                                                                                                                                                                                                              | Tier 7    |                                                  |
| FREESTYLE PRECISION SYRINGE 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16                                                                                                                                                                                                                                                                                                | Tier 7    |                                                  |
| HEALTHWISE INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16                                                                                                                                                                                                                                       | Tier 7    |                                                  |
| INSULIN SYRINGE MICROFINE SYRINGE 1 ML 27 GAUGE X 5/8", 1/2 ML 28 GAUGE X 1/2"                                                                                                                                                                                                                                                                                                                                          | Tier 7    |                                                  |
| <i>insulin syringe needleless syringe 1 ml</i>                                                                                                                                                                                                                                                                                                                                                                          | Tier 7    |                                                  |



| Drug Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------|
| INSULIN SYRINGE<br>SYRINGE 0.5 ML 29<br>GAUGE X 1/2", 1 ML 29<br>GAUGE X 1/2"                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Tier 7    |                                                  |
| <i>insulin syringe-needle u-100<br/>syringe 0.3 ml 29 gauge, 0.3<br/>ml 30, 0.3 ml 30 gauge x<br/>1/2", 0.3 ml 30 gauge x<br/>5/16", 0.3 ml 31 gauge x<br/>15/64", 0.3 ml 31 gauge x<br/>5/16", 0.5 ml 29 gauge x<br/>1/2", 0.5 ml 30 gauge x 1/2",<br/>0.5 ml 30 gauge x 5/16", 0.5<br/>ml 31 gauge x 5/16", 1 ml 27<br/>gauge x 1/2", 1 ml 28 gauge,<br/>1 ml 28 gauge x 1/2", 1 ml<br/>29 gauge x 1/2", 1 ml 29<br/>gauge x 7/16", 1 ml 30<br/>gauge x 1/2", 1 ml 30 gauge<br/>x 3/8", 1 ml 30 gauge x 5/16",<br/>1 ml 30 gauge x 7/16", 1 ml<br/>31 gauge x 15/64", 1 ml 31<br/>gauge x 5/16, 1/2 ml 27<br/>gauge x 1/2", 1/2 ml 28<br/>gauge, 1/2 ml 28 gauge x<br/>1/2", 1/2 ml 29, 1/2 ml 30<br/>gauge, 1/2 ml 31 gauge x<br/>15/64"</i> | Tier 7    |                                                  |
| LITE TOUCH INSULIN<br>SYRINGE SYRINGE 0.3<br>ML 30 GAUGE X 5/16",<br>0.3 ML 31 GAUGE X<br>5/16", 0.5 ML 29 GAUGE<br>X 1/2", 0.5 ML 30 GAUGE<br>X 5/16", 0.5 ML 31<br>GAUGE X 5/16", 1 ML 28<br>GAUGE, 1 ML 28<br>GAUGE X 1/2", 1 ML 29<br>GAUGE, 1 ML 29<br>GAUGE X 1/2", 1 ML 30<br>GAUGE X 5/16, 1 ML 30<br>GAUGE X 7/16", 1 ML 31<br>GAUGE X 5/16, 1/2 ML<br>28 GAUGE, 1/2 ML 28<br>GAUGE X 1/2", 1/2 ML 29<br>, 1/2 ML 30 GAUGE                                                                                                                                                                                                                                                                                                             | Tier 7    |                                                  |
| MAXICOMFORT<br>INSULIN SYRINGE<br>SYRINGE 1 ML 27<br>GAUGE X 1/2", 1/2 ML 27<br>GAUGE X 1/2"                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Tier 7    |                                                  |

| Drug Name                                                                                                                                                                                                                                                                                                                                                                | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------|
| MAXI-COMFORT<br>INSULIN SYRINGE<br>SYRINGE 1 ML 28<br>GAUGE X 1/2", 1/2 ML 28<br>GAUGE X 1/2"                                                                                                                                                                                                                                                                            | Tier 7    |                                                  |
| MINIMED SYRINGE<br>RESERVOIR 1.8 ML                                                                                                                                                                                                                                                                                                                                      | Tier 7    |                                                  |
| MONOJECT INSULIN<br>SAFETY SYRING<br>SYRINGE 0.3 ML 30<br>GAUGE X 5/16", 0.5 ML<br>29 GAUGE X 1/2", 0.5 ML<br>30 GAUGE X 5/16", 29<br>GAUGE X 1/2"                                                                                                                                                                                                                       | Tier 7    |                                                  |
| MONOJECT INSULIN<br>SYRINGE SYRINGE 0.3<br>ML 30 GAUGE X 5/16",<br>0.3 ML 31 GAUGE X<br>5/16", 0.5 ML 29 GAUGE<br>X 1/2", 0.5 ML 30 GAUGE<br>X 5/16", 0.5 ML 31<br>GAUGE X 5/16", 1 ML , 1<br>ML 25 GAUGE X 5/8", 1<br>ML 27 GAUGE X 1/2", 1<br>ML 28 GAUGE X 1/2", 1<br>ML 29 GAUGE X 1/2", 1<br>ML 30 GAUGE X 5/16, 1<br>ML 31 GAUGE X 5/16,<br>1/2 ML 28 GAUGE X 1/2" | Tier 7    |                                                  |
| MONOJECT SYRINGE<br>SYRINGE 1/2 ML 28<br>GAUGE                                                                                                                                                                                                                                                                                                                           | Tier 7    |                                                  |
| MONOJECT ULTRA<br>COMFORT INSULIN<br>SYRINGE 1/2 ML 28<br>GAUGE                                                                                                                                                                                                                                                                                                          | Tier 7    |                                                  |
| PARADIGM<br>RESERVOIR 1.8 ML                                                                                                                                                                                                                                                                                                                                             | Tier 7    |                                                  |
| PRO COMFORT<br>INSULIN SYRINGE<br>SYRINGE 0.5 ML 30<br>GAUGE X 1/2", 0.5 ML 30<br>GAUGE X 5/16", 0.5 ML<br>31 GAUGE X 5/16", 1 ML<br>30 GAUGE X 1/2", 1 ML<br>30 GAUGE X 5/16, 1 ML<br>31 GAUGE X 5/16                                                                                                                                                                   | Tier 7    |                                                  |

| Drug Name                                                                                                                                                                                                                                                                                                                     | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------|
| PRODIGY INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2"                                                                                                                                                                                                                        | Tier 7    |                                                  |
| SAFESNAP INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"                                                                                                                                                                         | Tier 7    |                                                  |
| SURE COMFORT INS. SYR. U-100 SYRINGE 0.5 ML 29 GAUGE X 1/2"                                                                                                                                                                                                                                                                   | Tier 7    |                                                  |
| SURE COMFORT INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2" | Tier 7    |                                                  |
| SURE-JECT INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2"                                                  | Tier 7    |                                                  |

| Drug Name                                                                                                                                                                                                                                | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------|
| TECHLITE INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16                                                                                          | Tier 7    |                                                  |
| TECHLITE INSULN SYR(HALF UNIT) SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16"                                                                                                                         | Tier 7    |                                                  |
| TERUMO INSULIN SYRINGE SYRINGE 0.3 ML 30 X 3/8", 0.5 ML 29 GAUGE X 1/2", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 X 3/8"                              | Tier 7    |                                                  |
| THINPRO INSULIN SYRINGE SYRINGE 0.3 ML 30 X 3/8", 0.3 ML 31 X 3/8", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 X 3/8", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 3/8", 1 ML 31 X 3/8", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 X 3/8" | Tier 7    |                                                  |
| TOPCARE ULTRA COMFORT SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16               | Tier 7    |                                                  |
| TRUE COMFORT INSULIN SYRINGE SYRINGE 0.5 ML 31 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16                                                                                                                                                       | Tier 7    |                                                  |

| Drug Name                                                                                                                                                                                                                                                              | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------|
| TRUE COMFORT PRO INS SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16                                                                                        | Tier 7    |                                                  |
| TRUEPLUS INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2"    | Tier 7    |                                                  |
| ULTICARE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16                                                                                                          | Tier 7    |                                                  |
| ULILET INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE, 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 29 | Tier 7    |                                                  |
| ULTRA CMFT INS SYR (HALF UNIT) SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16"                                                                                                                                                                                 | Tier 7    |                                                  |

| Drug Name                                                                                                                                                                                                                                                                                                                                                                                     | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------|
| ULTRA COMFORT INSULIN SYRINGE SYRINGE 0.3 ML 30, 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 30 GAUGE X 7/16", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 29, 1/2 ML 30 GAUGE | Tier 7    |                                                  |
| ULTRA FLO INSUL SYR(HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 5/16"                                                                                                                                                                                                                                                                                                                                | Tier 7    |                                                  |
| ULTRA FLO INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2"                                                                                                                                                                                                                                                                                    | Tier 7    |                                                  |
| ULTRACARE INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16                                                                                                                                                                | Tier 7    |                                                  |
| ULTRA-THIN II (SHORT) INS SYR SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16                                                                                                                                                                                                          | Tier 7    |                                                  |

| Drug Name                                                                                 | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|-------------------------------------------------------------------------------------------|-----------|--------------------------------------------------|
| ULTRA-THIN II INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"        | Tier 7    |                                                  |
| VANISHPOINT SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"                  | Tier 7    |                                                  |
| <b>Miscellaneous Agents</b>                                                               |           |                                                  |
| <b>Anaphylaxis Therapy Agents</b>                                                         |           |                                                  |
| ADYPHREN AMP INJECTION KIT 1 MG/ML                                                        | Tier 3    |                                                  |
| ADYPHREN INJECTION KIT 1 MG/ML                                                            | Tier 3    |                                                  |
| EPINEPHINE PROFESSIONAL EMS INJECTION KIT 1 MG/ML                                         | Tier 2    |                                                  |
| <i>epinephrine injection auto-injector 0.15 mg/0.15 ml, 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i> | Tier 2    | QL                                               |
| EPINEPHRINE PROFESSIONAL INJECTION KIT 1 MG/ML                                            | Tier 2    |                                                  |
| EPINEPHRINESNAP-EMS INJECTION KIT 1 MG/ML                                                 | Tier 3    |                                                  |
| EPINEPHRINESNAP-V INJECTION KIT 1 MG/ML                                                   | Tier 2    |                                                  |
| EPISNAP INJECTION KIT 1 MG/ML                                                             | Tier 3    |                                                  |
| <b>Parasympathetic Agents</b>                                                             |           |                                                  |
| <i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>                         | Tier 2    |                                                  |
| <i>pilocarpine hcl oral tablet 5 mg</i>                                                   | Tier 2    |                                                  |
| <b>Neoplastic Disease</b>                                                                 |           |                                                  |
| <b>Alkylating Agents</b>                                                                  |           |                                                  |
| <i>carboplatin intravenous recon soln 150 mg</i>                                          | Tier 2    |                                                  |

| Drug Name                                                       | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|-----------------------------------------------------------------|-----------|--------------------------------------------------|
| <i>cyclophosphamide intravenous recon soln 1 gram, 2 gram</i>   | Tier 6    |                                                  |
| <i>cyclophosphamide oral capsule 25 mg, 50 mg</i>               | Tier 3    |                                                  |
| GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG                     | Tier 3    |                                                  |
| <i>hydroxyurea oral capsule 500 mg</i>                          | Tier 2    |                                                  |
| IFEX INTRAVENOUS RECON SOLN 3 GRAM                              | Tier 6    |                                                  |
| <i>ifosfamide intravenous recon soln 3 gram</i>                 | Tier 6    |                                                  |
| LEUKERAN ORAL TABLET 2 MG                                       | Tier 3    |                                                  |
| <i>melphalan oral tablet 2 mg</i>                               | Tier 2    |                                                  |
| MYLERAN ORAL TABLET 2 MG                                        | Tier 3    |                                                  |
| <i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 250 mg</i> | Tier 5    | DS                                               |
| <i>temozolomide oral capsule 20 mg, 5 mg</i>                    | Tier 2    |                                                  |
| <i>thiotepa injection recon soln 15 mg</i>                      | Tier 6    | DS                                               |
| <b>Antiandrogenic Agents</b>                                    |           |                                                  |
| <i>abiraterone oral tablet 250 mg</i>                           | Tier 2    | DS                                               |
| <i>bicalutamide oral tablet 50 mg</i>                           | Tier 2    |                                                  |
| <i>flutamide oral capsule 125 mg</i>                            | Tier 2    |                                                  |
| XTANDI ORAL CAPSULE 40 MG                                       | Tier 5    | DS; PR                                           |
| XTANDI ORAL TABLET 80 MG                                        | Tier 5    | DS; PR                                           |
| <b>Antibiotic Antineoplastics</b>                               |           |                                                  |
| ADRIAMYCIN INTRAVENOUS RECON SOLN 50 MG                         | Tier 6    |                                                  |
| <i>bleomycin injection recon soln 15 unit, 30 unit</i>          | Tier 6    |                                                  |
| <i>daunorubicin intravenous solution 5 mg/ml</i>                | Tier 6    |                                                  |

| Drug Name                                                            | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|----------------------------------------------------------------------|-----------|--------------------------------------------------|
| <i>doxorubicin intravenous recon soln 50 mg</i>                      | Tier 6    |                                                  |
| <i>mitomycin intravenous recon soln 40 mg, 5 mg</i>                  | Tier 6    |                                                  |
| MUTAMYCIN INTRAVENOUS RECON SOLN 40 MG, 5 MG                         | Tier 6    |                                                  |
| <b>Anti-Cd20 (B Lymphocyte) Monoclonal Antibody</b>                  |           |                                                  |
| RIABNI INTRAVENOUS SOLUTION 10 MG/ML                                 | Tier 6    |                                                  |
| <b>Antimetabolites</b>                                               |           |                                                  |
| ADRUCIL INTRAVENOUS SOLUTION 5 GRAM/100 ML                           | Tier 6    |                                                  |
| <i>azacitidine injection recon soln 100 mg</i>                       | Tier 6    |                                                  |
| <i>capecitabine oral tablet 150 mg</i>                               | Tier 2    |                                                  |
| <i>capecitabine oral tablet 500 mg</i>                               | Tier 2    | MO                                               |
| <i>cytarabine (pf) injection solution 2 gram/20 ml (100 mg/ml)</i>   | Tier 6    |                                                  |
| <i>cytarabine injection solution 20 mg/ml</i>                        | Tier 6    |                                                  |
| <i>fluorouracil intravenous solution 1 gram/20 ml, 5 gram/100 ml</i> | Tier 6    |                                                  |
| <i>gemcitabine intravenous recon soln 200 mg</i>                     | Tier 6    |                                                  |
| <i>mercaptopurine oral tablet 50 mg</i>                              | Tier 2    | MO                                               |
| <i>methotrexate sodium (pf) injection solution 25 mg/ml</i>          | Tier 6    | MO                                               |
| <i>methotrexate sodium injection solution 25 mg/ml</i>               | Tier 2    | MO                                               |
| <i>methotrexate sodium oral tablet 2.5 mg</i>                        | Tier 2    |                                                  |
| <i>pemetrexed disodium intravenous solution 25 mg/ml</i>             | Tier 6    |                                                  |
| PURIXAN ORAL SUSPENSION 20 MG/ML                                     | Tier 5    | DS                                               |
| TABLOID ORAL TABLET 40 MG                                            | Tier 3    | MO                                               |

| Drug Name                                                                  | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|----------------------------------------------------------------------------|-----------|--------------------------------------------------|
| <b>Antineoplast Egf Receptor Blocker Rcmb Mc Antibody</b>                  |           |                                                  |
| ERBITUX INTRAVENOUS SOLUTION 100 MG/50 ML                                  | Tier 6    |                                                  |
| KANJINTI INTRAVENOUS RECON SOLN 420 MG                                     | Tier 6    |                                                  |
| <b>Antineoplast Hum Vegf Inhibitor Recomb Mc Antibody</b>                  |           |                                                  |
| MVASI INTRAVENOUS SOLUTION 25 MG/ML                                        | Tier 6    |                                                  |
| <b>Antineoplastic Aromatase Inhibitors</b>                                 |           |                                                  |
| <i>anastrozole oral tablet 1 mg</i>                                        | Tier 2    |                                                  |
| <i>exemestane oral tablet 25 mg</i>                                        | Tier 2    |                                                  |
| <i>letrozole oral tablet 2.5 mg</i>                                        | Tier 2    |                                                  |
| <b>Antineoplastic - Braf Kinase Inhibitors</b>                             |           |                                                  |
| ZELBORAF ORAL TABLET 240 MG                                                | Tier 5    | DS                                               |
| <b>Antineoplastic - Mek1 And Mek2 Kinase Inhibitors</b>                    |           |                                                  |
| COTELLIC ORAL TABLET 20 MG                                                 | Tier 3    | DS                                               |
| <b>Antineoplastic - Mtor Kinase Inhibitors</b>                             |           |                                                  |
| <i>everolimus (antineoplastic) oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i> | Tier 5    | DS                                               |
| <b>Antineoplastic Immunomodulator Agents</b>                               |           |                                                  |
| <i>lenalidomide oral capsule 10 mg, 15 mg, 25 mg, 5 mg</i>                 | Tier 5    | DS                                               |
| REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG             | Tier 5    | DS                                               |
| <b>Antineoplastic Systemic Enzyme Inhibitors</b>                           |           |                                                  |
| ALECENSA ORAL CAPSULE 150 MG                                               | Tier 3    | DS                                               |

| Drug Name                                                      | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|----------------------------------------------------------------|-----------|--------------------------------------------------|
| ALIQOPA INTRAVENOUS RECON SOLN 60 MG                           | Tier 6    |                                                  |
| BRUKINSA ORAL CAPSULE 80 MG                                    | Tier 5    | DS; PR                                           |
| CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG               | Tier 5    | DS                                               |
| CALQUENCE ORAL CAPSULE 100 MG                                  | Tier 5    | DS                                               |
| <i>erlotinib oral tablet 100 mg, 150 mg, 25 mg</i>             | Tier 2    | DS                                               |
| IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG                     | Tier 5    | DS                                               |
| IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG                      | Tier 5    | DS                                               |
| <i>imatinib oral tablet 100 mg, 400 mg</i>                     | Tier 2    | DS                                               |
| IMBRUVICA ORAL CAPSULE 140 MG, 70 MG                           | Tier 5    | PA; DS                                           |
| IMBRUVICA ORAL TABLET 420 MG, 560 MG                           | Tier 5    | PA; DS                                           |
| IRESSA ORAL TABLET 250 MG                                      | Tier 5    | DS                                               |
| <i>lapatinib oral tablet 250 mg</i>                            | Tier 5    | DS                                               |
| SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG | Tier 5    | PA; DS                                           |
| <i>sunitinib oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>   | Tier 5    | DS                                               |
| TAGRISSO ORAL TABLET 40 MG, 80 MG                              | Tier 5    | DS                                               |
| TASIGNA ORAL CAPSULE 150 MG, 200 MG                            | Tier 5    | PA; DS                                           |
| TUKYSA ORAL TABLET 150 MG, 50 MG                               | Tier 5    | DS; QL                                           |
| VOTRIENT ORAL TABLET 200 MG                                    | Tier 5    | DS                                               |
| ZYDELIG ORAL TABLET 100 MG, 150 MG                             | Tier 5    | DS                                               |

| Drug Name                                                 | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|-----------------------------------------------------------|-----------|--------------------------------------------------|
| <b>Antineoplastic, Anti-Programmed Death-1 (Pd-1) Mab</b> |           |                                                  |
| KEYTRUDA INTRAVENOUS SOLUTION 25 MG/ML                    | Tier 6    | DS                                               |
| <b>Antineoplastics, Miscellaneous</b>                     |           |                                                  |
| <i>dacarbazine intravenous recon soln 100 mg</i>          | Tier 6    |                                                  |
| <i>etoposide oral capsule 50 mg</i>                       | Tier 2    |                                                  |
| LYSODREN ORAL TABLET 500 MG                               | Tier 3    | DS                                               |
| MATULANE ORAL CAPSULE 50 MG                               | Tier 5    | DS                                               |
| <i>tretinoin (antineoplastic) oral capsule 10 mg</i>      | Tier 2    | DS                                               |
| <b>Anti-Programmed Cell Death-Ligand 1 (Pd-L1) Mab</b>    |           |                                                  |
| BAVENCIO INTRAVENOUS SOLUTION 20 MG/ML                    | Tier 6    |                                                  |
| IMFINZI INTRAVENOUS SOLUTION 50 MG/ML                     | Tier 6    | DS                                               |
| <b>Chemotherapy Rescue/Antidote Agents</b>                |           |                                                  |
| <i>leucovorin calcium injection recon soln 50 mg</i>      | Tier 2    |                                                  |
| <i>leucovorin calcium oral tablet 25 mg</i>               | Tier 2    |                                                  |
| <i>leucovorin calcium oral tablet 5 mg</i>                | Tier 2    | MO                                               |
| MESNEX ORAL TABLET 400 MG                                 | Tier 3    |                                                  |
| <b>Selective Estrogen Receptor Modulators (Serm)</b>      |           |                                                  |
| <i>tamoxifen oral tablet 10 mg, 20 mg</i>                 | Tier 2    |                                                  |
| <b>Steroid Antineoplastics</b>                            |           |                                                  |
| EMCYT ORAL CAPSULE 140 MG                                 | Tier 5    | DS                                               |
| <i>megestrol oral tablet 20 mg, 40 mg</i>                 | Tier 2    | MO                                               |



| Drug Name                                                             | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|-----------------------------------------------------------------------|-----------|--------------------------------------------------|
| <b>Vinca Alkaloids</b>                                                |           |                                                  |
| VINCASAR PFS INTRAVENOUS SOLUTION 1 MG/ML                             | Tier 6    |                                                  |
| <i>vincristine intravenous solution 1 mg/ml</i>                       | Tier 6    |                                                  |
| <i>vinorelbine intravenous solution 50 mg/5 ml</i>                    | Tier 6    |                                                  |
| <b>Neurological Disease - Miscellaneous</b>                           |           |                                                  |
| <b>Agents To Treat Multiple Sclerosis</b>                             |           |                                                  |
| AVONEX (WITH ALBUMIN) INTRAMUSCULAR KIT 30 MCG                        | Tier 5    | PA; DS                                           |
| AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML                   | Tier 5    | PA; DS                                           |
| AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML                        | Tier 5    | PA; DS                                           |
| BETASERON SUBCUTANEOUS KIT 0.3 MG                                     | Tier 3    | DS                                               |
| BETASERON SUBCUTANEOUS RECON SOLN 0.3 MG                              | Tier 3    | DS                                               |
| <i>dimethyl fumarate oral capsule, delayed release (drlec) 120 mg</i> | Tier 2    | QL                                               |
| <i>dimethyl fumarate oral capsule, delayed release (drlec) 240 mg</i> | Tier 2    |                                                  |
| EXTAVIA SUBCUTANEOUS KIT 0.3 MG                                       | Tier 3    | DS                                               |
| EXTAVIA SUBCUTANEOUS RECON SOLN 0.3 MG                                | Tier 3    | DS                                               |
| GILENYA ORAL CAPSULE 0.5 MG                                           | Tier 5    | PA; DS                                           |
| <i>glatiramer subcutaneous syringe 20 mg/ml, 40 mg/ml</i>             | Tier 2    | DS                                               |

| Drug Name                                                           | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|---------------------------------------------------------------------|-----------|--------------------------------------------------|
| GLATOPA SUBCUTANEOUS SYRINGE 20 MG/ML, 40 MG/ML                     | Tier 2    | DS                                               |
| <b>Agts Tx Neuromusc Transmission Dis, Pot-Chan Blkr</b>            |           |                                                  |
| <i>dalfampridine oral tablet extended release 12 hr 10 mg</i>       | Tier 2    |                                                  |
| <b>Amyotrophic Lateral Sclerosis Agents</b>                         |           |                                                  |
| <i>riluzole oral tablet 50 mg</i>                                   | Tier 2    |                                                  |
| <b>Fibromyalgia Agents, Serotonin-Norepineph Ru Inhib</b>           |           |                                                  |
| SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG                   | Tier 3    | PA                                               |
| <b>Movement Disorders (Drug Therapy)</b>                            |           |                                                  |
| <i>tetrabenazine oral tablet 12.5 mg, 25 mg</i>                     | Tier 2    |                                                  |
| <b>Oral/Pharyngeal Disorders</b>                                    |           |                                                  |
| <b>Dental Aids And Preparations</b>                                 |           |                                                  |
| <i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i>     | Tier 2    |                                                  |
| ORALONE DENTAL PASTE 0.1 %                                          | Tier 2    | MO                                               |
| PAROEX ORAL RINSE MUCOUS MEMBRANE MOUTHWASH 0.12 %                  | Tier 2    |                                                  |
| PERIOGARD MUCOUS MEMBRANE MOUTHWASH 0.12 %                          | Tier 2    |                                                  |
| <i>triamcinolone acetonide dental paste 0.1 %</i>                   | Tier 2    | MO                                               |
| <b>Nose Preparations, Miscellaneous (Rx)</b>                        |           |                                                  |
| <i>ipratropium bromide nasal spray, non-aerosol 21 mcg (0.03 %)</i> | Tier 2    | ST                                               |

| Drug Name                                                                      | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|--------------------------------------------------------------------------------|-----------|--------------------------------------------------|
| <b>Periodontal Collagenase Inhibitors</b>                                      |           |                                                  |
| <i>doxycycline hyclate oral tablet 20 mg</i>                                   | Tier 2    | MO                                               |
| <b>Other Drugs</b>                                                             |           |                                                  |
| <b>Acid And Alkali Poison Antidotes</b>                                        |           |                                                  |
| <i>methylene blue (antidote) intravenous solution 1 % (10 mg/ml)</i>           | Tier 2    |                                                  |
| <b>Appetite Stim. For Anorexia, Cachexia, Wasting Synd.</b>                    |           |                                                  |
| <i>megestrol oral suspension 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml)</i> | Tier 2    |                                                  |
| <b>Blood Testing Preparations, In-Vitro</b>                                    |           |                                                  |
| CARETOUCH KETONE TEST STRIP STRIP                                              | Tier 7    |                                                  |
| FORA 6 CONNECT KETONE STRIP STRIP                                              | Tier 7    |                                                  |
| FORA GTEL KETONE TEST STRIP STRIP                                              | Tier 7    |                                                  |
| GOJJI BLOOD KETONE TEST STRIP STRIP                                            | Tier 7    |                                                  |
| NOVAMAX PLUS KETONE STRIP                                                      | Tier 7    |                                                  |
| PRECISION XTRA B-KETONE STRIP                                                  | Tier 7    | QL                                               |
| <b>General Anesthetics - Benzodiazepine, Injectable</b>                        |           |                                                  |
| <i>midazolam (pf) injection solution 5 mg/ml</i>                               | Tier 2    | DS; QL                                           |
| <i>midazolam injection solution 5 mg/ml</i>                                    | Tier 2    | DS; QL                                           |
| <b>General Anesthetics, Inhalant</b>                                           |           |                                                  |
| <i>desflurane inhalation liquid 100 %</i>                                      | Tier 2    |                                                  |
| <i>isoflurane inhalation liquid 99.9 %</i>                                     | Tier 2    |                                                  |
| <i>sevoflurane inhalation liquid</i>                                           | Tier 2    |                                                  |
| TERRELL INHALATION LIQUID 99.9 %                                               | Tier 2    |                                                  |

| Drug Name                                                                  | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|----------------------------------------------------------------------------|-----------|--------------------------------------------------|
| <b>General Anesthetics, Injectable</b>                                     |           |                                                  |
| BREVITAL INJECTION RECON SOLN 500 MG                                       | Tier 3    |                                                  |
| <i>ketamine injection solution 100 mg/ml</i>                               | Tier 2    |                                                  |
| <b>General Inhalation Agents</b>                                           |           |                                                  |
| <i>sodium chloride inhalation solution for nebulization 0.9 %</i>          | Tier 2    |                                                  |
| <b>Metabolic Deficiency Agents</b>                                         |           |                                                  |
| CARNITOR (SUGAR-FREE) ORAL SOLUTION 100 MG/ML                              | Tier 3    |                                                  |
| CARNITOR ORAL SOLUTION 100 MG/ML                                           | Tier 3    |                                                  |
| CARNITOR ORAL TABLET 330 MG                                                | Tier 3    |                                                  |
| <i>levocarnitine (with sugar) oral solution 100 mg/ml</i>                  | Tier 2    |                                                  |
| <i>levocarnitine oral solution 100 mg/ml</i>                               | Tier 2    |                                                  |
| <i>levocarnitine oral tablet 330 mg</i>                                    | Tier 2    |                                                  |
| <b>Metabolic Function Diagnostics</b>                                      |           |                                                  |
| METOPIRON ORAL CAPSULE 250 MG                                              | Tier 3    |                                                  |
| <b>Metallic Poison, Agents To Treat</b>                                    |           |                                                  |
| BAL IN OIL INTRAMUSCULAR SOLUTION 100 MG/ML                                | Tier 5    | DS                                               |
| CHEMET ORAL CAPSULE 100 MG                                                 | Tier 3    |                                                  |
| <i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i>                       | Tier 2    |                                                  |
| <i>deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg</i>         | Tier 2    |                                                  |
| <i>deferoxamine injection recon soln 500 mg</i>                            | Tier 5    | DS                                               |
| <i>sodium thiosulfate intravenous solution 12.5 gram/50 ml (250 mg/ml)</i> | Tier 2    |                                                  |

| Drug Name                                                                                                                   | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|-----------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------|
| <b>Needles/Needleless Devices</b>                                                                                           |           |                                                  |
| 1ST TIER UNIFINE PENTIPS NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"      | Tier 7    |                                                  |
| 1ST TIER UNIFINE PENTIPS PLUS NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" | Tier 7    |                                                  |
| ABOUTTIME PEN NEEDLE NEEDLE 30 GAUGE X 5/16", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"                          | Tier 7    |                                                  |
| ADVOCATE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16"                                              | Tier 7    |                                                  |
| ASSURE ID DUO-SHIELD NEEDLE 30 GAUGE X 3/16"                                                                                | Tier 7    |                                                  |
| BD AUTOSHIELD DUO PEN NEEDLE NEEDLE 30 GAUGE X 3/16"                                                                        | Tier 7    |                                                  |
| BD NANO 2ND GEN PEN NEEDLE NEEDLE 32 GAUGE X 5/32"                                                                          | Tier 7    |                                                  |
| BD ULTRA-FINE MINI PEN NEEDLE NEEDLE 31 GAUGE X 3/16"                                                                       | Tier 7    |                                                  |
| BD ULTRA-FINE NANO PEN NEEDLE NEEDLE 32 GAUGE X 5/32"                                                                       | Tier 7    |                                                  |
| BD ULTRA-FINE ORIG PEN NEEDLE NEEDLE 29 GAUGE X 1/2"                                                                        | Tier 7    |                                                  |
| BD ULTRA-FINE SHORT PEN NEEDLE NEEDLE 31 GAUGE X 5/16"                                                                      | Tier 7    |                                                  |

| Drug Name                                                                                                                                                              | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------|
| CAREFINE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 3/16", 32 GAUGE X 5/32"                                    | Tier 7    |                                                  |
| CARETOUCH PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 3/16", 32 GAUGE X 5/32"                                   | Tier 7    |                                                  |
| CLICKFINE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 5/32"                                                                                        | Tier 7    |                                                  |
| COMFORT EZ PEN NEEDLES NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32"               | Tier 7    |                                                  |
| COMFORT TOUCH PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32"                              | Tier 7    |                                                  |
| DROPLET PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32" | Tier 7    |                                                  |

| Drug Name                                                                                                                                                      | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------|
| EASY COMFORT PEN<br>NEEDLES NEEDLE 31<br>GAUGE X 1/4", 31<br>GAUGE X 3/16", 31<br>GAUGE X 5/16", 32<br>GAUGE X 5/32"                                           | Tier 7    |                                                  |
| EASY TOUCH NEEDLE<br>29 GAUGE X 1/2", 31<br>GAUGE X 1/4", 31<br>GAUGE X 3/16", 31<br>GAUGE X 5/16", 32<br>GAUGE X 3/16", 32<br>GAUGE X 5/32"                   | Tier 7    |                                                  |
| EASY TOUCH PEN<br>NEEDLE NEEDLE 30<br>GAUGE X 5/16"                                                                                                            | Tier 7    |                                                  |
| HEALTHWISE PEN<br>NEEDLE NEEDLE 31<br>GAUGE X 3/16", 31<br>GAUGE X 5/16", 32<br>GAUGE X 5/32"                                                                  | Tier 7    |                                                  |
| HEALTHY ACCENTS<br>UNIFINE PENTIP<br>NEEDLE 29 GAUGE X<br>1/2", 31 GAUGE X 1/4", 31<br>GAUGE X 3/16", 31<br>GAUGE X 5/16", 32<br>GAUGE X 5/32"                 | Tier 7    |                                                  |
| INCONTROL PEN<br>NEEDLE NEEDLE 29<br>GAUGE X 1/2", 31<br>GAUGE X 1/4", 31<br>GAUGE X 3/16", 31<br>GAUGE X 5/16", 32<br>GAUGE X 5/32"                           | Tier 7    |                                                  |
| INSUPEN NEEDLE 29<br>GAUGE X 1/2", 30<br>GAUGE X 5/16", 31<br>GAUGE X 1/4", 31<br>GAUGE X 3/16", 31<br>GAUGE X 5/16", 32<br>GAUGE X 5/16", 32<br>GAUGE X 5/32" | Tier 7    |                                                  |
| LITE TOUCH INSULIN<br>PEN NEEDLES NEEDLE<br>29 GAUGE X 1/2", 31<br>GAUGE X 1/4", 31<br>GAUGE X 3/16", 31<br>GAUGE X 5/16"                                      | Tier 7    |                                                  |

| Drug Name                                                                                                                                                                                               | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------|
| MAXICOMFORT II PEN<br>NEEDLE NEEDLE 31<br>GAUGE X 1/4"                                                                                                                                                  | Tier 7    |                                                  |
| MICRODOT INSULIN<br>PEN NEEDLE NEEDLE<br>31 GAUGE X 1/4", 32<br>GAUGE X 5/32"                                                                                                                           | Tier 7    |                                                  |
| MINI ULTRA-THIN II<br>NEEDLE 31 GAUGE X<br>3/16"                                                                                                                                                        | Tier 7    |                                                  |
| NOVOFINE<br>AUTOCOVER NEEDLE<br>30 GAUGE X 1/3"                                                                                                                                                         | Tier 7    |                                                  |
| NOVOTWIST NEEDLE<br>32 GAUGE X 1/5"                                                                                                                                                                     | Tier 7    |                                                  |
| PEN NEEDLE NEEDLE<br>29 GAUGE X 1/2", 30<br>GAUGE X 5/16", 31<br>GAUGE X 1/4", 31<br>GAUGE X 3/16", 31<br>GAUGE X 5/16", 32<br>GAUGE X 5/32"                                                            | Tier 7    |                                                  |
| <i>pen needle, diabetic needle<br/>29 gauge x 1/2", 30 gauge x<br/>5/16", 31 gauge x 1/4", 31<br/>gauge x 3/16", 31 gauge x<br/>5/16", 32 gauge x 3/16", 32<br/>gauge x 5/16", 32 gauge x<br/>5/32"</i> | Tier 7    |                                                  |
| PENTIPS NEEDLE 29<br>GAUGE X 1/2", 31<br>GAUGE X 1/4", 31<br>GAUGE X 3/16", 31<br>GAUGE X 5/16", 32<br>GAUGE X 5/32"                                                                                    | Tier 7    |                                                  |
| PIP PEN NEEDLE<br>NEEDLE 31 GAUGE X<br>3/16", 32 GAUGE X 5/32"                                                                                                                                          | Tier 7    |                                                  |
| PRO COMFORT PEN<br>NEEDLE NEEDLE 31<br>GAUGE X 5/16", 32<br>GAUGE X 3/16", 32<br>GAUGE X 5/32"                                                                                                          | Tier 7    |                                                  |
| PURE COMFORT PEN<br>NEEDLE NEEDLE 32<br>GAUGE X 3/16", 32<br>GAUGE X 5/16", 32<br>GAUGE X 5/32"                                                                                                         | Tier 7    |                                                  |

| Drug Name                                                                                                                                                | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------|
| RELION NEEDLES<br>NEEDLE 31 GAUGE X 1/4"                                                                                                                 | Tier 7    |                                                  |
| RELION PEN NEEDLES<br>NEEDLE 32 GAUGE X 5/32"                                                                                                            | Tier 7    |                                                  |
| SURE COMFORT PEN<br>NEEDLE NEEDLE 29<br>GAUGE X 1/2", 30<br>GAUGE X 5/16", 31<br>GAUGE X 3/16", 31<br>GAUGE X 5/16", 32<br>GAUGE X 5/32"                 | Tier 7    |                                                  |
| SURE-FINE PEN<br>NEEDLES NEEDLE 29<br>GAUGE X 1/2", 31<br>GAUGE X 3/16", 31<br>GAUGE X 5/16"                                                             | Tier 7    |                                                  |
| TECHLITE PEN<br>NEEDLE NEEDLE 29<br>GAUGE X 1/2", 31<br>GAUGE X 1/4", 31<br>GAUGE X 3/16", 31<br>GAUGE X 5/16", 32<br>GAUGE X 5/16", 32<br>GAUGE X 5/32" | Tier 7    |                                                  |
| TOPCARE CLICKFINE<br>NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16"                                                                                            | Tier 7    |                                                  |
| TRUE COMFORT PEN<br>NEEDLE NEEDLE 31<br>GAUGE X 1/4", 31<br>GAUGE X 3/16", 31<br>GAUGE X 5/16", 32<br>GAUGE X 3/16", 32<br>GAUGE X 5/32"                 | Tier 7    |                                                  |
| TRUEPLUS PEN<br>NEEDLE NEEDLE 29<br>GAUGE X 1/2", 31<br>GAUGE X 1/4", 31<br>GAUGE X 3/16", 31<br>GAUGE X 5/16", 32<br>GAUGE X 5/32"                      | Tier 7    |                                                  |
| ULTICARE PEN<br>NEEDLE NEEDLE 29<br>GAUGE X 1/2", 31<br>GAUGE X 1/4", 31<br>GAUGE X 3/16", 31<br>GAUGE X 5/16", 32<br>GAUGE X 5/32"                      | Tier 7    |                                                  |

| Drug Name                                                                                                                                 | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|-------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------|
| ULTILET PEN NEEDLE<br>NEEDLE 29 GAUGE, 32<br>GAUGE X 5/32"                                                                                | Tier 7    |                                                  |
| ULTRA FLO PEN<br>NEEDLE NEEDLE 29<br>GAUGE X 1/2", 31<br>GAUGE X 3/16", 31<br>GAUGE X 5/16", 32<br>GAUGE X 5/32"                          | Tier 7    |                                                  |
| ULTRA THIN PEN<br>NEEDLE NEEDLE 32<br>GAUGE X 5/32"                                                                                       | Tier 7    |                                                  |
| ULTRACARE PEN<br>NEEDLE NEEDLE 31<br>GAUGE X 1/4", 31<br>GAUGE X 3/16", 31<br>GAUGE X 5/16", 32<br>GAUGE X 3/16", 32<br>GAUGE X 5/32"     | Tier 7    |                                                  |
| ULTRA-THIN II<br>(SHORT) PEN NDL<br>NEEDLE 31 GAUGE X 5/16"                                                                               | Tier 7    |                                                  |
| ULTRA-THIN II INS<br>PEN NEEDLES NEEDLE<br>29 GAUGE X 1/2"                                                                                | Tier 7    |                                                  |
| UNIFINE PEN NEEDLE<br>NEEDLE 32 GAUGE X 5/32"                                                                                             | Tier 7    |                                                  |
| UNIFINE PENTIPS<br>NEEDLE 29 GAUGE, 29<br>GAUGE X 1/2", 31<br>GAUGE X 1/4", 31<br>GAUGE X 3/16", 31<br>GAUGE X 5/16", 32<br>GAUGE X 5/32" | Tier 7    |                                                  |
| UNIFINE PENTIPS<br>PLUS NEEDLE 29<br>GAUGE X 1/2", 31<br>GAUGE X 1/4", 31<br>GAUGE X 3/16", 31<br>GAUGE X 5/16", 32<br>GAUGE X 5/32"      | Tier 7    |                                                  |
| UNIFINE<br>SAFECONTROL<br>NEEDLE 30 GAUGE X 3/16"                                                                                         | Tier 7    |                                                  |

| Drug Name                                                                                                            | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|----------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------|
| UNIFINE ULTRA PEN<br>NEEDLE NEEDLE 31<br>GAUGE X 1/4", 31<br>GAUGE X 3/16", 31<br>GAUGE X 5/16", 32<br>GAUGE X 5/32" | Tier 7    |                                                  |
| VERIFINE PEN<br>NEEDLE NEEDLE 31<br>GAUGE X 1/4", 31<br>GAUGE X 5/16", 32<br>GAUGE X 3/16", 32<br>GAUGE X 5/32"      | Tier 7    |                                                  |
| <b>Neuromuscular Blocking Agents</b>                                                                                 |           |                                                  |
| BOTOX INJECTION<br>RECON SOLN 100 UNIT                                                                               | Tier 6    |                                                  |
| <i>succinylcholine chloride<br/>injection solution 20 mg/ml</i>                                                      | Tier 2    |                                                  |
| <b>Parenteral Amino Acid Solutions And Combinations</b>                                                              |           |                                                  |
| CLINISOL SF 15 %<br>INTRAVENOUS<br>PARENTERAL<br>SOLUTION 15 %                                                       | Tier 3    |                                                  |
| SYNTHAMIN 17<br>WITHOUT ELYTE<br>INTRAVENOUS<br>PARENTERAL<br>SOLUTION 10 %                                          | Tier 3    |                                                  |
| TRAVASOL 10 %<br>INTRAVENOUS<br>PARENTERAL<br>SOLUTION 10 %                                                          | Tier 3    |                                                  |
| <b>Somatostatic Agents</b>                                                                                           |           |                                                  |
| <i>octreotide acetate injection<br/>solution 1,000 mcg/ml, 100<br/>mcg/ml, 200 mcg/ml, 50<br/>mcg/ml, 500 mcg/ml</i> | Tier 2    |                                                  |
| <i>octreotide acetate injection<br/>syringe 100 mcg/ml (1 ml),<br/>50 mcg/ml (1 ml), 500<br/>mcg/ml (1 ml)</i>       | Tier 2    |                                                  |
| SANDOSTATIN LAR<br>DEPOT<br>INTRAMUSCULAR<br>SUSPENSION,EXTEND<br>ED REL RECON 10 MG,<br>20 MG, 30 MG                | Tier 6    | DS                                               |

| Drug Name                                                                 | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|---------------------------------------------------------------------------|-----------|--------------------------------------------------|
| <b>Suspending Agents</b>                                                  |           |                                                  |
| GELFILM IMPLANT<br>FILM                                                   | Tier 3    |                                                  |
| <b>Urine Acetone Test Aids</b>                                            |           |                                                  |
| CHEMSTRIP K STRIP                                                         | Tier 7    |                                                  |
| KETONE CARE STRIP                                                         | Tier 7    |                                                  |
| KETONE URINE TEST<br>STRIP                                                | Tier 7    |                                                  |
| KETOSTIX STRIP                                                            | Tier 7    |                                                  |
| TRUEPLUS KETONE<br>STRIP                                                  | Tier 7    |                                                  |
| <b>Urine Test Aids,Miscellaneous</b>                                      |           |                                                  |
| ALBUSTIX REAGENT<br>STRIP                                                 | Tier 7    |                                                  |
| CHEMSTRIP 2 STRIP                                                         | Tier 7    |                                                  |
| CHEMSTRIP MICRAL<br>STRIP                                                 | Tier 7    |                                                  |
| <b>Water</b>                                                              |           |                                                  |
| STERILE WATER FOR<br>INJECTION INJECTION<br>SOLUTION                      | Tier 2    |                                                  |
| <i>water for inject, bacteriostat<br/>injection solution</i>              | Tier 2    |                                                  |
| <i>water for injection, sterile<br/>injection solution</i>                | Tier 2    |                                                  |
| <b>Other Respiratory Disorders</b>                                        |           |                                                  |
| <b>Antifibrotic Therapy - Pyridone Analogs</b>                            |           |                                                  |
| <i>pirfenidone oral tablet 267<br/>mg, 801 mg</i>                         | Tier 2    | DS                                               |
| <b>Mucolytics</b>                                                         |           |                                                  |
| <i>acetylcysteine solution 100<br/>mg/ml (10 %), 200 mg/ml<br/>(20 %)</i> | Tier 2    |                                                  |
| PULMOZYME<br>INHALATION<br>SOLUTION 1 MG/ML                               | Tier 5    | DS                                               |



| Drug Name                                                                                 | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|-------------------------------------------------------------------------------------------|-----------|--------------------------------------------------|
| <b>Pain Management - Analgesics</b>                                                       |           |                                                  |
| <b>Analgesic/Antipyretics, Salicylates</b>                                                |           |                                                  |
| choline,magnesium salicylate oral liquid 500 mg/5 ml                                      | Tier 2    |                                                  |
| salsalate oral tablet 500 mg, 750 mg                                                      | Tier 2    |                                                  |
| <b>Analgesics Narcotic, Anesthetic Adjunct Agents</b>                                     |           |                                                  |
| fentanyl citrate (pf) injection solution 50 mcg/ml                                        | Tier 2    | DS                                               |
| sufentanil citrate intravenous solution 50 mcg/ml                                         | Tier 2    | DS                                               |
| <b>Analgesics,Narcotics</b>                                                               |           |                                                  |
| butorphanol injection solution 1 mg/ml, 2 mg/ml                                           | Tier 2    | DS                                               |
| codeine sulfate oral tablet 15 mg, 30 mg, 60 mg                                           | Tier 2    | DS; Age                                          |
| fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr | Tier 2    | DS                                               |
| hydromorphone (pf) injection solution 10 mg/ml                                            | Tier 2    | DS                                               |
| hydromorphone injection solution 1 mg/ml, 2 mg/ml, 4 mg/ml                                | Tier 2    | DS                                               |
| hydromorphone injection syringe 1 mg/ml, 2 mg/ml, 4 mg/ml                                 | Tier 2    | DS                                               |
| hydromorphone oral liquid 1 mg/ml                                                         | Tier 2    | DS                                               |
| hydromorphone oral tablet 2 mg, 4 mg                                                      | Tier 2    | DS                                               |
| hydromorphone rectal suppository 3 mg                                                     | Tier 2    | DS                                               |
| METHADONE INTENSOL ORAL CONCENTRATE 10 MG/ML                                              | Tier 2    | DS                                               |
| methadone oral concentrate 10 mg/ml                                                       | Tier 2    | DS                                               |
| methadone oral solution 5 mg/5 ml                                                         | Tier 2    | DS                                               |

| Drug Name                                                                 | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|---------------------------------------------------------------------------|-----------|--------------------------------------------------|
| methadone oral tablet 10 mg, 5 mg                                         | Tier 2    | DS                                               |
| methadone oral tablet,soluble 40 mg                                       | Tier 2    | DS                                               |
| METHADOSE ORAL TABLET,SOLUBLE 40 MG                                       | Tier 2    | DS                                               |
| morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)                 | Tier 2    | DS                                               |
| morphine oral tablet 15 mg, 30 mg                                         | Tier 3    | DS                                               |
| morphine oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg | Tier 2    | DS                                               |
| morphine rectal suppository 10 mg, 20 mg, 30 mg, 5 mg                     | Tier 2    | DS                                               |
| oxycodone oral capsule 5 mg                                               | Tier 2    | DS                                               |
| oxycodone oral concentrate 20 mg/ml                                       | Tier 2    | DS                                               |
| oxycodone oral solution 5 mg/5 ml                                         | Tier 2    | DS                                               |
| oxycodone oral tablet 5 mg                                                | Tier 2    | DS                                               |
| tramadol oral tablet 50 mg                                                | Tier 2    | DS; Age                                          |
| <b>Antimigraine Preparations</b>                                          |           |                                                  |
| CAFERGOT ORAL TABLET 1-100 MG                                             | Tier 3    | QL                                               |
| dihydroergotamine injection solution 1 mg/ml                              | Tier 2    | QL                                               |
| dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/ml)      | Tier 5    | PA                                               |
| eletriptan oral tablet 20 mg, 40 mg                                       | Tier 2    | QL                                               |
| ERGOMAR SUBLINGUAL TABLET 2 MG                                            | Tier 3    | QL                                               |
| ergotamine-caffeine oral tablet 1-100 mg                                  | Tier 2    | QL                                               |
| MIGERGOT RECTAL SUPPOSITORY 2-100 MG                                      | Tier 3    | QL                                               |
| naratriptan oral tablet 1 mg, 2.5 mg                                      | Tier 2    | QL                                               |
| rizatriptan oral tablet 10 mg, 5 mg                                       | Tier 2    | QL                                               |

| Drug Name                                                                    | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|------------------------------------------------------------------------------|-----------|--------------------------------------------------|
| <i>rizatriptan oral tablet, disintegrating 10 mg, 5 mg</i>                   | Tier 2    | QL                                               |
| <i>sumatriptan nasal spray, non-aerosol 20 mg/actuation, 5 mg/actuation</i>  | Tier 2    | QL                                               |
| <i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>                | Tier 2    | QL                                               |
| <i>sumatriptan succinate subcutaneous cartridge 6 mg/0.5 ml</i>              | Tier 2    | QL                                               |
| <i>sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml</i>           | Tier 2    | QL                                               |
| <i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i>               | Tier 2    | QL                                               |
| <i>zolmitriptan nasal spray, non-aerosol 2.5 mg, 5 mg</i>                    | Tier 2    | ST; QL                                           |
| <b>Narcotic Analgesic &amp; Non-Salicylate Analgesic Comb</b>                |           |                                                  |
| <i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>                    | Tier 2    | DS; Age                                          |
| <i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg</i>     | Tier 2    | DS; Age                                          |
| ENDOCET ORAL TABLET 5-325 MG                                                 | Tier 2    | DS                                               |
| <i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>              | Tier 2    | DS                                               |
| <i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i> | Tier 2    | DS                                               |
| LORCET (HYDROCODONE) ORAL TABLET 5-325 MG                                    | Tier 2    | DS                                               |
| LORCET HD ORAL TABLET 10-325 MG                                              | Tier 2    | DS                                               |
| LORCET PLUS ORAL TABLET 7.5-325 MG                                           | Tier 2    | DS                                               |
| <i>oxycodone-acetaminophen oral tablet 5-325 mg</i>                          | Tier 2    | DS                                               |

| Drug Name                                                                       | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|---------------------------------------------------------------------------------|-----------|--------------------------------------------------|
| <b>Narcotic Withdrawal Therapy Agents</b>                                       |           |                                                  |
| <i>buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg</i>                | Tier 2    | DS                                               |
| <b>Parkinsons Disease</b>                                                       |           |                                                  |
| <b>Antiparkinsonism Drugs, Anticholinergic</b>                                  |           |                                                  |
| <i>benztropine injection solution 1 mg/ml</i>                                   | Tier 2    |                                                  |
| <i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>                               | Tier 2    |                                                  |
| <i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>                                   | Tier 2    |                                                  |
| <b>Antiparkinsonism Drugs, Other</b>                                            |           |                                                  |
| <i>amantadine hcl oral capsule 100 mg</i>                                       | Tier 2    |                                                  |
| <i>amantadine hcl oral solution 50 mg/5 ml</i>                                  | Tier 2    |                                                  |
| <i>amantadine hcl oral tablet 100 mg</i>                                        | Tier 2    |                                                  |
| <i>bromocriptine oral capsule 5 mg</i>                                          | Tier 2    |                                                  |
| <i>bromocriptine oral tablet 2.5 mg</i>                                         | Tier 2    |                                                  |
| <i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>           | Tier 2    |                                                  |
| <i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>     | Tier 2    |                                                  |
| <i>entacapone oral tablet 200 mg</i>                                            | Tier 2    |                                                  |
| <i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i> | Tier 2    |                                                  |
| <i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>     | Tier 2    |                                                  |
| <i>selegiline hcl oral capsule 5 mg</i>                                         | Tier 2    |                                                  |
| <i>selegiline hcl oral tablet 5 mg</i>                                          | Tier 2    |                                                  |
| <b>Decarboxylase Inhibitors</b>                                                 |           |                                                  |
| <i>carbidopa oral tablet 25 mg</i>                                              | Tier 2    |                                                  |

| Drug Name                                                                           | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|-------------------------------------------------------------------------------------|-----------|--------------------------------------------------|
| <b>Seizure Disorder</b>                                                             |           |                                                  |
| <b>Anticonvulsant - Benzodiazepine Type</b>                                         |           |                                                  |
| <i>clobazam oral suspension 2.5 mg/ml</i>                                           | Tier 2    |                                                  |
| <i>clobazam oral tablet 10 mg, 20 mg</i>                                            | Tier 2    |                                                  |
| <i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>                                    | Tier 2    | DS                                               |
| <i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i> | Tier 2    | DS                                               |
| DIASTAT ACUDIAL RECTAL KIT 12.5-15-17.5-20 MG, 5-7.5-10 MG                          | Tier 3    | DS                                               |
| DIASTAT RECTAL KIT 2.5 MG                                                           | Tier 3    | DS                                               |
| <i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i>                  | Tier 2    | DS                                               |
| <b>Anticonvulsants</b>                                                              |           |                                                  |
| <i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i>       | Tier 2    |                                                  |
| <i>carbamazepine oral suspension 100 mg/5 ml</i>                                    | Tier 2    |                                                  |
| <i>carbamazepine oral tablet 200 mg</i>                                             | Tier 2    |                                                  |
| <i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i>      | Tier 2    |                                                  |
| <i>carbamazepine oral tablet, chewable 100 mg</i>                                   | Tier 2    |                                                  |
| CELONTIN ORAL CAPSULE 300 MG                                                        | Tier 3    |                                                  |
| DILANTIN INFATABS ORAL TABLET, CHEWABLE 50 MG                                       | Tier 3    |                                                  |
| DILANTIN ORAL CAPSULE 30 MG                                                         | Tier 3    |                                                  |
| <i>divalproex oral capsule, delayed rel sprinkle 125 mg</i>                         | Tier 2    |                                                  |
| <i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>                 | Tier 2    |                                                  |

| Drug Name                                                                                         | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|---------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------|
| <i>divalproex oral tablet, delayed release (drlec) 125 mg, 250 mg, 500 mg</i>                     | Tier 2    |                                                  |
| EPITOL ORAL TABLET 200 MG                                                                         | Tier 2    |                                                  |
| <i>ethosuximide oral capsule 250 mg</i>                                                           | Tier 2    |                                                  |
| <i>ethosuximide oral solution 250 mg/5 ml</i>                                                     | Tier 2    |                                                  |
| <i>felbamate oral suspension 600 mg/5 ml</i>                                                      | Tier 2    |                                                  |
| <i>felbamate oral tablet 400 mg, 600 mg</i>                                                       | Tier 2    |                                                  |
| <i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>                                             | Tier 2    |                                                  |
| <i>gabapentin oral tablet 600 mg, 800 mg</i>                                                      | Tier 2    |                                                  |
| <i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>                                       | Tier 2    |                                                  |
| <i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>                                      | Tier 2    |                                                  |
| <i>lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i> | Tier 2    |                                                  |
| <i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i>                                  | Tier 2    |                                                  |
| <i>levetiracetam oral solution 100 mg/ml, 500 mg/5 ml (5 ml)</i>                                  | Tier 2    |                                                  |
| <i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i>                                 | Tier 2    |                                                  |
| <i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i>                            | Tier 2    |                                                  |
| <i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i>                                       | Tier 2    |                                                  |
| <i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>                                           | Tier 2    |                                                  |
| <i>phenytoin oral suspension 100 mg/4 ml, 125 mg/5 ml</i>                                         | Tier 2    |                                                  |
| <i>phenytoin oral tablet, chewable 50 mg</i>                                                      | Tier 2    |                                                  |

| Drug Name                                                                                  | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|--------------------------------------------------------------------------------------------|-----------|--------------------------------------------------|
| <i>phenytoin sodium extended oral capsule 100 mg</i>                                       | Tier 2    |                                                  |
| <i>phenytoin sodium intravenous solution 50 mg/ml</i>                                      | Tier 2    |                                                  |
| <i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i> | Tier 2    |                                                  |
| <i>primidone oral tablet 250 mg, 50 mg</i>                                                 | Tier 2    |                                                  |
| SUBVENITE ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG                                        | Tier 2    |                                                  |
| <i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i>                                      | Tier 2    |                                                  |
| <i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>                                 | Tier 2    |                                                  |
| <i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>                            | Tier 2    |                                                  |
| <i>valproic acid oral capsule 250 mg</i>                                                   | Tier 2    |                                                  |
| <i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>                                        | Tier 2    |                                                  |
| <b>Skeletal Muscle Disorder</b>                                                            |           |                                                  |
| <b>Skeletal Muscle Relaxants</b>                                                           |           |                                                  |
| <i>baclofen oral tablet 10 mg, 20 mg</i>                                                   | Tier 2    |                                                  |
| <i>cyclobenzaprine oral tablet 10 mg</i>                                                   | Tier 2    |                                                  |
| <i>dantrolene oral capsule 100 mg, 25 mg, 50 mg</i>                                        | Tier 2    |                                                  |
| <i>methocarbamol oral tablet 500 mg, 750 mg</i>                                            | Tier 2    |                                                  |
| <i>tizanidine oral tablet 2 mg, 4 mg</i>                                                   | Tier 2    |                                                  |
| <b>Smoking Cessation</b>                                                                   |           |                                                  |
| <b>Smoking Deterrent- Nicotinic Recept.Partial Agonist</b>                                 |           |                                                  |
| CHANTIX CONTINUING MONTH BOX ORAL TABLET 1 MG                                              | Tier 1    |                                                  |
| CHANTIX ORAL TABLET 1 MG                                                                   | Tier 1    |                                                  |

| Drug Name                                                                                                                                                                                                          | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------|
| <i>varenicline oral tablet 1 mg</i>                                                                                                                                                                                | Tier 1    |                                                  |
| <b>Smoking Deterrents, Other</b>                                                                                                                                                                                   |           |                                                  |
| <i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>                                                                                                                                     | Tier 1    |                                                  |
| <b>Upper Gastrointestinal Disorders - Digestive</b>                                                                                                                                                                |           |                                                  |
| <b>Pancreatic Enzymes</b>                                                                                                                                                                                          |           |                                                  |
| CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 -60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT                               | Tier 3    |                                                  |
| ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 40,000-126,000-168,000 UNIT, 5,000-17,000- 24,000 UNIT | Tier 3    |                                                  |
| <b>Upper Gastrointestinal Disorders - Spastic Disease</b>                                                                                                                                                          |           |                                                  |
| <b>Anticholinergics/Antispasmodics</b>                                                                                                                                                                             |           |                                                  |
| <i>dicyclomine intramuscular solution 10 mg/ml</i>                                                                                                                                                                 | Tier 2    |                                                  |
| <i>dicyclomine oral capsule 10 mg</i>                                                                                                                                                                              | Tier 2    |                                                  |
| <i>dicyclomine oral solution 10 mg/5 ml</i>                                                                                                                                                                        | Tier 2    |                                                  |
| <i>dicyclomine oral tablet 20 mg</i>                                                                                                                                                                               | Tier 2    |                                                  |
| <b>Belladonna Alkaloids</b>                                                                                                                                                                                        |           |                                                  |
| <i>atropine injection solution 0.4 mg/ml</i>                                                                                                                                                                       | Tier 2    |                                                  |
| <i>atropine injection syringe 0.05 mg/ml</i>                                                                                                                                                                       | Tier 2    |                                                  |

| Drug Name                                                              | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|------------------------------------------------------------------------|-----------|--------------------------------------------------|
| <b>Upper Gastrointestinal Disorders - Ulcer Disease</b>                |           |                                                  |
| <b>Anticholinergics, Quaternary Ammonium</b>                           |           |                                                  |
| <i>chlordiazepoxide-clidinium oral capsule 5-2.5 mg</i>                | Tier 2    | DS                                               |
| <i>glycopyrrolate injection solution 0.2 mg/ml</i>                     | Tier 2    | MO                                               |
| <i>glycopyrrolate oral tablet 1 mg, 2 mg</i>                           | Tier 2    | MO                                               |
| <i>propantheline oral tablet 15 mg</i>                                 | Tier 2    |                                                  |
| <b>Anti-Ulcer Preparations</b>                                         |           |                                                  |
| <i>misoprostol oral tablet 100 mcg, 200 mcg</i>                        | Tier 2    |                                                  |
| <i>sucralfate oral tablet 1 gram</i>                                   | Tier 2    |                                                  |
| <b>Histamine H2-Receptor Inhibitors</b>                                |           |                                                  |
| <i>cimetidine hcl oral solution 300 mg/5 ml</i>                        | Tier 2    |                                                  |
| <i>famotidine (pf) intravenous solution 20 mg/2 ml</i>                 | Tier 2    |                                                  |
| <i>famotidine (pf)-nacl (iso-os) intravenous piggyback 20 mg/50 ml</i> | Tier 2    |                                                  |
| <i>famotidine intravenous solution 10 mg/ml</i>                        | Tier 2    |                                                  |
| <i>famotidine oral suspension 40 mg/5 ml (8 mg/ml)</i>                 | Tier 2    |                                                  |
| <i>nizatidine oral solution 150 mg/10 ml</i>                           | Tier 2    |                                                  |
| <b>Intestinal Motility Stimulants</b>                                  |           |                                                  |
| <i>metoclopramide hcl injection solution 5 mg/ml</i>                   | Tier 2    |                                                  |
| <i>metoclopramide hcl injection syringe 5 mg/ml</i>                    | Tier 2    |                                                  |
| <i>metoclopramide hcl oral solution 5 mg/5 ml</i>                      | Tier 2    |                                                  |
| <i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>                      | Tier 2    |                                                  |
| <b>Proton-Pump Inhibitors</b>                                          |           |                                                  |
| <i>lansoprazole oral capsule, delayed release (drlec) 30 mg</i>        | Tier 2    |                                                  |

| Drug Name                                                                               | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|-----------------------------------------------------------------------------------------|-----------|--------------------------------------------------|
| <i>omeprazole oral capsule, delayed release (drlec) 10 mg, 20 mg, 40 mg</i>             | Tier 2    |                                                  |
| <i>pantoprazole oral tablet, delayed release (drlec) 20 mg, 40 mg</i>                   | Tier 2    |                                                  |
| <b>Urinary Tract - Functional Disorders</b>                                             |           |                                                  |
| <b>Benign Prostatic Hypertrophy/Micturition Agents</b>                                  |           |                                                  |
| <i>alfuzosin oral tablet extended release 24 hr 10 mg</i>                               | Tier 2    |                                                  |
| <i>finasteride oral tablet 5 mg</i>                                                     | Tier 2    |                                                  |
| <i>tamsulosin oral capsule 0.4 mg</i>                                                   | Tier 2    |                                                  |
| <b>Cystine-Depleting Agents, Nephropathic Cystinosis</b>                                |           |                                                  |
| CYSTAGON ORAL CAPSULE 150 MG, 50 MG                                                     | Tier 3    |                                                  |
| <b>Kidney Stone Agents</b>                                                              |           |                                                  |
| <i>tiopronin oral tablet 100 mg</i>                                                     | Tier 5    | DS                                               |
| <b>Urinary Ph Modifiers</b>                                                             |           |                                                  |
| K-PHOS ORIGINAL ORAL TABLET, SOLUBLE 500 MG                                             | Tier 3    |                                                  |
| <i>potassium citrate oral tablet extended release 10 meq (1,080 mg), 5 meq (540 mg)</i> | Tier 2    |                                                  |
| UROQID-ACID NO.2 ORAL TABLET 500-500 MG                                                 | Tier 3    |                                                  |
| <b>Urinary Tract Analgesic Agents</b>                                                   |           |                                                  |
| RIMSO-50 INTRAVESICAL SOLUTION 50 %                                                     | Tier 6    |                                                  |
| <b>Urinary Tract Antispasmodic, M(3) Selective Antag.</b>                               |           |                                                  |
| <i>solifenacin oral tablet 10 mg, 5 mg</i>                                              | Tier 2    | QL                                               |

| Drug Name                                                                       | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|---------------------------------------------------------------------------------|-----------|--------------------------------------------------|
| <b>Urinary Tract Antispasmodic/Antiincontinence Agent</b>                       |           |                                                  |
| <i>oxybutynin chloride oral syrup 5 mg/5 ml</i>                                 | Tier 2    |                                                  |
| <i>oxybutynin chloride oral tablet 5 mg</i>                                     | Tier 2    |                                                  |
| <i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg</i> | Tier 2    |                                                  |
| <i>trospium oral tablet 20 mg</i>                                               | Tier 2    |                                                  |
| <b>Vaginal Disorders</b>                                                        |           |                                                  |
| <b>Vaginal Antibiotics</b>                                                      |           |                                                  |
| <i>clindamycin phosphate vaginal cream 2 %</i>                                  | Tier 2    |                                                  |
| <i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i>                         | Tier 2    |                                                  |
| VANDAZOLE VAGINAL GEL 0.75 % (37.5MG/5 GRAM)                                    | Tier 2    |                                                  |
| <b>Vaginal Estrogen Preparations</b>                                            |           |                                                  |
| ESTRACE VAGINAL CREAM 0.01 % (0.1 MG/GRAM)                                      | Tier 3    |                                                  |
| <i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i>                             | Tier 2    |                                                  |
| <b>Vitamin And/Or Mineral Deficiency</b>                                        |           |                                                  |
| <b>Calcium Replacement</b>                                                      |           |                                                  |
| <i>calcium chloride intravenous solution 100 mg/ml (10 %)</i>                   | Tier 2    |                                                  |
| <b>Folic Acid Preparations</b>                                                  |           |                                                  |
| <i>folic acid injection solution 5 mg/ml</i>                                    | Tier 2    |                                                  |
| <i>folic acid oral tablet 1 mg</i>                                              | Tier 2    |                                                  |
| <b>Iron Replacement</b>                                                         |           |                                                  |
| VENOFER INTRAVENOUS SOLUTION 100 MG IRON/5 ML                                   | Tier 3    |                                                  |
| <b>Magnesium Salts Replacement</b>                                              |           |                                                  |
| <i>magnesium sulfate injection solution 4 meq/ml (50 %)</i>                     | Tier 2    |                                                  |

| Drug Name                                                                | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|--------------------------------------------------------------------------|-----------|--------------------------------------------------|
| <b>Mineral Replacement,Miscellaneous</b>                                 |           |                                                  |
| ADDAMEL N INTRAVENOUS SOLUTION 5.33-0.34-0.54 MCG-MG-MG/ML               | Tier 2    |                                                  |
| COPPER CHLORIDE INTRAVENOUS SOLUTION 0.4 MG/ML                           | Tier 2    |                                                  |
| <b>Multivitamin Preparations</b>                                         |           |                                                  |
| INFUVITE ADULT INTRAVENOUS SOLUTION 3,300 UNIT-150 MCG/10 ML             | Tier 3    |                                                  |
| <b>Vitamin A Preparations</b>                                            |           |                                                  |
| AQUASOL A INTRAMUSCULAR SOLUTION 50,000 UNIT/ML                          | Tier 5    | DS                                               |
| <b>Vitamin B1 Preparations</b>                                           |           |                                                  |
| <i>thiamine hcl (vitamin b1) injection solution 100 mg/ml</i>            | Tier 2    |                                                  |
| <b>Vitamin B12 Preparations</b>                                          |           |                                                  |
| <i>cyanocobalamin (vitamin b-12) injection solution 1,000 mcg/ml</i>     | Tier 2    |                                                  |
| DODEX INJECTION SOLUTION 1,000 MCG/ML                                    | Tier 2    |                                                  |
| <b>Vitamin B6 Preparations</b>                                           |           |                                                  |
| <i>pyridoxine (vitamin b6) injection solution 100 mg/ml</i>              | Tier 2    |                                                  |
| <b>Vitamin D Preparations</b>                                            |           |                                                  |
| <i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>                         | Tier 2    |                                                  |
| <i>cholecalciferol (vitamin d3) oral capsule 1,250 mcg (50,000 unit)</i> | Tier 2    |                                                  |
| DECARA ORAL CAPSULE 1,250 MCG (50,000 UNIT)                              | Tier 2    |                                                  |
| <i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i>  | Tier 2    |                                                  |
| OPTIMAL D3 ORAL CAPSULE 1,250 MCG (50,000 UNIT)                          | Tier 2    |                                                  |



| Drug Name                                                                             | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|---------------------------------------------------------------------------------------|-----------|--------------------------------------------------|
| VITAMIN D2 ORAL CAPSULE 1,250 MCG (50,000 UNIT)                                       | Tier 2    |                                                  |
| WEEKLY-D ORAL CAPSULE 1,250 MCG (50,000 UNIT)                                         | Tier 2    |                                                  |
| <b>Zinc Replacement</b>                                                               |           |                                                  |
| <i>zinc sulfate intravenous solution 5 mg/ml</i>                                      | Tier 2    |                                                  |
| <b>Weight Reduction</b>                                                               |           |                                                  |
| <b>Anorexic Agents</b>                                                                |           |                                                  |
| <i>phentermine oral tablet 37.5 mg</i>                                                | Tier 2    | RB                                               |
| QSYMIA ORAL CAPSULE, ER MULTIPHASE 24 HR 11.25-69 MG, 15-92 MG, 3.75-23 MG, 7.5-46 MG | Tier 3    | RB                                               |



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| TOBREX .....                                | 43         | TRUE METRIX LEVEL 2 .....     | 36 | NEEDLES .....                 | 77     |
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