



# HealthPartners<sup>®</sup> Formulary

2024 Formulary

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(List of covered drugs)



For current information on the Drug List, visit [healthpartners.com/pharmacy](https://healthpartners.com/pharmacy).

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## What's the drug list?

This is the list of medicines (sometimes called a formulary) covered by your health plan. The drug list is reviewed by a team of experts every three months for new medicines, safety alerts and other updates.

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## Who decides what's on the drug list?

The HealthPartners Pharmacy and Therapeutics Committee manage the list. This team of experts focuses on safety, effectiveness and affordability. Visit [healthpartners.com/pharmacy](https://healthpartners.com/pharmacy) for more information.

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## How do you use the drug list?

The medicines are listed in alphabetical order by type of medicine starting on page 4.

**Generic medicines** are in *lowercase italics* (e.g., *cephalexin*). These medicines are safe and effective but cost less than brand medicines.

**Brand medicines** are in ALL CAPS (e.g., KEFLEX) and are more costly than generic medicines.

The **Tier** is used to determine how much a medicine will cost you. For exact cost information,

- Find the tier status for your medicine.
- Review your Summary of Plan Benefits or contract for the copay or coinsurance for that Tier Status. Or,
- Log on to your *myHealthPartners* account to check your pharmacy benefits.

**T1 - Formulary Low Cost Generics** - Depending on your plan, these medicines might be covered at the lowest copay or coinsurance.

**T2 - Formulary High Cost Generics** - Depending on your plan, these medicines may cost more than the Formulary Low Cost Generics, but less than Formulary Brands.

**T3 - Formulary Brands** - Brand medicines are more expensive than generic medicines. Depending on your plan, these medicines might be covered at a higher copay or coinsurance than generic medicines.

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## What's a Specialty Medicine?

Specialty medicines are usually prescribed by doctors whose focus is on the treatment of chronic and complex diseases. These medicines usually require more management, have a high price and aren't always stocked at retail pharmacies. Prescriptions for these medicines must be filled at a specialty pharmacy and are often covered at a different benefit than non-specialty medicines. Log on to your *myHealthPartners* account and click on *My plan benefits* on the Medical Plan tab to check your benefits for specialty medicines.

## What do the abbreviations under *Limits & Restrictions* mean?

Special information about the medicine you're searching for. The abbreviations let you know there might be a special program or rule for the medicine. Use this key to help you navigate the drug list:

- PA - Prior Authorization Required
  - ST - Step Therapy Required
  - AL1 - Age Limit
  - AQ1 - Age Quantity Limit
  - QL - Quantity Limit
  - SC - Smoking Cessation Benefit
  - WL - Weight Loss Benefit
  - ONC - Oncology Benefit
  - OH - Oncology Health
  - TD - Trial Drug Program
  - S - Specialty
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### Why do you need prior authorization (PA) for some medicines?

Even though some medicines are on the drug list, they need to meet the HealthPartners prior authorization criteria in order for the medicine to be covered by your pharmacy benefits.

### What's Step Therapy (ST)?

Some medicines are on the drug list, but you need to try one or more other medicines first. HealthPartners covers a medicine with step therapy, if you've already tried the other medicine(s). If you haven't, you or your doctor will need to get approval from HealthPartners before the medicine will be covered by your lowest brand, generic or specialty copay or coinsurance.

### What's an Age Limit (AL1)?

An age edit means some medicines are only covered if you're within a specific age range. If you're not in the approved age range, you or your doctor will need to request approval from HealthPartners for your medicine to be covered.

### What's an Age Quantity Limit (AQ1)?

An age quantity limit means some medicines have a quantity limit that only applies to a specific age range. If you're not in the approved age range, you or your doctor will need to request approval from HealthPartners for your medicine to be covered.

### What's a Quantity Limit (QL)?

This means HealthPartners limits the amount of the medicine you'll get each time you fill your prescription. The quantity limit may be less than the day supply listed in your contract or Summary Plan Description. Requests above the quantity limit will be reviewed for medical necessity and include an evaluation of the diagnosis, alternatives previously tried, prior use of the requested product within quantity limit, and evidence of efficacy and safety at the quantity requested.

### What's the Trial Drug Program (TD)?

The trial drug program is for new prescriptions for certain medicines due to:

- Side effects
- High cost
- High potential for waste

Your first 6 fills of a trial drug may be limited to less than a month supply. If the medicine works well, you'll get the rest of your month supply. If a copay applies to the medicine, you'll pay no more than one copay for each one month supply.

### What's the Weight Loss Benefit (WL)?

This type of medicine may have limits on the amount you get or may not be covered under all plans. Log on to your *myHealthPartners* account and click on *My plan benefits* on the Medical Plan tab to check your benefits for weight loss. Weight Loss medicines are listed on the drug list under the Weight Loss medicine category.

### What's the Oncology Benefit (ONC)?

These are oncology (cancer) medicines that must be filled at a specialty pharmacy, but you're only responsible for your outpatient prescription drug copay or coinsurance.

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| PRODUCT DESCRIPTION   | TIER                         | LIMITS & RESTRICTIONS   |
|---|------------------------------|---|
| ALPHA-ADRENERGIC BLOCKING AGENT(SYMPATH)  |                              |   |
| NON-SEL.ALPHA-ADRENERGIC BLOCKING AGENTS  |                              |   |
| <i>dihydroergotamine mesylate 0.5mg/spry spray/pump</i>   | Formulary High Cost Generics | <span>QL</span> 8 VIALS / 28 DAYS<br><span>PA</span>  |
| <i>dihydroergotamine mesylate 1 mg/ml ampul</i>   | Formulary High Cost Generics | <span>QL</span> 24 MG (AMPS) / 28 DAYS<br><span>PA</span>   |
| <i>ergoloid mesylates</i>   | Formulary High Cost Generics | <span>PA</span>   |
| <i>ergotamine tartrate/caffeine</i>   | Formulary High Cost Generics | <span>QL</span> 40 TABS / 30 DAYS<br><span>PA</span>  |
| <i>phenoxybenzamine hcl</i>   | Formulary High Cost Generics | <span>PA</span>   |
| SELECTIVE ALPHA-1-ADRENERGIC BLOCK.AGENT  |                              |   |
| <i>alfuzosin hcl</i>  | Formulary High Cost Generics |   |
| <i>silodosin</i>  | Formulary High Cost Generics |   |
| <i>tamsulosin hcl</i>   | Formulary Low Cost Generics  |   |
| ANALGESICS AND ANTIPYRETICS   |                              |   |
| NON-OPIOID ANALGESICS   |                              |   |
| <i>butalbital/acetaminophen 50mg-325mg tablet</i>   | Formulary High Cost Generics | <span>QL</span> 6 TABS / 1 DAY  |
| TENCON  | Formulary High Cost Generics | <span>QL</span> 6 TABS / 1 DAY  |
| OPIOID AGONISTS (28:08)   |                              |   |
| <i>acetaminophen with codeine 300mg/12.5 solution</i>   | Formulary High Cost Generics | <span>QL</span> 60 ML / 1 DAY<br><span>AL1</span> At least 12 yrs old<br><span>OP</span> Opioid Program |
| <i>acetaminophen with codeine phosphate (acetaminophen with codeine 120-12mg/5 solution, acetaminophen with codeine 240-24/10 solution)</i> | Formulary Low Cost Generics  | <span>QL</span> 60 ML / 1 DAY<br><span>AL1</span> At least 12 yrs old                                   |

| PRODUCT DESCRIPTION  | TIER                         | LIMITS & RESTRICTIONS  |
|--|------------------------------|--|
| <i>acetaminophen with codeine phosphate (acetaminophen with codeine 300mg-15mg tablet, acetaminophen with codeine 300mg-30mg tablet, acetaminophen with codeine 300mg-60mg tablet)</i> | Formulary High Cost Generics | <p>QL 8 TABS / 1 DAY</p> <p>AL1 At least 12 yrs old</p> <p>OP Opioid Program</p>           |
| <i>acetaminophen/caffeine/dihydrocodeine bitartrate</i>  | Formulary High Cost Generics | <p>QL 8 CAPS / 1 DAY</p> <p>PA</p> <p>AL1 At least 12 yrs old</p> <p>OP Opioid Program</p> |
| ASCOMP WITH CODEINE  | Formulary High Cost Generics | <p>QL 6 CAPS / 1 DAY</p> <p>AL1 At least 12 yrs old</p> <p>OP Opioid Program</p>           |
| <i>benzhydrocodone hcl/acetaminophen</i>   | Formulary High Cost Generics | <p>PA</p>  |
| <i>butalbit/acetamin/caff/codeine 50-300-30 capsule</i>  | Formulary High Cost Generics | <p>QL 6 CAPS / 1 DAY</p> <p>PA</p> <p>AL1 At least 12 yrs old</p> <p>OP Opioid Program</p> |
| <i>butalbit/acetamin/caff/codeine 50-325-30 capsule</i>  | Formulary High Cost Generics | <p>QL 6 TABS / 1 DAY</p> <p>AL1 At least 12 yrs old</p> <p>OP Opioid Program</p>           |
| <i>codeine phosphate/butalbital/aspirin/caffeine</i>   | Formulary High Cost Generics | <p>QL 6 CAPS / 1 DAY</p> <p>AL1 At least 12 yrs old</p> <p>OP Opioid Program</p>           |
| <i>codeine sulfate</i>   | Formulary High Cost Generics | <p>QL 8 TABS / 1 DAY</p> <p>AL1 At least 12 yrs old</p> <p>OP Opioid Program</p>           |
| ENDOCET 10-325 MG TABLET   | Formulary High Cost Generics | <p>QL 5 TABS / 1 DAY</p> <p>OP Opioid Program</p>  |
| ENDOCET 5-325 MG TABLET  | Formulary High Cost Generics | <p>QL 8 TABS / 1 DAY</p> <p>OP Opioid Program</p>  |
| ENDOCET 7.5-325 MG TABLET  | Formulary High Cost Generics | <p>QL 7 TABS / 1 DAY</p> <p>OP Opioid Program</p>  |

| PRODUCT DESCRIPTION  | TIER                         | LIMITS & RESTRICTIONS                  |
|--|------------------------------|--|
| <i>fentanyl (fentanyl 12 mcg/hr patch td72, fentanyl 25 mcg/hr patch td72, fentanyl 50mcg/hr patch td72, fentanyl 75mcg/hr patch td72, fentanyl 100 mcg/hr patch td72)</i>   | Formulary High Cost Generics | PA                                     |
| <i>hydrocodone bitartrate (hydrocodone bitartrate 10 mg cap er 12h, hydrocodone bitartrate 15 mg cap er 12h, hydrocodone bitartrate 20 mg cap er 12h, hydrocodone bitartrate 30 mg cap er 12h, hydrocodone bitartrate 40 mg cap er 12h, hydrocodone bitartrate 50 mg cap er 12h)</i> | Formulary High Cost Generics | PA<br>OP Opioid Program                |
| <i>hydrocodone bitartrate/acetaminophen (hydrocodone/acetaminophen 2.5-108/5 solution, hydrocodone/acetaminophen 5-217mg/10 solution, hydrocodone/acetaminophen 7.5-325/15 solution)</i>   | Formulary High Cost Generics | QL 120 ML / 1 DAY<br>OP Opioid Program |
| <i>hydrocodone bitartrate/acetaminophen (hydrocodone/acetaminophen 7.5-325 mg tablet, hydrocodone/acetaminophen 10mg-325mg tablet)</i>   | Formulary High Cost Generics | QL 8 TABS / 1 DAY<br>OP Opioid Program |
| <i>hydrocodone/acetaminophen 5 mg-325mg tablet</i>   | Formulary Low Cost Generics  | QL 8 TABS / 1 DAY<br>OP Opioid Program |
| <i>hydrocodone/ibuprofen 7.5-200 mg tablet</i>   | Formulary High Cost Generics | QL 8 TABS / 1 DAY<br>OP Opioid Program |
| <i>hydromorphone hcl (hydromorphone hcl 8 mg tab er 24h, hydromorphone hcl 12 mg tab er 24h, hydromorphone hcl 16 mg tab er 24h, hydromorphone hcl 32 mg tab er 24h)</i>   | Formulary High Cost Generics | PA                                     |
| <i>hydromorphone hcl 1 mg/ml liquid</i>  | Formulary High Cost Generics | QL 17 ML / 1 DAY<br>OP Opioid Program  |
| <i>hydromorphone hcl 2 mg tablet</i>   | Formulary High Cost Generics | QL 8 TABS / 1 DAY<br>OP Opioid Program |
| <i>hydromorphone hcl 3 mg supp.rect</i>  | Formulary High Cost Generics | QL 8 SUPP / 1 DAY<br>OP Opioid Program |
| <i>hydromorphone hcl 4 mg tablet</i>   | Formulary High Cost Generics | QL 4 TABS / 1 DAY<br>OP Opioid Program |

| PRODUCT DESCRIPTION   | TIER                         | LIMITS & RESTRICTIONS   |
|---|------------------------------|---|
| <i>hydromorphone hcl 8 mg tablet</i>  | Formulary High Cost Generics | <div style="display: flex; flex-direction: column; gap: 5px;"> <div><span style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 2 TABS / 1 DAY</div> <div><span style="background-color: #0070C0; color: white; padding: 2px 5px; border-radius: 3px;">OP</span> Opioid Program</div> </div> |
| <i>levorphanol tartrate</i>   | Formulary High Cost Generics | <div style="display: flex; flex-direction: column; gap: 5px;"> <div><span style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</span></div> <div><span style="background-color: #0070C0; color: white; padding: 2px 5px; border-radius: 3px;">OP</span> Opioid Program</div> </div>                |
| <i>methadone hcl (methadone hcl 5 mg tablet, methadone hcl 5 mg/5 ml solution, methadone hcl 10 mg tablet, methadone hcl 10 mg/5 ml solution, methadone hcl 10 mg/ml oral conc, methadone hcl 40 mg tablet sol)</i> | Formulary High Cost Generics | <div style="display: flex; flex-direction: column; gap: 5px;"> <div><span style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</span></div> </div>   |
| METHADONE INTENSOL  | Formulary High Cost Generics | <div style="display: flex; flex-direction: column; gap: 5px;"> <div><span style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</span></div> </div>   |
| METHADOSE 40 MG TABLET DISPR  | Formulary High Cost Generics | <div style="display: flex; flex-direction: column; gap: 5px;"> <div><span style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</span></div> </div>   |
| <i>morphine sulfate (morphine sulfate 15 mg tablet er, morphine sulfate 30 mg tablet er, morphine sulfate 60 mg tablet er, morphine sulfate 100 mg tablet er, morphine sulfate 200 mg tablet er)</i>                | Formulary High Cost Generics | <div style="display: flex; flex-direction: column; gap: 5px;"> <div><span style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</span></div> </div>   |
| <i>morphine sulfate (morphine sulfate 5 mg supp.rect, morphine sulfate 10 mg supp.rect, morphine sulfate 20 mg supp.rect, morphine sulfate 30 mg supp.rect)</i>   | Formulary High Cost Generics | <div style="display: flex; flex-direction: column; gap: 5px;"> <div><span style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 8 SUPP / 1 DAY</div> <div><span style="background-color: #0070C0; color: white; padding: 2px 5px; border-radius: 3px;">OP</span> Opioid Program</div> </div> |
| <i>morphine sulfate 10 mg/5 ml solution</i>   | Formulary High Cost Generics | <div style="display: flex; flex-direction: column; gap: 5px;"> <div><span style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 30 ML / 1 DAY</div> <div><span style="background-color: #0070C0; color: white; padding: 2px 5px; border-radius: 3px;">OP</span> Opioid Program</div> </div>  |
| <i>morphine sulfate 100 mg/5ml solution</i>   | Formulary High Cost Generics | <div style="display: flex; flex-direction: column; gap: 5px;"> <div><span style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 4 ML / 1 DAY</div> <div><span style="background-color: #0070C0; color: white; padding: 2px 5px; border-radius: 3px;">OP</span> Opioid Program</div> </div>   |
| <i>morphine sulfate 15 mg tablet</i>  | Formulary High Cost Generics | <div style="display: flex; flex-direction: column; gap: 5px;"> <div><span style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 5 TABS / 1 DAY</div> <div><span style="background-color: #0070C0; color: white; padding: 2px 5px; border-radius: 3px;">OP</span> Opioid Program</div> </div> |
| <i>morphine sulfate 20 mg/5 ml solution</i>   | Formulary High Cost Generics | <div style="display: flex; flex-direction: column; gap: 5px;"> <div><span style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 20 ML / 1 DAY</div> <div><span style="background-color: #0070C0; color: white; padding: 2px 5px; border-radius: 3px;">OP</span> Opioid Program</div> </div>  |
| <i>morphine sulfate 30 mg tablet</i>  | Formulary High Cost Generics | <div style="display: flex; flex-direction: column; gap: 5px;"> <div><span style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 2 TABS / 1 DAY</div> <div><span style="background-color: #0070C0; color: white; padding: 2px 5px; border-radius: 3px;">OP</span> Opioid Program</div> </div> |
| MORPHINE SULFATE IR 15 MG TAB (BRAND)   | Formulary Brands             | <div style="display: flex; flex-direction: column; gap: 5px;"> <div><span style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 5 TABS / 1 DAY</div> <div><span style="background-color: #0070C0; color: white; padding: 2px 5px; border-radius: 3px;">OP</span> Opioid Program</div> </div> |



| PRODUCT DESCRIPTION   | TIER                         | LIMITS & RESTRICTIONS                                       |
|---|------------------------------|---|
| MORPHINE SULFATE IR 30 MG TAB (BRAND)   | Formulary Brands             | <p>QL 2 TABS / 1 DAY</p> <p>OP Opioid Program</p>           |
| NUCYNTA 100 MG TABLET   | Formulary Brands             | <p>QL 2 TABS / 1 DAY</p> <p>PA</p> <p>OP Opioid Program</p> |
| NUCYNTA 50 MG TABLET  | Formulary Brands             | <p>QL 4 TABS / 1 DAY</p> <p>PA</p> <p>OP Opioid Program</p> |
| NUCYNTA 75 MG TABLET  | Formulary Brands             | <p>QL 3 TABS / 1 DAY</p> <p>PA</p> <p>OP Opioid Program</p> |
| <i>oxycodone hcl (oxycodone hcl 10 mg tab er 12h, oxycodone hcl 20 mg tab er 12h, oxycodone hcl 30 mg tablet)</i> | Formulary High Cost Generics | PA  |
| <i>oxycodone hcl (oxycodone hcl 15 mg tablet, oxycodone hcl 15 mg tablet orl)</i>                                 | Formulary High Cost Generics | <p>QL 3 TABS / 1 DAY</p> <p>OP Opioid Program</p>           |
| <i>oxycodone hcl (oxycodone hcl 40 mg tab er 12h, oxycodone hcl 80 mg tab er 12h)</i>                             | Formulary Low Cost Generics  | PA  |
| <i>oxycodone hcl 10 mg tablet</i>   | Formulary High Cost Generics | <p>QL 5 TABS / 1 DAY</p> <p>OP Opioid Program</p>           |
| <i>oxycodone hcl 20 mg tablet</i>   | Formulary High Cost Generics | <p>QL 2 TABS / 1 DAY</p> <p>OP Opioid Program</p>           |
| <i>oxycodone hcl 20 mg/ml oral conc</i>   | Formulary High Cost Generics | <p>QL 2 ML / 1 DAY</p> <p>OP Opioid Program</p>             |
| <i>oxycodone hcl 5 mg capsule</i>   | Formulary High Cost Generics | <p>QL 8 CAPS / 1 DAY</p> <p>OP Opioid Program</p>           |
| <i>oxycodone hcl 5 mg tablet</i>  | Formulary High Cost Generics | <p>QL 8 TABS / 1 DAY</p> <p>OP Opioid Program</p>           |
| <i>oxycodone hcl 5 mg/5 ml solution</i>   | Formulary Low Cost Generics  | <p>QL 40 ML / 1 DAY</p> <p>OP Opioid Program</p>            |

| PRODUCT DESCRIPTION   | TIER                         | LIMITS & RESTRICTIONS  |
|---|------------------------------|--|
| <i>oxycodone hcl/acetaminophen 10mg-325mg tablet</i>  | Formulary High Cost Generics | <p>QL 5 TABS / 1 DAY</p> <p>OP Opioid Program</p>                                |
| <i>oxycodone hcl/acetaminophen 5 mg-325mg tablet</i>  | Formulary High Cost Generics | <p>QL 8 TABS / 1 DAY</p> <p>OP Opioid Program</p>                                |
| <i>oxycodone hcl/acetaminophen 7.5-325 mg tablet</i>  | Formulary High Cost Generics | <p>QL 7 TABS / 1 DAY</p> <p>OP Opioid Program</p>                                |
| OXYCONTIN   | Formulary Brands             | PA   |
| <i>oxymorphone hcl (oxymorphone hcl 5 mg tab er 12h, oxymorphone hcl 7.5 mg tab er 12h, oxymorphone hcl 10 mg tab er 12h, oxymorphone hcl 15 mg tab er 12h, oxymorphone hcl 20 mg tab er 12h, oxymorphone hcl 30 mg tab er 12h, oxymorphone hcl 40 mg tab er 12h)</i> | Formulary High Cost Generics | PA   |
| <i>oxymorphone hcl 10 mg tablet</i>   | Formulary High Cost Generics | <p>QL 2 TABS / 1 DAY</p> <p>PA</p> <p>OP Opioid Program</p>                      |
| <i>oxymorphone hcl 5 mg tablet</i>  | Formulary High Cost Generics | <p>QL 5 TABS / 1 DAY</p> <p>PA</p> <p>OP Opioid Program</p>                      |
| <i>tramadol er 100 mg tablet (generic for ryzolt)</i>   | Formulary High Cost Generics | <p>QL 3 TABS / 1 DAY</p> <p>PA</p> <p>AL1 At least 12 yrs old</p>                |
| <i>tramadol er 200 mg tablet (generic for ryzolt)</i>   | Formulary High Cost Generics | <p>QL 1 TAB / 1 DAY</p> <p>PA</p> <p>AL1 At least 12 yrs old</p>                 |
| <i>tramadol er 300 mg tablet (generic for ryzolt)</i>   | Formulary High Cost Generics | <p>QL 1 TAB / 1 DAY</p> <p>PA</p> <p>AL1 At least 12 yrs old</p>                 |
| <i>tramadol hcl 50 mg tablet</i>  | Formulary Low Cost Generics  | <p>QL 8 TABS / 1 DAY</p> <p>AL1 At least 12 yrs old</p> <p>OP Opioid Program</p> |

| PRODUCT DESCRIPTION  | TIER                         | LIMITS & RESTRICTIONS  |
|--|------------------------------|--|
| <i>tramadol hcl er 100 mg capsule (generic for conzip)</i>   | Formulary High Cost Generics | <p>QL 3 CAPS / 1 DAY</p> <p>PA</p> <p>AL1 At least 12 yrs old</p>                          |
| <i>tramadol hcl er 100 mg tablet (generic for ultram er)</i>   | Formulary High Cost Generics | <p>QL 3 TABS / 1 DAY</p> <p>PA</p> <p>AL1 At least 12 yrs old</p>                          |
| <i>tramadol hcl er 200 mg capsule (generic for conzip)</i>   | Formulary High Cost Generics | <p>QL 1 CAP / 1 DAY</p> <p>PA</p> <p>AL1 At least 12 yrs old</p>                           |
| <i>tramadol hcl er 200 mg tablet (generic for ultram er)</i>   | Formulary High Cost Generics | <p>QL 1 TAB / 1 DAY</p> <p>PA</p> <p>AL1 At least 12 yrs old</p>                           |
| <i>tramadol hcl er 300 mg capsule (generic for conzip)</i>   | Formulary High Cost Generics | <p>QL 1 CAP / 1 DAY</p> <p>PA</p> <p>AL1 At least 12 yrs old</p>                           |
| <i>tramadol hcl er 300 mg tablet (generic for ultram er)</i>   | Formulary High Cost Generics | <p>QL 1 TAB / 1 DAY</p> <p>PA</p> <p>AL1 At least 12 yrs old</p>                           |
| <i>tramadol hcl/acetaminophen</i>  | Formulary High Cost Generics | <p>QL 8 TABS / 1 DAY</p> <p>PA</p> <p>AL1 At least 12 yrs old</p> <p>OP Opioid Program</p> |
| <b>OPIOID PARTIAL AGONISTS</b>   |                              |  |
| <i>buprenorphine</i>   | Formulary High Cost Generics | PA   |
| <i>buprenorphine hcl 2 mg tab subl</i>   | Formulary High Cost Generics | QL 12 TABS / 1 DAY   |
| <i>buprenorphine hcl 8 mg tab subl</i>   | Formulary High Cost Generics | QL 3 TABS / 1 DAY  |
| <i>buprenorphine hcl/naloxone hcl (buprenorphine hcl/naloxone hcl 2 mg-0.5mg film, buprenorphine hcl/naloxone hcl 4mg-1mg film, buprenorphine hcl/naloxone hcl 8 mg-2 mg film)</i> | Formulary High Cost Generics | QL 3 FILMS / 1 DAY   |

| PRODUCT DESCRIPTION   | TIER                         | LIMITS & RESTRICTIONS                        |
|---|------------------------------|--|
| <i>buprenorphine hcl/naloxone hcl (buprenorphine hcl/naloxone hcl 2 mg-0.5mg tab subl, buprenorphine hcl/naloxone hcl 8 mg-2 mg tab subl)</i> | Formulary High Cost Generics | QL 3 TABS / 1 DAY                            |
| <i>buprenorphine hcl/naloxone hcl 12 mg-3 mg film</i>   | Formulary High Cost Generics | QL 2 FILMS / 1 DAY                           |
| <i>pentazocine hcl/naloxone hcl</i>   | Formulary High Cost Generics | QL 8 TABS / 1 DAY<br>PA<br>OP Opioid Program |
| ANOREXIGENIC AGENTS   |                              |  |
| AMPHETAMINE DERIVATIVES   |                              |  |
| LOMAIRA   | Formulary High Cost Generics | QL 3 TABS / 1 DAY<br>WL Weight Loss          |
| <i>phentermine hcl (phentermine hcl 30 mg capsule, phentermine hcl 37.5 mg capsule)</i>   | Formulary High Cost Generics | QL 1 CAP / 1 DAY<br>WL Weight Loss           |
| <i>phentermine hcl 15 mg capsule</i>  | Formulary High Cost Generics | QL 2 CAPS / 1 DAY<br>WL Weight Loss          |
| <i>phentermine hcl 37.5 mg tablet</i>   | Formulary High Cost Generics | QL 1 TAB / 1 DAY<br>WL Weight Loss           |
| ANOREXIGENICS;RESPIRATORY,CNS STIMULANTS  |                              |  |
| AMPHETAMINES  |                              |  |
| <i>amphetamine sulfate</i>  | Formulary High Cost Generics | QL 4 TABS / 1 DAY<br>PA                      |
| <i>dextroamp-amphetamin 15 mg tab (generic adderall)</i>  | Formulary High Cost Generics | QL 3 TABS / 1 DAY                            |
| <i>dextroamp-amphetamin 20 mg tab (generic adderall)</i>  | Formulary High Cost Generics | QL 3 TABS / 1 DAY                            |

| PRODUCT DESCRIPTION   | TIER                         | LIMITS & RESTRICTIONS    |
|---|------------------------------|--------------------------|
| <i>dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate (dextroamphetamine/amphetamine 5 mg cap er 24h, dextroamphetamine/amphetamine 10 mg cap er 24h, dextroamphetamine/amphetamine 15 mg cap er 24h, dextroamphetamine/amphetamine 20 mg cap er 24h, dextroamphetamine/amphetamine 25 mg cap er 24h, dextroamphetamine/amphetamine 30 mg cap er 24h)</i> | Formulary High Cost Generics | <b>QL</b> 2 CAPS / 1 DAY |
| <i>dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate (dextroamphetamine/amphetamine 5 mg tablet, dextroamphetamine/amphetamine 7.5 mg tablet, dextroamphetamine/amphetamine 10 mg tablet, dextroamphetamine/amphetamine 12.5 mg tablet)</i>  | Formulary High Cost Generics | <b>QL</b> 3 TABS / 1 DAY |
| <i>dextroamphetamine sulfate (dextroamphetamine sulfate 5 mg capsule er, dextroamphetamine sulfate 10 mg capsule er, dextroamphetamine sulfate 15 mg capsule er)</i>  | Formulary High Cost Generics | <b>QL</b> 4 CAPS / 1 DAY |
| <i>dextroamphetamine sulfate (dextroamphetamine sulfate 5 mg tablet, dextroamphetamine sulfate 10 mg tablet)</i>  | Formulary High Cost Generics | <b>QL</b> 4 TABS / 1 DAY |
| <i>dextroamphetamine/amphetamine 30 mg tablet</i>   | Formulary High Cost Generics | <b>QL</b> 2 TABS / 1 DAY |
| <i>lisdexamfetamine dimesylate (lisdexamfetamine dimesylate 10 mg capsule, lisdexamfetamine dimesylate 20 mg capsule, lisdexamfetamine dimesylate 30 mg capsule)</i>  | Formulary High Cost Generics | <b>QL</b> 2 CAPS / 1 DAY |
| <i>lisdexamfetamine dimesylate (lisdexamfetamine dimesylate 10 mg tab chew, lisdexamfetamine dimesylate 20 mg tab chew, lisdexamfetamine dimesylate 30 mg tab chew)</i>   | Formulary High Cost Generics | <b>QL</b> 2 TABS / 1 DAY |

| PRODUCT DESCRIPTION   | TIER                         | LIMITS & RESTRICTIONS                     |
|---|------------------------------|---|
| <i>lisdexamfetamine dimesylate (lisdexamfetamine dimesylate 40 mg capsule, lisdexamfetamine dimesylate 50 mg capsule, lisdexamfetamine dimesylate 60 mg capsule, lisdexamfetamine dimesylate 70 mg capsule)</i> | Formulary High Cost Generics | QL 1 CAP / 1 DAY                          |
| <i>lisdexamfetamine dimesylate (lisdexamfetamine dimesylate 40 mg tab chew, lisdexamfetamine dimesylate 50 mg tab chew, lisdexamfetamine dimesylate 60 mg tab chew)</i>   | Formulary High Cost Generics | QL 1 TAB / 1 DAY                          |
| <b>ANOREXIGENIC AGENTS</b>  |                              |   |
| CONTRAVE  | Formulary Brands             | PA<br>WL Weight Loss                      |
| QSYMIA (QSYMIA 7.5 MG-46 MG CAPSULE, QSYMIA 11.25 MG-69 MG CAPSULE, QSYMIA 15 MG-92 MG CAPSULE)   | Formulary Brands             | QL 2 CAPS / 1 DAY<br>PA<br>WL Weight Loss |
| QSYMIA 3.75 MG-23 MG CAPSULE  | Formulary Brands             | QL 4 CAPS / 1 DAY<br>PA<br>WL Weight Loss |
| <b>RESPIRATORY AND CNS STIMULANTS</b>   |                              |   |
| <i>atomoxetine hcl (atomoxetine hcl 10 mg capsule, atomoxetine hcl 18 mg capsule, atomoxetine hcl 25 mg capsule, atomoxetine hcl 40 mg capsule)</i>   | Formulary High Cost Generics | QL 2 CAPS / 1 DAY                         |
| <i>atomoxetine hcl (atomoxetine hcl 60 mg capsule, atomoxetine hcl 80 mg capsule, atomoxetine hcl 100 mg capsule)</i>   | Formulary High Cost Generics | QL 1 CAP / 1 DAY                          |
| <i>dexmethylphenidate hcl (dexmethylphenidate hcl 2.5 mg tablet, dexmethylphenidate hcl 5 mg tablet, dexmethylphenidate hcl 10 mg tablet)</i>   | Formulary High Cost Generics | QL 2 TABS / 1 DAY                         |
| <i>dexmethylphenidate hcl (dexmethylphenidate hcl 25 mg cpbp 50-50, dexmethylphenidate hcl 30 mg cpbp 50-50, dexmethylphenidate hcl 35 mg cpbp 50-50, dexmethylphenidate hcl 40 mg cpbp 50-50)</i>              | Formulary High Cost Generics | QL 1 CAP / 1 DAY                          |

| PRODUCT DESCRIPTION   | TIER                         | LIMITS & RESTRICTIONS |
|---|------------------------------|-----------------------|
| <i>dexmethylphenidate hcl (dexmethylphenidate hcl 5 mg cpbp 50-50, dexmethylphenidate hcl 10 mg cpbp 50-50, dexmethylphenidate hcl 15 mg cpbp 50-50, dexmethylphenidate hcl 20 mg cpbp 50-50)</i>   | Formulary High Cost Generics | QL 2 CAPS / 1 DAY     |
| METADATE ER   | Formulary High Cost Generics | QL 3 TABS / 1 DAY     |
| <i>methylphenidate er 10 mg cap (authorized generic)</i>  | Formulary High Cost Generics | QL 2 CAPS / 1 DAY     |
| <i>methylphenidate er 15 mg cap (authorized generic)</i>  | Formulary High Cost Generics | QL 2 CAPS / 1 DAY     |
| <i>methylphenidate er 20 mg cap (authorized generic)</i>  | Formulary High Cost Generics | QL 2 CAPS / 1 DAY     |
| <i>methylphenidate er 30 mg cap (authorized generic)</i>  | Formulary High Cost Generics | QL 2 CAPS / 1 DAY     |
| <i>methylphenidate er 40 mg cap (authorized generic)</i>  | Formulary High Cost Generics | QL 1 CAP / 1 DAY      |
| <i>methylphenidate er 50 mg cap (authorized generic)</i>  | Formulary High Cost Generics | QL 1 CAP / 1 DAY      |
| <i>methylphenidate er 60 mg cap (authorized generic)</i>  | Formulary High Cost Generics | QL 1 CAP / 1 DAY      |
| <i>methylphenidate hcl (methylphenidate hcl 10 mg cpbp 30-70, methylphenidate hcl 10 mg cpbp 50-50, methylphenidate hcl 10 mg csbp 40-60, methylphenidate hcl 15 mg csbp 40-60, methylphenidate hcl 20 mg cpbp 30-70, methylphenidate hcl 20 mg cpbp 50-50, methylphenidate hcl 20 mg csbp 40-60, methylphenidate hcl 30 mg cpbp 30-70, methylphenidate hcl 30 mg cpbp 50-50, methylphenidate hcl 30 mg csbp 40-60)</i> | Formulary High Cost Generics | QL 2 CAPS / 1 DAY     |
| <i>methylphenidate hcl (methylphenidate hcl 18 mg tab er 24, methylphenidate hcl 27 mg tab er 24, methylphenidate hcl 36 mg tab er 24)</i>  | Formulary High Cost Generics | QL 2 TABS / 1 DAY     |

| PRODUCT DESCRIPTION   | TIER                         | LIMITS & RESTRICTIONS                      |
|---|------------------------------|--|
| <i>methylphenidate hcl (methylphenidate hcl 40 mg cbbp 30-70, methylphenidate hcl 40 mg cbbp 50-50, methylphenidate hcl 40 mg csbp 40-60, methylphenidate hcl 50 mg cbbp 30-70, methylphenidate hcl 50 mg csbp 40-60, methylphenidate hcl 60 mg cbbp 30-70, methylphenidate hcl 60 mg cbbp 50-50, methylphenidate hcl 60 mg csbp 40-60)</i> | Formulary High Cost Generics | QL 1 CAP / 1 DAY                           |
| <i>methylphenidate hcl (methylphenidate hcl 5 mg tablet, methylphenidate hcl 10 mg tablet, methylphenidate hcl 20 mg tablet, methylphenidate hcl 20 mg tablet er)</i>   | Formulary High Cost Generics | QL 3 TABS / 1 DAY                          |
| <i>methylphenidate hcl 10 mg tablet er</i>  | Formulary High Cost Generics | QL 4 TABS / 1 DAY                          |
| <i>methylphenidate hcl 10 mg/5 ml solution</i>  | Formulary High Cost Generics | QL 30 ML / 1 DAY                           |
| <i>methylphenidate hcl 5 mg/5 ml solution</i>   | Formulary High Cost Generics | QL 60 ML / 1 DAY                           |
| <i>methylphenidate hcl 54 mg tab er 24</i>  | Formulary High Cost Generics | QL 1 TAB / 1 DAY                           |
| <b>WAKEFULNESS-PROMOTING AGENTS</b>   |                              |  |
| <i>armodafinil (armodafinil 150 mg tablet, armodafinil 200 mg tablet, armodafinil 250 mg tablet)</i>  | Formulary High Cost Generics | QL 1 TAB / 1 DAY                           |
| <i>armodafinil 50 mg tablet</i>   | Formulary High Cost Generics | QL 2 TABS / 1 DAY                          |
| <i>modafinil</i>  | Formulary High Cost Generics | QL 2 TABS / 1 DAY                          |
| <i>sodium oxybate</i>   | Formulary High Cost Generics | QL 18 ML / 1 DAY<br>PA<br>S Specialty Drug |
| SUNOSI  | Formulary Brands             | QL 1 TAB / 1 DAY<br>PA                     |
| XYWAV   | Formulary Brands             | QL 18 ML / 1 DAY<br>PA<br>S Specialty Drug |



| PRODUCT DESCRIPTION  | TIER                         | LIMITS & RESTRICTIONS |
|--|------------------------------|-----------------------|
| <b>ANTI-INFECTIVE AGENTS</b>   |                              |                       |
| <b>ANTHELMINTICS</b>   |                              |                       |
| <i>albendazole</i>   | Formulary High Cost Generics | PA                    |
| <i>ivermectin 3 mg tablet</i>  | Formulary High Cost Generics | QL 40 TABS / RX       |
| <i>praziquantel</i>  | Formulary High Cost Generics |                       |
| <b>URINARY ANTI-INFECTIVES</b>   |                              |                       |
| <i>fosfomycin tromethamine</i>   | Formulary High Cost Generics | QL 1 PACKET / RX      |
| <i>methenamine hippurate</i>   | Formulary High Cost Generics |                       |
| <i>nitrofurantoin 25 mg/5 ml oral susp</i>   | Formulary High Cost Generics | AL1 Up to 12 yrs old  |
| <i>nitrofurantoin macrocrystal (nitrofurantoin macrocrystal 50 mg capsule, nitrofurantoin macrocrystal 100 mg capsule)</i> | Formulary High Cost Generics |                       |
| <i>nitrofurantoin macrocrystal 25 mg capsule</i>   | Formulary High Cost Generics | AL1 Up to 12 yrs old  |
| <i>nitrofurantoin monohydrate/macrocrystals</i>  | Formulary High Cost Generics |                       |
| <i>trimethoprim</i>  | Formulary Low Cost Generics  |                       |
| <b>ANTI-INFECTIVES (EENT)</b>  |                              |                       |
| <b>ANTI-INFECTIVES, MISCELLANEOUS (52:04)</b>  |                              |                       |
| <i>acetic acid 2 % solution</i>  | Formulary High Cost Generics |                       |
| <i>hydrocortisone/acetic acid 1 %-2 % drops</i>  | Formulary High Cost Generics |                       |
| <b>ANTIBACTERIALS (52:04)</b>  |                              |                       |
| <b>AK-POLY-BAC</b>   | Formulary High Cost Generics |                       |
| <b>AZASITE</b>   | Formulary Brands             | PA                    |
| <i>bacitracin 500 unit/g oint. (g)</i>   | Formulary High Cost Generics |                       |
| <i>bacitracin/polymyxin b sulfate</i>  | Formulary High Cost Generics |                       |
| <b>BESIVANCE</b>   | Formulary Brands             | PA                    |
| <i>ciprofloxacin hcl 0.2 % dropperette</i>   | Formulary High Cost Generics | PA                    |
| <i>ciprofloxacin hcl 0.3 % drops</i>   | Formulary Low Cost Generics  |                       |

| PRODUCT DESCRIPTION   | TIER                         | LIMITS & RESTRICTIONS |
|---|------------------------------|-----------------------|
| <i>ciprofloxacin hcl/dexamethasone</i>  | Formulary High Cost Generics |                       |
| <i>ciprofloxacin hcl/fluocinolone acetonide</i>   | Formulary High Cost Generics | PA                    |
| <i>doxycycline hyclate 20 mg tablet</i>   | Formulary Low Cost Generics  |                       |
| <i>erythromycin base 5 mg/gram oint. (g)</i>  | Formulary High Cost Generics |                       |
| <i>erythromycin base in ethanol 2 % gel (gram)</i>  | Formulary High Cost Generics |                       |
| <i>erythromycin base in ethanol 2 % solution</i>  | Formulary Low Cost Generics  | QL 60 ML / 30 DAYS    |
| <i>gatifloxacin</i>   | Formulary High Cost Generics |                       |
| GENTAK  | Formulary High Cost Generics |                       |
| <i>gentamicin sulfate 0.3 % drops</i>   | Formulary High Cost Generics |                       |
| <i>moxifloxacin hcl 0.5 % drops</i>   | Formulary Low Cost Generics  |                       |
| <i>moxifloxacin hcl 400 mg tablet</i>   | Formulary High Cost Generics |                       |
| NEO-POLYCIN   | Formulary High Cost Generics |                       |
| <i>neomycin sulfate/bacitracin/polymyxin b</i>  | Formulary High Cost Generics |                       |
| <i>neomycin sulfate/polymyxin b sulfate/gramicidin d</i>  | Formulary Low Cost Generics  |                       |
| <i>neomycin sulfate/polymyxin b sulfate/hydrocortisone (neomycin/polymyxin b/hydrocort 3.5-10k-1 drops susp, neomycin/polymyxin b/hydrocort 3.5-10k-1 solution)</i> | Formulary High Cost Generics |                       |
| <i>neomycin/polymyxin b sulfate/dexamethasone (neomycin/polymyxin b/dexametha 0.1 % drops susp, neomycin/polymyxin b/dexametha 3.5-10k-.1 oint. (g))</i>            | Formulary High Cost Generics |                       |
| <i>ofloxacin 0.3 % drops</i>  | Formulary High Cost Generics |                       |
| POLYCIN   | Formulary High Cost Generics |                       |
| <i>polymyxin b sulfate/trimethoprim</i>   | Formulary High Cost Generics |                       |
| PRED-G  | Formulary Brands             | PA                    |
| <i>sulfacetamide sodium (sulfacetamide sodium 10 % drops, sulfacetamide sodium 10 % oint. (g))</i>  | Formulary High Cost Generics |                       |
| <i>sulfacetamide sodium/prednisolone sodium phosphate</i>   | Formulary High Cost Generics |                       |

| PRODUCT DESCRIPTION   | TIER                         | LIMITS & RESTRICTIONS    |
|---|------------------------------|--------------------------|
| <i>tobramycin 0.3 % drops</i>   | Formulary High Cost Generics |                          |
| <i>tobramycin/dexamethasone</i>   | Formulary High Cost Generics |                          |
| ZYLET   | Formulary Brands             | PA                       |
| ANTIFUNGALS (EENT)  |                              |                          |
| NATACYN   | Formulary Brands             | PA                       |
| ANTIVIRALS (EENT)   |                              |                          |
| <i>trifluridine</i>   | Formulary High Cost Generics |                          |
| ASTRINGENTS (52:04)   |                              |                          |
| <i>chlorhexidine gluconate 0.12 % mouthwash</i>   | Formulary Low Cost Generics  |                          |
| PAROEX  | Formulary High Cost Generics |                          |
| PERIOGARD   | Formulary High Cost Generics |                          |
| ANTI-INFECTIVES (SKIN, MUCOUS MEMBRANE)   |                              |                          |
| ANTIBACTERIALS (84:04)  |                              |                          |
| ALTABAX   | Formulary Brands             | ST                       |
| <i>azelaic acid</i>   | Formulary High Cost Generics |                          |
| <i>clindamycin phosphate/benzoyl peroxide (clindamycin phos/benzoyl perox 1 %-5 % gel (gram), clindamycin phos/benzoyl perox 1 %-5 % gel w/pump, clindamycin phos/benzoyl perox 1.2(1) %-5% gel (gram))</i> | Formulary High Cost Generics |                          |
| <i>erythromycin base/benzoyl peroxide</i>   | Formulary High Cost Generics |                          |
| <i>gentamicin sulfate 0.1 % cream (g)</i>   | Formulary High Cost Generics |                          |
| <i>gentamicin sulfate 0.1 % oint. (g)</i>   | Formulary Low Cost Generics  |                          |
| <i>mafenide acetate</i>   | Formulary High Cost Generics | PA                       |
| <i>mupirocin</i>  | Formulary Low Cost Generics  | QL 44 GM / 1 FILL        |
| <i>mupirocin calcium</i>  | Formulary High Cost Generics | QL 30 GM / 30 DAYS<br>PA |
| NEUAC GEL   | Formulary High Cost Generics |                          |

| PRODUCT DESCRIPTION                                      | TIER                         | LIMITS & RESTRICTIONS |
|--|------------------------------|-----------------------|
| <b>ANTIVIRALS (SKIN AND MUCOUS MEMBRANE)</b>             |                              |                       |
| <i>acyclovir 5 % cream (g)</i>                           | Formulary High Cost Generics | QL 5 GM / RX<br>PA    |
| <i>acyclovir 5 % oint. (g)</i>                           | Formulary High Cost Generics | QL 15 GM / 1 FILL     |
| <i>penciclovir</i>                                       | Formulary High Cost Generics | PA                    |
| <b>ASTRINGENTS, ANTI-INFECTIVE</b>                       |                              |                       |
| <i>selenium sulfide 2.5 % lotion</i>                     | Formulary High Cost Generics |                       |
| <i>silver sulfadiazine</i>                               | Formulary High Cost Generics |                       |
| SSD  | Formulary High Cost Generics |                       |
| <b>LOCAL ANTI-INFECTIVES, MISCELLANEOUS</b>              |                              |                       |
| <i>sulfacetamide sod/sulfur/urea 10%-5%-10% cleanser</i> | Formulary High Cost Generics | QL 12 ML / 1 DAY      |
| <i>sulfacetamide sodium 10 % suspension</i>              | Formulary High Cost Generics |                       |
| <b>SCABICIDES AND PEDICULICIDES</b>                      |                              |                       |
| EURAX 10% CREAM  | Formulary Brands             | PA                    |
| <i>lindane</i>   | Formulary High Cost Generics | PA                    |
| <i>malathion</i>   | Formulary High Cost Generics |                       |
| <i>permethrin 5 % cream (g)</i>                          | Formulary High Cost Generics |                       |
| <i>spinosad</i>  | Formulary High Cost Generics | PA                    |
| ULESFIA  | Formulary Brands             | PA                    |
| <b>ANTI-INFLAMMATORY AGENTS (EENT)</b>                   |                              |                       |
| <b>CORTICOSTEROIDS (EENT)</b>                            |                              |                       |
| <i>dexamethasone sodium phosphate 0.1 % drops</i>        | Formulary High Cost Generics |                       |
| <i>difluprednate</i>                                     | Formulary High Cost Generics | PA                    |
| <i>flunisolide</i>                                       | Formulary High Cost Generics |                       |
| <i>fluocinolone acetonide oil</i>                        | Formulary High Cost Generics |                       |
| <i>fluorometholone</i>                                   | Formulary High Cost Generics |                       |
| <i>fluticasone prop 50 mcg spray (rx only)</i>           | Formulary Low Cost Generics  |                       |

| PRODUCT DESCRIPTION  | TIER                         | LIMITS & RESTRICTIONS                                  |
|--|------------------------------|--|
| <i>fluticasone propionate 50 mcg spray susp</i>  | Formulary Low Cost Generics  |  |
| <i>loteprednol etabonate (loteprednol etabonate 0.5 % drops gel, loteprednol etabonate 0.5 % drops susp)</i> | Formulary High Cost Generics |  |
| <i>loteprednol etabonate 0.2 % drops susp</i>  | Formulary High Cost Generics | PA   |
| <i>prednisolone ac 1% eye drop (generic pred forte)</i>  | Formulary High Cost Generics |  |
| <i>prednisolone sodium phosphate 1 % drops</i>   | Formulary Low Cost Generics  |  |
| EENT NONSTEROIDAL ANTI-INFLAM. AGENTS  |                              |  |
| <i>bromfenac sodium 0.09 % drops</i>   | Formulary High Cost Generics |  |
| <i>diclofenac sodium 0.1 % drops</i>   | Formulary Low Cost Generics  |  |
| <i>flurbiprofen sodium</i>   | Formulary Low Cost Generics  |  |
| ILEVRO   | Formulary Brands             | PA   |
| <i>ketorolac tromethamine (ketorolac tromethamine 0.4 % drops, ketorolac tromethamine 0.5 % drops)</i>       | Formulary High Cost Generics |  |
| ANTI-INFLAMMATORY AGENTS (RESPIRATORY)   |                              |  |
| INTERLEUKIN ANTAGONISTS  |                              |  |
| ARCALYST   | Formulary Brands             | PA<br>S Specialty Drug                                 |
| FASENRA PEN  | Formulary Brands             | QL 1 SYRINGE / 56 DAYS<br>PA<br>S Specialty Drug       |
| ILARIS   | Formulary Brands             | QL 1 ML / 56 DAYS<br>PA<br>S Specialty Drug            |
| NUCALA (NUCALA 40 MG/0.4 ML SYRINGE, NUCALA 100 MG/ML SYRINGE)   | Formulary Brands             | QL 1 SYRINGE / 28 DAYS<br>PA<br>S Specialty Drug       |
| NUCALA 100 MG/ML AUTO-INJECTOR   | Formulary Brands             | QL 1 AUTO-INJECTOR / 28 DAYS<br>PA<br>S Specialty Drug |

| PRODUCT DESCRIPTION  | TIER                         | LIMITS & RESTRICTIONS   |
|--|------------------------------|-------------------------|
| <b>LEUKOTRIENE MODIFIERS</b>   |                              |                         |
| <i>montelukast sodium (montelukast sodium 4 mg gran pack, montelukast sodium 4 mg tab chew, montelukast sodium 5 mg tab chew)</i>  | Formulary High Cost Generics |                         |
| <i>montelukast sodium 10 mg tablet</i>   | Formulary Low Cost Generics  |                         |
| <i>zafirlukast</i>   | Formulary High Cost Generics | PA                      |
| <i>zileuton</i>  | Formulary High Cost Generics | QL 4 TABS / 1 DAY<br>PA |
| <b>MAST-CELL STABILIZERS</b>   |                              |                         |
| <i>ALOCRIIL</i>  | Formulary Brands             | PA                      |
| <i>cromolyn sodium 20 mg/2 ml ampul-neb</i>  | Formulary High Cost Generics | PA                      |
| <i>cromolyn sodium 4 % drops</i>   | Formulary High Cost Generics |                         |
| <b>ANTI-INFLAMMATORY AGENTS (SKIN, MUCOUS)</b>   |                              |                         |
| <b>CORTICOSTEROIDS (SKIN, MUCOUS MEMBRANE)</b>   |                              |                         |
| <i>ALA-CORT 1% CREAM</i>   | Formulary High Cost Generics |                         |
| <i>alclometasone dipropionate</i>  | Formulary High Cost Generics |                         |
| <i>amcinonide 0.1 % cream (g)</i>  | Formulary High Cost Generics | PA                      |
| <i>betamethasone dipropionate (betamethasone dipropionate 0.05 % cream (g), betamethasone dipropionate 0.05 % gel (gram), betamethasone dipropionate 0.05 % lotion, betamethasone dipropionate 0.05 % oint. (g))</i> | Formulary High Cost Generics |                         |
| <i>betamethasone dipropionate/propylene glycol (betamethasone/propylene glycol 0.05 % lotion, betamethasone/propylene glycol 0.05 % oint. (g))</i>   | Formulary High Cost Generics |                         |
| <i>betamethasone valerate (betamethasone valerate 0.1 % cream (g), betamethasone valerate 0.1 % lotion, betamethasone valerate 0.1 % oint. (g))</i>  | Formulary High Cost Generics |                         |
| <i>betamethasone/propylene glycol 0.05 % cream (g)</i>   | Formulary Low Cost Generics  |                         |

| PRODUCT DESCRIPTION  | TIER                         | LIMITS & RESTRICTIONS |
|--|------------------------------|-----------------------|
| <i>clobetasol propionate (clobetasol propionate 0.05 % cream (g), clobetasol propionate 0.05 % gel (gram), clobetasol propionate 0.05 % oint. (g), clobetasol propionate 0.05 % solution)</i>  | Formulary High Cost Generics |                       |
| <i>clobetasol propionate/emoll 0.05 % cream (g)</i>  | Formulary High Cost Generics |                       |
| <b>CORDRAN 4 MCG/SQ CM TAPE LARGE</b>  | Formulary Brands             | PA                    |
| <i>desonide (desonide 0.05 % cream (g), desonide 0.05 % lotion, desonide 0.05 % oint. (g))</i>   | Formulary High Cost Generics |                       |
| <i>desoximetasone (desoximetasone 0.05 % cream (g), desoximetasone 0.05 % gel (gram), desoximetasone 0.25 % cream (g), desoximetasone 0.25 % oint. (g))</i>                                    | Formulary High Cost Generics |                       |
| <i>diflorasone diacetate</i>   | Formulary High Cost Generics | PA                    |
| <i>fluocinolone acetonide (fluocinolone acetonide 0.01 % cream (g), fluocinolone acetonide 0.01 % oil, fluocinolone acetonide 0.025 % cream (g), fluocinolone acetonide 0.025 % oint. (g))</i> | Formulary High Cost Generics |                       |
| <i>fluocinolone acetonide 0.01 % solution</i>  | Formulary High Cost Generics | QL 60 ML / 30 DAYS    |
| <i>fluocinolone acetonide/shower cap</i>   | Formulary High Cost Generics |                       |
| <i>fluocinonide (fluocinonide 0.05 % cream (g), fluocinonide 0.05 % gel (gram), fluocinonide 0.05 % oint. (g), fluocinonide 0.05 % solution, fluocinonide 0.1 % cream (g))</i>                 | Formulary High Cost Generics |                       |
| <i>fluocinonide/emollient base</i>   | Formulary High Cost Generics |                       |
| <i>fluticasone propionate (fluticasone propionate 0.005 % oint. (g), fluticasone propionate 0.05 % cream (g))</i>  | Formulary High Cost Generics |                       |
| <i>halobetasol propionate (halobetasol propionate 0.05 % cream (g), halobetasol propionate 0.05 % oint. (g))</i>   | Formulary High Cost Generics |                       |
| <i>halobetasol propionate 0.05 % foam</i>  | Formulary High Cost Generics | PA                    |

| PRODUCT DESCRIPTION   | TIER                         | LIMITS & RESTRICTIONS |
|---|------------------------------|-----------------------|
| <i>hydrocortisone (hydrocortisone 1 % cream (g), hydrocortisone 2.5 % cream (g), hydrocortisone 2.5 % crm/pe app, hydrocortisone 2.5 % lotion, hydrocortisone 100mg/60ml enema)</i>   | Formulary High Cost Generics |                       |
| <i>hydrocortisone 1% cream (rx only)</i>  | Formulary High Cost Generics |                       |
| <i>hydrocortisone 2.5 % oint. (g)</i>   | Formulary Low Cost Generics  |                       |
| <i>hydrocortisone acetate 25 mg supp.rect</i>   | Formulary High Cost Generics |                       |
| <i>hydrocortisone acetate/pramoxine hcl (hydrocortisone/pramoxine 1 %-1 % cream/appl, hydrocortisone/pramoxine 2.35 %-1 % cream (g), hydrocortisone/pramoxine 2.5 %-1 % cream (g), hydrocortisone/pramoxine 2.5 %-1 % cream/appl)</i> | Formulary High Cost Generics |                       |
| <i>hydrocortisone butyrate (hydrocortisone butyrate 0.1 % cream (g), hydrocortisone butyrate 0.1 % oint. (g))</i>   | Formulary High Cost Generics |                       |
| <i>hydrocortisone valerate</i>  | Formulary High Cost Generics |                       |
| <i>hydrocortisone-1% ointment</i>   | Formulary High Cost Generics |                       |
| <i>mometasone furoate (mometasone furoate 0.1 % cream (g), mometasone furoate 0.1 % oint. (g), mometasone furoate 0.1 % solution)</i>   | Formulary High Cost Generics |                       |
| ORALONE   | Formulary High Cost Generics |                       |
| PROCTO-MED HC   | Formulary High Cost Generics |                       |
| PROCTOCORT 1% CREAM   | Formulary Brands             |                       |
| PROCTOSOL-HC  | Formulary High Cost Generics |                       |
| PROCTOZONE-HC   | Formulary High Cost Generics |                       |



| PRODUCT DESCRIPTION   | TIER                         | LIMITS & RESTRICTIONS                              |
|---|------------------------------|--|
| <i>triamcinolone acetonide (triamcinolone acetonide 0.025 % cream (g), triamcinolone acetonide 0.025 % lotion, triamcinolone acetonide 0.025 % oint. (g), triamcinolone acetonide 0.1 % cream (g), triamcinolone acetonide 0.1 % lotion, triamcinolone acetonide 0.1 % oint. (g), triamcinolone acetonide 0.5 % cream (g), triamcinolone acetonide 0.5 % oint. (g))</i> | Formulary High Cost Generics |  |
| <i>triamcinolone acetonide 0.1 % paste (g)</i>  | Formulary Low Cost Generics  |  |
| TRIDERM   | Formulary High Cost Generics |  |
| IMMUNOMODULATORY AGENTS (84:06)   |                              |  |
| <i>pimecrolimus</i>   | Formulary High Cost Generics | QL 100 GM / 30 DAYS                                |
| SKYRIZI 150 MG/ML SYRINGE   | Formulary Brands             | QL 1 SYRINGE / 84 DAYS<br>PA<br>S Specialty Drug   |
| SKYRIZI ON-BODY   | Formulary Brands             | QL 1 CARTRIDGE / 56 DAYS<br>PA<br>S Specialty Drug |
| SKYRIZI PEN   | Formulary Brands             | QL 1 PEN / 84 DAYS<br>PA<br>S Specialty Drug       |
| <i>tacrolimus (tacrolimus 0.03 % oint. (g), tacrolimus 0.1 % oint. (g))</i>   | Formulary High Cost Generics | QL 100 GM / 30 DAYS                                |
| PHOSPHODIESTERASE-4 INHIBITORS (84:06)  |                              |  |
| EUCRISA   | Formulary Brands             | QL 60 GM / 30 DAYS<br>ST                           |
| ANTIARRHYTHMIC AGENTS   |                              |  |
| CLASS IA ANTIARRHYTHMICS  |                              |  |
| <i>disopyramide phosphate</i>   | Formulary High Cost Generics |  |
| NORPACE CR  | Formulary Brands             |  |
| <i>quinidine sulfate</i>  | Formulary High Cost Generics |  |

| PRODUCT DESCRIPTION   | TIER                         | LIMITS & RESTRICTIONS |
|---|------------------------------|-----------------------|
| <b>CLASS IB ANTIARRHYTHMICS</b>   |                              |                       |
| <i>mexiletine hcl</i>   | Formulary High Cost Generics |                       |
| <b>CLASS IC ANTIARRHYTHMICS</b>   |                              |                       |
| <i>flecainide acetate</i>   | Formulary High Cost Generics |                       |
| <i>propafenone hcl (propafenone hcl 150 mg tablet, propafenone hcl 225 mg tablet, propafenone hcl 300 mg tablet)</i>  | Formulary High Cost Generics |                       |
| <b>CLASS III ANTIARRHYTHMICS</b>  |                              |                       |
| <i>amiodarone hcl (amiodarone hcl 100 mg tablet, amiodarone hcl 200 mg tablet, amiodarone hcl 400 mg tablet)</i>  | Formulary High Cost Generics |                       |
| <i>dofetilide</i>   | Formulary High Cost Generics |                       |
| MULTAQ  | Formulary Brands             | PA                    |
| PACERONE  | Formulary High Cost Generics |                       |
| <b>CLASS IV ANTIARRHYTHMICS</b>   |                              |                       |
| CARTIA XT   | Formulary High Cost Generics |                       |
| DILT-XR   | Formulary Low Cost Generics  |                       |
| <i>diltiazem 24hr er 360 mg cap (generic for cardizem cd)</i>   | Formulary High Cost Generics |                       |
| <i>diltiazem hcl (diltiazem hcl 120 mg cap er deg, diltiazem hcl 180 mg cap er deg, diltiazem hcl 240 mg cap er deg, diltiazem hcl 360 mg cap sa 24h)</i>   | Formulary Low Cost Generics  |                       |
| <i>diltiazem hcl (diltiazem hcl 30 mg tablet, diltiazem hcl 60 mg tablet, diltiazem hcl 90 mg tablet, diltiazem hcl 120 mg cap er 24h, diltiazem hcl 120 mg cap sa 24h, diltiazem hcl 120 mg tablet, diltiazem hcl 180 mg cap er 24h, diltiazem hcl 180 mg cap sa 24h, diltiazem hcl 240 mg cap er 24h, diltiazem hcl 240 mg cap sa 24h, diltiazem hcl 300 mg cap er 24h, diltiazem hcl 300 mg cap sa 24h, diltiazem hcl 420 mg cap sa 24h)</i> | Formulary High Cost Generics |                       |
| TAZTIA XT (TAZTIA XT 120 MG CAPSULE, TAZTIA XT 180 MG CAPSULE, TAZTIA XT 240 MG CAPSULE, TAZTIA XT 300 MG CAPSULE)  | Formulary High Cost Generics |                       |

| PRODUCT DESCRIPTION   | TIER                         | LIMITS & RESTRICTIONS  |
|---|------------------------------|------------------------|
| TAZTIA XT 360 MG CAPSULE  | Formulary Low Cost Generics  |                        |
| TIADYLT ER (TIADYLT ER 120 MG CAPSULE, TIADYLT ER 180 MG CAPSULE, TIADYLT ER 240 MG CAPSULE, TIADYLT ER 300 MG CAPSULE, TIADYLT ER 420 MG CAPSULE)  | Formulary High Cost Generics |                        |
| TIADYLT ER 360 MG CAPSULE   | Formulary Low Cost Generics  |                        |
| <i>verapamil hcl (verapamil hcl 120 mg tablet er, verapamil hcl 180 mg tablet er, verapamil hcl 240 mg tablet er, verapamil hcl 360 mg cap24h pel)</i>  | Formulary High Cost Generics |                        |
| <i>verapamil hcl (verapamil hcl 40 mg tablet, verapamil hcl 80 mg tablet, verapamil hcl 120 mg cap24h pel, verapamil hcl 120 mg tablet, verapamil hcl 180 mg cap24h pel, verapamil hcl 240 mg cap24h pel)</i> | Formulary Low Cost Generics  |                        |
| <b>ANTIBACTERIALS (08:12)</b>   |                              |                        |
| <b>AMINOGLYCOSIDE ANTIBIOTICS</b>   |                              |                        |
| <i>neomycin sulfate</i>   | Formulary High Cost Generics |                        |
| <i>tobramycin in 0.225 % sodium chloride</i>  | Formulary High Cost Generics | PA<br>S Specialty Drug |
| <b>QUINOLONE ANTIBIOTICS</b>  |                              |                        |
| BAXDELA 450 MG TABLET   | Formulary Brands             | PA                     |
| CIPRO (CIPRO 5% SUSPENSION, CIPRO 10% SUSPENSION)   | Formulary Brands             | AL1 Up to 12 yrs old   |
| CIPRO HC  | Formulary Brands             |                        |
| <i>ciprofloxacin</i>  | Formulary High Cost Generics | AL1 Up to 12 yrs old   |
| <i>ciprofloxacin hcl (ciprofloxacin hcl 100 mg tablet, ciprofloxacin hcl 250 mg tablet, ciprofloxacin hcl 500 mg tablet, ciprofloxacin hcl 750 mg tablet)</i>   | Formulary Low Cost Generics  |                        |
| FACTIVE   | Formulary Brands             | PA                     |
| <i>levofloxacin (levofloxacin 0.5 % drops, levofloxacin 1.5 % drops)</i>  | Formulary High Cost Generics | PA                     |
| <i>levofloxacin (levofloxacin 250 mg tablet, levofloxacin 500 mg tablet, levofloxacin 750 mg tablet)</i>  | Formulary Low Cost Generics  |                        |

| PRODUCT DESCRIPTION   | TIER                         | LIMITS & RESTRICTIONS |
|---|------------------------------|-----------------------|
| <i>levofloxacin 250mg/10ml solution</i>   | Formulary High Cost Generics | AL1 Up to 12 yrs old  |
| <b>SULFONAMIDE ANTIBIOTICS (SYSTEMIC)</b>   |                              |                       |
| <i>sulfadiazine</i>   | Formulary High Cost Generics | PA                    |
| <i>sulfamethoxazole/trimethoprim (sulfamethoxazole/trimethoprim 200-40mg/5 oral susp, sulfamethoxazole/trimethoprim 400mg-80mg tablet, sulfamethoxazole/trimethoprim 800-160 mg tablet, sulfamethoxazole/trimethoprim 800-160/20 oral susp)</i> | Formulary Low Cost Generics  |                       |
| <i>sulfasalazine (sulfasalazine 500 mg tablet, sulfasalazine 500 mg tablet dr)</i>  | Formulary High Cost Generics |                       |
| <b>SULFATRIM</b>  | Formulary High Cost Generics |                       |
| <b>TETRACYCLINE ANTIBIOTICS</b>   |                              |                       |
| <i>demeclocycline hcl</i>   | Formulary High Cost Generics | PA                    |
| <i>doxycycline hyclate (doxycycline hyclate 50 mg capsule, doxycycline hyclate 100 mg capsule, doxycycline hyclate 100 mg tablet)</i>   | Formulary Low Cost Generics  |                       |
| <i>doxycycline monohydrate (doxycycline monohydrate 50 mg capsule, doxycycline monohydrate 50 mg tablet, doxycycline monohydrate 100 mg capsule, doxycycline monohydrate 100 mg tablet)</i>   | Formulary High Cost Generics |                       |
| <i>doxycycline monohydrate 25 mg/5 ml susp recon</i>  | Formulary High Cost Generics | AL1 Up to 12 yrs old  |
| <i>minocycline hcl (minocycline hcl 50 mg capsule, minocycline hcl 75 mg capsule, minocycline hcl 100 mg capsule)</i>   | Formulary High Cost Generics |                       |
| <i>tetracycline hcl (tetracycline hcl 250 mg capsule, tetracycline hcl 500 mg capsule)</i>  | Formulary High Cost Generics | PA                    |

| PRODUCT DESCRIPTION  | TIER                         | LIMITS & RESTRICTIONS  |
|--|------------------------------|------------------------|
| ANTIBACTERIALS, MISCELLANEOUS  |                              |                        |
| GLYCOPEPTIDE ANTIBIOTICS   |                              |                        |
| <i>vancomycin hcl 125 mg capsule</i>   | Formulary High Cost Generics |                        |
| <i>vancomycin hcl 250 mg capsule</i>   | Formulary Low Cost Generics  |                        |
| LINCOMYCIN ANTIBIOTICS   |                              |                        |
| CLEOCIN 100 MG VAGINAL OVULE   | Formulary Brands             |                        |
| <i>clindamycin hcl (clindamycin hcl 150 mg capsule, clindamycin hcl 300 mg capsule)</i>  | Formulary Low Cost Generics  |                        |
| <i>clindamycin hcl 75 mg capsule</i>   | Formulary High Cost Generics |                        |
| <i>clindamycin palmitate hcl</i>   | Formulary High Cost Generics | AL1 Up to 12 yrs old   |
| <i>clindamycin ph 1% gel (generic for cleocin t)</i>   | Formulary High Cost Generics |                        |
| <i>clindamycin phosphate (clindamycin phosphate 1 % lotion, clindamycin phosphate 1 % med. swab, clindamycin phosphate 2 % cream/appl)</i> | Formulary High Cost Generics |                        |
| <i>clindamycin phosphate 1 % solution</i>  | Formulary High Cost Generics | QL 60 ML / 30 DAYS     |
| OXAZOLIDINONE ANTIBIOTICS  |                              |                        |
| <i>linezolid 100 mg/5ml susp recon</i>   | Formulary High Cost Generics | PA                     |
| <i>linezolid 600 mg tablet</i>   | Formulary High Cost Generics | QL 28 TABS / RX        |
| SIVEXTRO 200 MG TABLET   | Formulary Brands             | PA                     |
| PLEUROMUTILINS   |                              |                        |
| XENLETA 600 MG TABLET  | Formulary Brands             | QL 10 TABS / RX<br>PA  |
| RIFAMYCIN ANTIBIOTICS  |                              |                        |
| XIFAXAN  | Formulary Brands             | PA                     |
| ANTICHOLINERGIC AGENTS   |                              |                        |
| ANTIMUSCARINICS/ANTISPASMODICS   |                              |                        |
| ANORO ELLIPTA  | Formulary Brands             |                        |
| ATROVENT HFA   | Formulary Brands             | QL 1 INHALER / 25 DAYS |

| PRODUCT DESCRIPTION  | TIER                         | LIMITS & RESTRICTIONS  |
|--|------------------------------|------------------------|
| COMBIVENT RESPIMAT   | Formulary Brands             | QL 1 INHALER / 30 DAYS |
| <i>dicyclomine hcl (dicyclomine hcl 10 mg/5 ml solution, dicyclomine hcl 20 mg tablet)</i>   | Formulary Low Cost Generics  |                        |
| <i>dicyclomine hcl 10 mg capsule</i>   | Formulary High Cost Generics |                        |
| <i>glycopyrrolate (glycopyrrolate 1 mg tablet, glycopyrrolate 2 mg tablet)</i>   | Formulary High Cost Generics |                        |
| <i>glycopyrrolate 1 mg/5 ml solution</i>   | Formulary High Cost Generics | PA                     |
| <i>hyoscyamine sulfate (hyoscyamine sulfate 0.125 mg tab rapdis, hyoscyamine sulfate 0.125 mg tab subl, hyoscyamine sulfate 0.125 mg tablet, hyoscyamine sulfate 0.125mg/ml drops, hyoscyamine sulfate 0.375 mg tab er 12h, hyoscyamine sulfate 125mcg/5ml elixir)</i> | Formulary High Cost Generics |                        |
| INCRUSE ELLIPTA  | Formulary Brands             |                        |
| <i>ipratropium bromide 0.2 mg/ml solution</i>  | Formulary High Cost Generics |                        |
| <i>ipratropium bromide/albuterol sulfate</i>   | Formulary High Cost Generics |                        |
| <i>methscopolamine bromide</i>   | Formulary High Cost Generics | PA                     |
| <i>scopolamine</i>   | Formulary High Cost Generics |                        |
| ANTICOAGULANTS   |                              |                        |
| COUMARIN DERIVATIVES   |                              |                        |
| <i>warfarin sodium</i>   | Formulary Low Cost Generics  |                        |
| DIRECT FACTOR XA INHIBITORS  |                              |                        |
| ELIQUIS (ELIQUIS 5 MG TABLET, ELIQUIS DVT-PE TREAT START 5MG)  | Formulary Brands             | QL 74 TABS / 30 DAYS   |
| ELIQUIS 2.5 MG TABLET  | Formulary Brands             | QL 2 TABS / 1 DAY      |
| XARELTO (XARELTO 10 MG TABLET, XARELTO 20 MG TABLET)   | Formulary Brands             | QL 1 TAB / 1 DAY       |
| XARELTO (XARELTO 2.5 MG TABLET, XARELTO 15 MG TABLET)  | Formulary Brands             | QL 2 TABS / 1 DAY      |
| XARELTO 1 MG/ML SUSPENSION   | Formulary Brands             | QL 20 ML / 1 DAY<br>PA |

| PRODUCT DESCRIPTION  | TIER                         | LIMITS & RESTRICTIONS |
|--|------------------------------|-----------------------|
| XARELTO DVT-PE TREAT START 30D   | Formulary Brands             | QL 51 TABS / 30 DAYS  |
| DIRECT THROMBIN INHIBITORS   |                              |                       |
| <i>dabigatran etexilate mesylate</i>   | Formulary High Cost Generics | QL 2 CAPS / 1 DAY     |
| HEPARINS   |                              |                       |
| <i>enoxaparin sodium (enoxaparin sodium 300 mg/3ml vial, enoxaparin sodium 300mg/3ml vial)</i>   | Formulary High Cost Generics | QL 2 VIALS / 1 DAY    |
| <i>enoxaparin sodium (enoxaparin sodium 30mg/0.3ml syringe, enoxaparin sodium 40mg/0.4ml syringe, enoxaparin sodium 60mg/0.6ml syringe, enoxaparin sodium 80mg/0.8ml syringe, enoxaparin sodium 100 mg/ml syringe, enoxaparin sodium 120mg/.8ml syringe, enoxaparin sodium 150 mg/ml syringe)</i>  | Formulary High Cost Generics | QL 2 SYRINGES / 1 DAY |
| <i>heparin sod,porcine/0.9 % nacl 100/ml kit</i>   | Covered                      |                       |
| <i>heparin sodium,porcine (heparin sodium,porcine 10 unit/ml vial, heparin sodium,porcine 100/ml vial)</i>   | Covered                      |                       |
| <i>heparin sodium,porcine (heparin sodium,porcine 1000/ml vial, heparin sodium,porcine 5000/ml syringe, heparin sodium,porcine 5000/ml vial, heparin sodium,porcine 5000/ml(1) cartridge, heparin sodium,porcine 10000/ml vial, heparin sodium,porcine 20000/ml vial)</i>  | Formulary High Cost Generics |                       |
| <i>heparin sodium,porcine/pf (heparin sodium,porcine/pf 1 unit/ml syringe, heparin sodium,porcine/pf 10 unit/ml syringe, heparin sodium,porcine/pf 10 unit/ml vial, heparin sodium,porcine/pf 100/ml (1) syringe, heparin sodium,porcine/pf 100/ml (1) vial, heparin sodium,porcine/pf 200/2 ml syringe, heparin sodium,porcine/pf 300/3 ml syringe, heparin sodium,porcine/pf 500/5 ml syringe, heparin sodium,porcine/pf 1000/10 ml syringe)</i> | Covered                      |                       |

| PRODUCT DESCRIPTION  | TIER                         | LIMITS & RESTRICTIONS   |
|--|------------------------------|---|
| <i>heparin sodium, porcine/pf (heparin sodium, porcine/pf 1000/ml vial, heparin sodium, porcine/pf 5000/0.5ml cartridge, heparin sodium, porcine/pf 5000/0.5ml vial, heparin sodium, porcine/pf 5000/ml syringe)</i>   | Formulary High Cost Generics |   |
| <b>INDIRECT FACTOR XA INHIBITORS</b>   |                              |   |
| <i>fondaparinux sodium</i>   | Formulary High Cost Generics | <span>QL</span> 1 SYRINGE / 1 DAY<br><span>PA</span>                              |
| <b>ANTICONVULSANTS</b>   |                              |   |
| <b>ANTICONVULSANTS, MISCELLANEOUS</b>  |                              |   |
| BRIVIACT (BRIVIACT 10 MG TABLET, BRIVIACT 25 MG TABLET, BRIVIACT 50 MG TABLET, BRIVIACT 75 MG TABLET, BRIVIACT 100 MG TABLET)  | Formulary Brands             | <span>QL</span> 2 TABS / 1 DAY<br><span>PA</span>                                 |
| BRIVIACT 10 MG/ML ORAL SOLN  | Formulary Brands             | <span>QL</span> 10 ML / 1 DAY<br><span>PA</span>                                  |
| <i>carbamazepine (carbamazepine 100 mg cpmp 12hr, carbamazepine 100 mg tab chew, carbamazepine 100 mg tab er 12h, carbamazepine 100 mg/5ml oral susp, carbamazepine 200 mg cpmp 12hr, carbamazepine 200 mg tab er 12h, carbamazepine 200 mg tablet, carbamazepine 300 mg cpmp 12hr, carbamazepine 400 mg tab er 12h)</i> | Formulary High Cost Generics |   |
| EPIDIOLEX  | Formulary Brands             | <span>QL</span> 20 ML / 1 DAY<br><span>PA</span><br><span>S</span> Specialty Drug |
| EPITOL   | Formulary High Cost Generics |   |
| <i>felbamate (felbamate 400 mg tablet, felbamate 600 mg tablet, felbamate 600 mg/5ml oral susp)</i>  | Formulary High Cost Generics |   |
| FINTEPLA   | Formulary Brands             | <span>PA</span><br><span>S</span> Specialty Drug                                  |
| FYCOMPA (FYCOMPA 4 MG TABLET, FYCOMPA 6 MG TABLET, FYCOMPA 8 MG TABLET, FYCOMPA 10 MG TABLET, FYCOMPA 12 MG TABLET)  | Formulary Brands             | <span>QL</span> 1 TAB / 1 DAY<br><span>PA</span>                                  |



| PRODUCT DESCRIPTION   | TIER                         | LIMITS & RESTRICTIONS  |
|---|------------------------------|--|
| FYCOMPA 0.5 MG/ML ORAL SUSP   | Formulary Brands             | <div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <span>8 ML / 1 DAY</span> </div> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA</div> </div>   |
| FYCOMPA 2 MG TABLET   | Formulary Brands             | <div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <span>2 TABS / 1 DAY</span> </div> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA</div> </div> |
| <i>lamotrigine (lamotrigine 5 mg tb chw dsp, lamotrigine 25 mg tablet, lamotrigine 25 mg tb chw dsp, lamotrigine 100 mg tablet, lamotrigine 150 mg tablet, lamotrigine 200 mg tablet)</i> | Formulary High Cost Generics |  |
| <i>levetiracetam (levetiracetam 100 mg/ml solution, levetiracetam 250 mg tablet, levetiracetam 500 mg tablet, levetiracetam 750 mg tablet, levetiracetam 1000 mg tablet)</i>              | Formulary High Cost Generics |  |
| <i>levetiracetam (levetiracetam 500 mg tab er 24h, levetiracetam 750 mg tab er 24h)</i>   | Formulary Low Cost Generics  |  |
| SUBVENITE   | Formulary High Cost Generics |  |
| <i>topiramate (topiramate 15 mg cap sprink, topiramate 25 mg cap sprink)</i>  | Formulary Low Cost Generics  | <div style="display: flex; align-items: center;"> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA</div> </div>   |
| <i>topiramate (topiramate 25 mg tablet, topiramate 50 mg tablet, topiramate 100 mg tablet, topiramate 200 mg tablet)</i>  | Formulary Low Cost Generics  |  |
| <b>BARBITURATES (ANTICONVULSANTS)</b>   |                              |  |
| <i>primidone</i>  | Formulary High Cost Generics |  |
| <b>BENZODIAZEPINES (ANTICONVULSANTS)</b>  |                              |  |
| <i>clobazam 10 mg tablet</i>  | Formulary High Cost Generics | <div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <span>4 TABS / 1 DAY</span> </div>   |
| <i>clobazam 2.5 mg/ml oral susp</i>   | Formulary High Cost Generics | <div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <span>16 ML / 1 DAY</span> </div>  |
| <i>clobazam 20 mg tablet</i>  | Formulary High Cost Generics | <div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <span>2 TABS / 1 DAY</span> </div>   |
| <i>clonazepam (clonazepam 0.125 mg tab rapdis, clonazepam 0.25 mg tab rapdis, clonazepam 0.5 mg tab rapdis, clonazepam 0.5 mg tablet)</i>   | Formulary Low Cost Generics  | <div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <span>6 TABS / 1 DAY</span> </div>   |
| <i>clonazepam (clonazepam 1 mg tab rapdis, clonazepam 1 mg tablet)</i>  | Formulary Low Cost Generics  | <div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <span>4 TABS / 1 DAY</span> </div>   |
| <i>clonazepam (clonazepam 2 mg tab rapdis, clonazepam 2 mg tablet)</i>  | Formulary Low Cost Generics  | <div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <span>2 TABS / 1 DAY</span> </div>   |

| PRODUCT DESCRIPTION  | TIER                         | LIMITS & RESTRICTIONS  |
|--|------------------------------|--|
| GABA-MEDIATED ANTICONVULSANTS  |                              |  |
| DIACOMIT 250 MG CAPSULE  | Formulary Brands             | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #663399; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #993333; color: white; padding: 2px 5px; border-radius: 3px;">S</div> </div> 12 CAPS / 1 DAY<br>Specialty Drug    |
| DIACOMIT 250 MG POWDER PACKET  | Formulary Brands             | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #663399; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #993333; color: white; padding: 2px 5px; border-radius: 3px;">S</div> </div> 12 PACKETS / 1 DAY<br>Specialty Drug |
| DIACOMIT 500 MG CAPSULE  | Formulary Brands             | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #663399; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #993333; color: white; padding: 2px 5px; border-radius: 3px;">S</div> </div> 6 CAPS / 1 DAY<br>Specialty Drug     |
| DIACOMIT 500 MG POWDER PACKET  | Formulary Brands             | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #663399; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #993333; color: white; padding: 2px 5px; border-radius: 3px;">S</div> </div> 6 PACKETS / 1 DAY<br>Specialty Drug  |
| <i>divalproex sodium (divalproex sodium 125 mg cap dr spr, divalproex sodium 250 mg tab er 24h, divalproex sodium 500 mg tab er 24h)</i> | Formulary Low Cost Generics  |  |
| <i>divalproex sodium (divalproex sodium 125 mg tablet dr, divalproex sodium 250 mg tablet dr, divalproex sodium 500 mg tablet dr)</i>    | Formulary High Cost Generics |  |
| <i>gabapentin (gabapentin 100 mg capsule, gabapentin 300 mg capsule)</i>   | Formulary High Cost Generics | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #663399; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> </div> 12 CAPS / 1 DAY   |
| <i>gabapentin (gabapentin 250 mg/5ml solution, gabapentin 300 mg/6ml solution)</i>   | Formulary High Cost Generics | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #663399; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> </div> 72 ML / 1 DAY   |
| <i>gabapentin 400 mg capsule</i>   | Formulary High Cost Generics | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #663399; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> </div> 9 CAPS / 1 DAY  |
| <i>gabapentin 600 mg tablet</i>  | Formulary High Cost Generics | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #663399; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> </div> 6 TABS / 1 DAY  |
| <i>gabapentin 800 mg tablet</i>  | Formulary High Cost Generics | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #663399; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> </div> 4 TABS / 1 DAY  |
| <i>pregabalin (pregabalin 225 mg capsule, pregabalin 300 mg capsule)</i>   | Formulary High Cost Generics | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #663399; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> </div> 2 CAPS / 1 DAY  |
| <i>pregabalin (pregabalin 25 mg capsule, pregabalin 50 mg capsule, pregabalin 75 mg capsule, pregabalin 100 mg capsule)</i>              | Formulary High Cost Generics | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #663399; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> </div> 6 CAPS / 1 DAY  |
| <i>pregabalin 150 mg capsule</i>   | Formulary High Cost Generics | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #663399; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> </div> 4 CAPS / 1 DAY  |

| PRODUCT DESCRIPTION  | TIER                         | LIMITS & RESTRICTIONS  |
|--|------------------------------|--|
| <i>pregabalin 20 mg/ml solution</i>  | Formulary High Cost Generics | <div style="display: flex; align-items: center;"> <div style="background-color: #4a4a8a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <span>30 ML / 1 DAY</span> </div> <div style="background-color: #8b572a; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px; display: inline-block;">PA</div>   |
| <i>pregabalin 200 mg capsule</i>   | Formulary High Cost Generics | <div style="display: flex; align-items: center;"> <div style="background-color: #4a4a8a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <span>3 CAPS / 1 DAY</span> </div>   |
| <i>tiagabine hcl</i>   | Formulary High Cost Generics |  |
| <i>valproic acid</i>   | Formulary High Cost Generics |  |
| <i>valproic acid (as sodium salt) (valproate sodium)</i>   | Formulary High Cost Generics |  |
| <i>vigabatrin</i>  | Formulary High Cost Generics | <div style="background-color: #8b572a; color: white; padding: 2px 5px; border-radius: 3px; display: inline-block; margin-bottom: 2px;">PA</div> <div style="background-color: #8b572a; color: white; padding: 2px 5px; border-radius: 3px; display: inline-block; margin-left: 5px;">S</div> Specialty Drug  |
| VIGADRONE  | Formulary High Cost Generics | <div style="background-color: #8b572a; color: white; padding: 2px 5px; border-radius: 3px; display: inline-block; margin-bottom: 2px;">PA</div> <div style="background-color: #8b572a; color: white; padding: 2px 5px; border-radius: 3px; display: inline-block; margin-left: 5px;">S</div> Specialty Drug  |
| VIGPODER   | Formulary High Cost Generics | <div style="background-color: #8b572a; color: white; padding: 2px 5px; border-radius: 3px; display: inline-block; margin-bottom: 2px;">PA</div> <div style="background-color: #8b572a; color: white; padding: 2px 5px; border-radius: 3px; display: inline-block; margin-left: 5px;">S</div> Specialty Drug  |
| HYDANTOINS   |                              |  |
| DILANTIN 30 MG CAPSULE   | Formulary Brands             |  |
| <i>phenytoin (phenytoin 50 mg tab chew, phenytoin 100 mg/4ml oral susp, phenytoin 125 mg/5ml oral susp)</i>                                      | Formulary High Cost Generics |  |
| <i>phenytoin sodium extended</i>   | Formulary High Cost Generics |  |
| ION CHANNEL INHIBITION AGENTS  |                              |  |
| APTIOM   | Formulary Brands             | <div style="background-color: #8b572a; color: white; padding: 2px 5px; border-radius: 3px; display: inline-block;">PA</div>  |
| <i>lacosamide (lacosamide 150 mg tablet, lacosamide 200 mg tablet)</i>   | Formulary High Cost Generics | <div style="display: flex; align-items: center;"> <div style="background-color: #4a4a8a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <span>2 TABS / 1 DAY</span> </div>   |
| <i>lacosamide 10 mg/ml solution</i>  | Formulary High Cost Generics | <div style="display: flex; align-items: center;"> <div style="background-color: #4a4a8a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <span>40 ML / 1 DAY</span> </div>  |
| <i>lacosamide 100 mg tablet</i>  | Formulary High Cost Generics | <div style="display: flex; align-items: center;"> <div style="background-color: #4a4a8a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <span>4 TABS / 1 DAY</span> </div>   |
| <i>lacosamide 50 mg tablet</i>   | Formulary High Cost Generics | <div style="display: flex; align-items: center;"> <div style="background-color: #4a4a8a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <span>8 TABS / 1 DAY</span> </div>   |
| <i>oxcarbazepine (oxcarbazepine 150 mg tablet, oxcarbazepine 300 mg tablet, oxcarbazepine 300 mg/5ml oral susp, oxcarbazepine 600 mg tablet)</i> | Formulary High Cost Generics |  |
| <i>rufinamide 200 mg tablet</i>  | Formulary High Cost Generics | <div style="display: flex; align-items: center;"> <div style="background-color: #4a4a8a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <span>16 TABS / 1 DAY</span> </div> <div style="background-color: #8b572a; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px; display: inline-block;">PA</div> |

| PRODUCT DESCRIPTION  | TIER                         | LIMITS & RESTRICTIONS  |
|--|------------------------------|--|
| <i>rufinamide 40 mg/ml oral susp</i>   | Formulary High Cost Generics | <div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">80 ML / 1 DAY</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>  |
| <i>rufinamide 400 mg tablet</i>  | Formulary High Cost Generics | <div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">8 TABS / 1 DAY</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> |
| <i>zonisamide</i>  | Formulary Low Cost Generics  |  |
| <b>SUCCINIMIDES</b>  |                              |  |
| <i>ethosuximide (ethosuximide 250 mg capsule, ethosuximide 250 mg/5ml solution)</i>  | Formulary High Cost Generics |  |
| <i>methsuximide</i>  | Formulary High Cost Generics | <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>   |
| <b>ANTIDEPRESSANTS</b>   |                              |  |
| <b>ANTIDEPRESSANTS, MISCELLANEOUS</b>  |                              |  |
| <i>bupropion hcl (bupropion hcl 75 mg tablet, bupropion hcl 100 mg tab sr 12h, bupropion hcl 100 mg tablet, bupropion hcl 150 mg tab er 12h, bupropion hcl 150 mg tab er 24h, bupropion hcl 150 mg tab sr 12h, bupropion hcl 200 mg tab sr 12h, bupropion hcl 300 mg tab er 24h)</i> | Formulary High Cost Generics |  |
| <b>MONOAMINE OXIDASE INHIBITORS</b>  |                              |  |
| <i>phenelzine sulfate</i>  | Formulary High Cost Generics |  |
| <i>tranylcypromine sulfate</i>   | Formulary High Cost Generics |  |
| <b>SEL.SEROTONIN,NOREPI REUPTAKE INHIBITOR</b>   |                              |  |
| <i>desvenlafaxine suc er 100 mg tablet (generic for Pristiq)</i>   | Formulary Low Cost Generics  |  |
| <i>desvenlafaxine suc er 25 mg tablet (generic for Pristiq)</i>  | Formulary Low Cost Generics  |  |
| <i>desvenlafaxine suc er 50 mg tablet (generic for Pristiq)</i>  | Formulary Low Cost Generics  |  |
| <i>duloxetine hcl (duloxetine hcl 20 mg capsule dr, duloxetine hcl 30 mg capsule dr, duloxetine hcl 60 mg capsule dr)</i>  | Formulary High Cost Generics |  |
| <b>FETZIMA</b>   | Formulary Brands             | <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>   |

| PRODUCT DESCRIPTION   | TIER                         | LIMITS & RESTRICTIONS |
|---|------------------------------|-----------------------|
| <i>venlafaxine hcl (venlafaxine hcl 25 mg tablet, venlafaxine hcl 37.5 mg cap er 24h, venlafaxine hcl 37.5 mg tablet, venlafaxine hcl 50 mg tablet, venlafaxine hcl 75 mg cap er 24h, venlafaxine hcl 75 mg tablet, venlafaxine hcl 100 mg tablet, venlafaxine hcl 150 mg cap er 24h)</i> | Formulary High Cost Generics |                       |
| <b>SELECTIVE-SEROTONIN REUPTAKE INHIBITORS</b>  |                              |                       |
| <i>citalopram hydrobromide (citalopram hydrobromide 10 mg tablet, citalopram hydrobromide 20 mg tablet, citalopram hydrobromide 40 mg tablet)</i>   | Formulary Low Cost Generics  |                       |
| <i>citalopram hydrobromide (citalopram hydrobromide 10 mg/5 ml solution, citalopram hydrobromide 20 mg/10ml solution)</i>   | Formulary High Cost Generics |                       |
| <i>escitalopram oxalate (escitalopram oxalate 5 mg tablet, escitalopram oxalate 10 mg tablet, escitalopram oxalate 20 mg tablet)</i>  | Formulary Low Cost Generics  |                       |
| <i>escitalopram oxalate 5 mg/5 ml solution</i>  | Formulary High Cost Generics |                       |
| <i>fluoxetine hcl (fluoxetine hcl 10 mg capsule, fluoxetine hcl 20 mg capsule, fluoxetine hcl 40 mg capsule)</i>  | Formulary Low Cost Generics  |                       |
| <i>fluoxetine hcl 20 mg/5 ml solution</i>   | Formulary High Cost Generics |                       |
| <i>fluvoxamine maleate (fluvoxamine maleate 25 mg tablet, fluvoxamine maleate 50 mg tablet, fluvoxamine maleate 100 mg tablet)</i>  | Formulary High Cost Generics |                       |
| <i>olanzapine/fluoxetine hcl</i>  | Formulary High Cost Generics | PA                    |
| <i>paroxetine hcl (paroxetine hcl 10 mg tablet, paroxetine hcl 20 mg tablet, paroxetine hcl 30 mg tablet, paroxetine hcl 40 mg tablet)</i>  | Formulary Low Cost Generics  |                       |
| <i>paroxetine hcl 10 mg/5 ml oral susp</i>  | Formulary High Cost Generics |                       |
| <i>sertraline hcl (sertraline hcl 20 mg/ml oral conc, sertraline hcl 25 mg tablet, sertraline hcl 50 mg tablet, sertraline hcl 100 mg tablet)</i>   | Formulary Low Cost Generics  |                       |

| PRODUCT DESCRIPTION   | TIER                         | LIMITS & RESTRICTIONS        |
|---|------------------------------|------------------------------|
| <b>SEROTONIN MODULATORS</b>   |                              |                              |
| <i>mirtazapine (mirtazapine 7.5 mg tablet, mirtazapine 15 mg tablet, mirtazapine 30 mg tablet, mirtazapine 45 mg tablet)</i>  | Formulary High Cost Generics |                              |
| <i>nefazodone hcl</i>   | Formulary High Cost Generics |                              |
| <i>trazodone hcl</i>  | Formulary Low Cost Generics  |                              |
| <b>TRINTELLIX</b>   | Formulary Brands             | PA                           |
| <b>VIIBRYD 10-20 MG STARTER PACK</b>  | Formulary Brands             | PA                           |
| <i>vilazodone hcl</i>   | Formulary High Cost Generics |                              |
| <b>TRICYCLICS, OTHER NOREPI-RU INHIBITORS</b>   |                              |                              |
| <i>amitriptyline hcl</i>  | Formulary High Cost Generics |                              |
| <i>amitriptyline hcl/chlordiazepoxide</i>   | Formulary High Cost Generics | PA                           |
| <i>amoxapine</i>  | Formulary High Cost Generics |                              |
| <i>clomipramine hcl</i>   | Formulary High Cost Generics |                              |
| <i>desipramine hcl</i>  | Formulary High Cost Generics |                              |
| <i>doxepin hcl (doxepin hcl 10 mg capsule, doxepin hcl 10 mg/ml oral conc, doxepin hcl 25 mg capsule, doxepin hcl 50 mg capsule, doxepin hcl 75 mg capsule, doxepin hcl 100 mg capsule, doxepin hcl 150 mg capsule)</i> | Formulary High Cost Generics |                              |
| <i>doxepin hcl (doxepin hcl 3 mg tablet, doxepin hcl 6 mg tablet)</i>   | Formulary High Cost Generics | PA                           |
| <i>imipramine hcl</i>   | Formulary High Cost Generics |                              |
| <i>nortriptyline hcl (nortriptyline hcl 10 mg capsule, nortriptyline hcl 10 mg/5 ml solution, nortriptyline hcl 25 mg capsule, nortriptyline hcl 50 mg capsule, nortriptyline hcl 75 mg capsule)</i>                    | Formulary High Cost Generics |                              |
| <i>perphenazine/amitriptyline hcl</i>   | Formulary High Cost Generics | PA<br>AL1 At least 7 yrs old |
| <i>protriptyline hcl</i>  | Formulary High Cost Generics |                              |
| <i>trimipramine maleate</i>   | Formulary High Cost Generics |                              |

| PRODUCT DESCRIPTION  | TIER                         | LIMITS & RESTRICTIONS                       |
|--|------------------------------|---|
| <b>ANTIDIABETIC AGENTS</b>   |                              |   |
| <b>ALPHA-GLUCOSIDASE INHIBITORS</b>  |                              |   |
| <i>acarbose</i>  | Formulary Low Cost Generics  |   |
| <i>miglitol</i>  | Formulary High Cost Generics |   |
| <b>BIGUANIDES</b>  |                              |   |
| <i>metformin hcl (metformin hcl 500 mg tab er 24h, metformin hcl 750 mg tab er 24h, metformin hcl 850 mg tablet)</i> | Formulary Low Cost Generics  |   |
| <i>metformin hcl 1,000 mg tablet (generic for glucophage)</i>  | Formulary Low Cost Generics  |   |
| <i>metformin hcl 500 mg tablet (generic for glucophage)</i>  | Formulary Low Cost Generics  |   |
| <b>DIPEPTIDYL PEPTIDASE-4(DPP-4) INHIBITORS</b>  |                              |   |
| <i>alogliptin benzoate</i>   | Formulary High Cost Generics | QL 1 TAB / 1 DAY                            |
| <i>alogliptin benzoate/metformin hcl</i>   | Formulary High Cost Generics | QL 2 TABS / 1 DAY                           |
| <i>alogliptin benzoate/pioglitazone hcl</i>  | Formulary High Cost Generics | QL 1 TAB / 1 DAY                            |
| JENTADUETO   | Formulary Brands             | QL 2 TABS / 1 DAY                           |
| JENTADUETO XR  | Formulary Brands             | QL 2 TABS / 1 DAY                           |
| TRADJENTA  | Formulary Brands             | QL 1 TAB / 1 DAY                            |
| <b>INCRETIN MIMETICS</b>   |                              |   |
| BYDUREON BCISE   | Formulary Brands             | QL 4 AUTOINJECTORS (3.4 ML) / 28 DAYS<br>PA |
| BYETTA 10 MCG DOSE PEN INJ   | Formulary Brands             | QL 1 PEN (2.4 ML) / 30 DAYS<br>PA           |
| BYETTA 5 MCG DOSE PEN INJ  | Formulary Brands             | QL 1 PEN (1.2 ML) / 30 DAYS<br>PA           |
| MOUNJARO   | Formulary Brands             | QL 4 PENS (2 ML) / 28 DAYS<br>PA            |
| OZEMPIC  | Formulary Brands             | QL 1 PEN (3 ML) / 28 DAYS<br>PA             |

| PRODUCT DESCRIPTION  | TIER                         | LIMITS & RESTRICTIONS  |
|--|------------------------------|--|
| RYBELSUS   | Formulary Brands             | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <span style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 1 TAB / 1 DAY         </div> <div style="display: flex; align-items: center;"> <span style="background-color: #8b572a; color: white; padding: 2px 5px; border-radius: 3px;">PA</span> </div> </div>  |
| SAXENDA  | Formulary Brands             | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <span style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 5 PENS (15 ML) / 30 DAYS         </div> <div style="display: flex; align-items: center;"> <span style="background-color: #8b572a; color: white; padding: 2px 5px; border-radius: 3px;">PA</span> </div> <div style="display: flex; align-items: center;"> <span style="background-color: #0070c0; color: white; padding: 2px 5px; border-radius: 3px;">WL</span> Weight Loss         </div> </div> |
| TRULICITY  | Formulary Brands             | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <span style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 4 PENS (2 ML) / 28 DAYS         </div> <div style="display: flex; align-items: center;"> <span style="background-color: #8b572a; color: white; padding: 2px 5px; border-radius: 3px;">PA</span> </div> </div>  |
| VICTOZA 2-PAK  | Formulary Brands             | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <span style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 3 PENS (9 ML) / 30 DAYS         </div> <div style="display: flex; align-items: center;"> <span style="background-color: #8b572a; color: white; padding: 2px 5px; border-radius: 3px;">PA</span> </div> </div>  |
| VICTOZA 3-PAK  | Formulary Brands             | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <span style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 3 PENS (9 ML) / 30 DAYS         </div> <div style="display: flex; align-items: center;"> <span style="background-color: #8b572a; color: white; padding: 2px 5px; border-radius: 3px;">PA</span> </div> </div>  |
| WEGOVI (WEGOVI 0.25 MG/0.5 ML PEN, WEGOVI 0.5 MG/0.5 ML PEN, WEGOVI 1 MG/0.5 ML PEN)   | Formulary Brands             | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <span style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 4 PENS (2 ML) / 28 DAYS         </div> <div style="display: flex; align-items: center;"> <span style="background-color: #8b572a; color: white; padding: 2px 5px; border-radius: 3px;">PA</span> </div> <div style="display: flex; align-items: center;"> <span style="background-color: #0070c0; color: white; padding: 2px 5px; border-radius: 3px;">WL</span> Weight Loss         </div> </div>  |
| WEGOVI (WEGOVI 1.7 MG/0.75 ML PEN, WEGOVI 2.4 MG/0.75 ML PEN)  | Formulary Brands             | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <span style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 4 PENS (3 ML) / 28 DAYS         </div> <div style="display: flex; align-items: center;"> <span style="background-color: #8b572a; color: white; padding: 2px 5px; border-radius: 3px;">PA</span> </div> <div style="display: flex; align-items: center;"> <span style="background-color: #0070c0; color: white; padding: 2px 5px; border-radius: 3px;">WL</span> Weight Loss         </div> </div>  |
| ZEPBOUND (ZEPBOUND 2.5 MG/0.5 ML PEN, ZEPBOUND 5 MG/0.5 ML PEN, ZEPBOUND 7.5 MG/0.5 ML PEN, ZEPBOUND 10 MG/0.5 ML PEN, ZEPBOUND 12.5 MG/0.5 ML PEN, ZEPBOUND 15 MG/0.5 ML PEN) | Formulary Brands             | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <span style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 4 PENS (2 ML) / 28 DAYS         </div> <div style="display: flex; align-items: center;"> <span style="background-color: #8b572a; color: white; padding: 2px 5px; border-radius: 3px;">PA</span> </div> <div style="display: flex; align-items: center;"> <span style="background-color: #0070c0; color: white; padding: 2px 5px; border-radius: 3px;">WL</span> Weight Loss         </div> </div>  |
| <b>MEGLITINIDES</b>  |                              |  |
| <i>nateglinide</i>   | Formulary High Cost Generics |  |
| <i>repaglinide</i>   | Formulary High Cost Generics |  |
| <b>SODIUM-GLUC COTRANSPORT 2 (SGLT2) INHIB</b>   |                              |  |
| GLYXAMBI   | Formulary Brands             | <div style="display: flex; align-items: center;"> <span style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 1 TAB / 1 DAY         </div>  |
| JARDIANCE  | Formulary Brands             | <div style="display: flex; align-items: center;"> <span style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 1 TAB / 1 DAY         </div>  |
| SYNJARDY   | Formulary Brands             | <div style="display: flex; align-items: center;"> <span style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 2 TABS / 1 DAY         </div>   |



| PRODUCT DESCRIPTION  | TIER                         | LIMITS & RESTRICTIONS |
|--|------------------------------|-----------------------|
| SYNJARDY XR (SYNJARDY XR 10-1,000 MG TABLET, SYNJARDY XR 25-1,000 MG TABLET)   | Formulary Brands             | QL 1 TAB / 1 DAY      |
| SYNJARDY XR (SYNJARDY XR 5-1,000 MG TABLET, SYNJARDY XR 12.5-1,000 MG TAB)   | Formulary Brands             | QL 2 TABS / 1 DAY     |
| TRIJARDY XR (TRIJARDY XR 10-5-1,000 MG TAB, TRIJARDY XR 25-5-1,000 MG TAB)   | Formulary Brands             | QL 1 TAB / 1 DAY      |
| TRIJARDY XR (TRIJARDY XR 5-2.5-1,000 MG TAB, TRIJARDY XR 12.5-2.5-1,000 MG)  | Formulary Brands             | QL 2 TABS / 1 DAY     |
| <b>SULFONYLUREAS</b>   |                              |                       |
| <i>glimepiride (glimepiride 1 mg tablet, glimepiride 2 mg tablet, glimepiride 4 mg tablet)</i>   | Formulary Low Cost Generics  |                       |
| <i>glipizide (glipizide 2.5 mg tab er 24, glipizide 2.5 mg tablet, glipizide 5 mg tab er 24, glipizide 5 mg tablet, glipizide 10 mg tab er 24, glipizide 10 mg tablet)</i> | Formulary Low Cost Generics  |                       |
| <i>glipizide/metformin hcl</i>   | Formulary Low Cost Generics  |                       |
| <i>glyburide</i>   | Formulary High Cost Generics |                       |
| <i>glyburide,micronized</i>  | Formulary High Cost Generics |                       |
| <i>glyburide/metformin hcl</i>   | Formulary High Cost Generics |                       |
| <b>THIAZOLIDINEDIONES</b>  |                              |                       |
| <i>pioglitazone hcl</i>  | Formulary Low Cost Generics  |                       |
| <i>pioglitazone hcl/glimepiride</i>  | Formulary High Cost Generics |                       |
| <i>pioglitazone hcl/metformin hcl</i>  | Formulary High Cost Generics |                       |
| <b>ANTIDOTE THERAPEUTICS</b>   |                              |                       |
| <b>ALCOHOL DETERRENTS (91:02)</b>  |                              |                       |
| <i>acamprosate calcium</i>   | Formulary High Cost Generics |                       |
| <i>disulfiram</i>  | Formulary High Cost Generics |                       |

| PRODUCT DESCRIPTION   | TIER                         | LIMITS & RESTRICTIONS  |
|---|------------------------------|------------------------|
| ANTIDOTES (91:04)   |                              |                        |
| ACETAMINOPHEN ANTIDOTE  |                              |                        |
| <i>acetylcysteine (acetylcysteine 100 mg/ml vial, acetylcysteine 200 mg/ml vial)</i>  | Formulary High Cost Generics |                        |
| CHEMOTHERAPY ANTIDOTES/PROTECTANTS  |                              |                        |
| ELMIRON   | Formulary Brands             |                        |
| <i>leucovorin calcium (leucovorin calcium 5 mg tablet, leucovorin calcium 10 mg tablet, leucovorin calcium 15 mg tablet, leucovorin calcium 25 mg tablet)</i> | Formulary High Cost Generics | OH OncoHealth          |
| MESNEX 400 MG TABLET  | Formulary Brands             | OH OncoHealth          |
| FLUOROPYRIMIDINE ANTIDOTE   |                              |                        |
| VISTOGARD   | Formulary Brands             | PA<br>S Specialty Drug |
| ANTIEMETICS   |                              |                        |
| 5-HT3 RECEPTOR ANTAGONISTS  |                              |                        |
| <i>granisetron hcl 1 mg tablet</i>  | Formulary High Cost Generics | PA<br>OH OncoHealth    |
| <i>ondansetron (ondansetron 4 mg tab rapdis, ondansetron 8 mg tab rapdis)</i>   | Formulary High Cost Generics | OH OncoHealth          |
| <i>ondansetron hcl (ondansetron hcl 4 mg tablet, ondansetron hcl 8 mg tablet)</i>   | Formulary High Cost Generics | OH OncoHealth          |
| <i>ondansetron hcl 4 mg/5 ml solution</i>   | Formulary Low Cost Generics  | OH OncoHealth          |
| ANTIHISTAMINES (GI DRUGS)   |                              |                        |
| COMPRO  | Formulary High Cost Generics |                        |
| <i>meclizine 25 mg tablet (rx)</i>  | Formulary High Cost Generics |                        |
| <i>meclizine hcl 25 mg tablet</i>   | Formulary High Cost Generics |                        |
| <i>prochlorperazine</i>   | Formulary High Cost Generics |                        |
| <i>prochlorperazine maleate</i>   | Formulary Low Cost Generics  |                        |
| <i>trimethobenzamide hcl</i>  | Formulary High Cost Generics |                        |

| PRODUCT DESCRIPTION  | TIER                         | LIMITS & RESTRICTIONS     |
|--|------------------------------|---------------------------|
| <b>NEUROKININ-1 RECEPTOR ANTAGONISTS</b>   |                              |                           |
| <i>aprepitant</i>  | Formulary High Cost Generics | <b>OH</b> OncoHealth      |
| EMEND 125 MG POWDER PACKET   | Formulary Brands             | <b>OH</b> OncoHealth      |
| <b>ANTIFUNGAL (SYSTEMIC)</b>   |                              |                           |
| <b>ALLYLAMINE ANTIFUNGALS</b>  |                              |                           |
| <i>terbinafine hcl 250 mg tablet</i>   | Formulary Low Cost Generics  |                           |
| <b>ANTIFUNGALS, MISCELLANEOUS</b>  |                              |                           |
| <i>griseofulvin ultramicrosize</i>   | Formulary High Cost Generics |                           |
| <i>griseofulvin, microsize (griseofulvin, microsize 125 mg/5ml oral susp, griseofulvin, microsize 500 mg tablet)</i>           | Formulary High Cost Generics |                           |
| <b>AZOLE ANTIFUNGALS</b>   |                              |                           |
| CRESEMBA (CRESEMBA 74.5 MG CAPSULE, CRESEMBA 186 MG CAPSULE)   | Formulary Brands             | <b>PA</b>                 |
| <i>fluconazole (fluconazole 10 mg/ml susp recon, fluconazole 40 mg/ml susp recon)</i>  | Formulary High Cost Generics |                           |
| <i>fluconazole (fluconazole 50 mg tablet, fluconazole 100 mg tablet, fluconazole 150 mg tablet, fluconazole 200 mg tablet)</i> | Formulary Low Cost Generics  |                           |
| <i>itraconazole 100 mg capsule</i>   | Formulary High Cost Generics |                           |
| <i>ketoconazole 2 % cream (g)</i>  | Formulary Low Cost Generics  | <b>QL</b> 60 GM / 30 DAYS |
| <i>ketoconazole 2 % shampoo</i>  | Formulary High Cost Generics |                           |
| <i>ketoconazole 200 mg tablet</i>  | Formulary Low Cost Generics  |                           |
| NOXAFIL 300 MG POWDERMIX SUSP  | Formulary Brands             | <b>PA</b>                 |
| <i>posaconazole (posaconazole 100 mg tablet dr, posaconazole 200 mg/5ml oral susp)</i>   | Formulary High Cost Generics | <b>PA</b>                 |
| <i>voriconazole (voriconazole 50 mg tablet, voriconazole 200 mg tablet, voriconazole 200 mg/5ml susp recon)</i>                | Formulary High Cost Generics | <b>PA</b>                 |

| PRODUCT DESCRIPTION   | TIER                         | LIMITS & RESTRICTIONS    |
|---|------------------------------|--------------------------|
| <b>POLYENE ANTIFUNGALS</b>  |                              |                          |
| <i>nystatin 100000/ml oral susp</i>   | Formulary High Cost Generics | QL 480 ML / RX           |
| <i>nystatin 500k unit tablet</i>  | Formulary Low Cost Generics  |                          |
| <b>PYRIMIDINE ANTIFUNGALS</b>   |                              |                          |
| <i>flucytosine</i>  | Formulary High Cost Generics | PA                       |
| <b>ANTIFUNGALS (SKIN AND MUCOUS MEMBRANE)</b>   |                              |                          |
| <b>ALLYLAMINES (SKIN AND MUCOUS MEMBRANE)</b>   |                              |                          |
| <i>naftifine hcl (naftifine hcl 1 % cream (g),<br/>naftifine hcl 2 % gel (gram))</i>                                    | Formulary High Cost Generics | PA                       |
| <i>naftifine hcl 2 % cream (g)</i>  | Formulary High Cost Generics | QL 60 GM / 30 DAYS<br>PA |
| <b>AZOLES (SKIN AND MUCOUS MEMBRANE)</b>  |                              |                          |
| <i>clotrimazole 10 mg troche</i>  | Formulary High Cost Generics |                          |
| <i>clotrimazole/betamethasone dip 1 %-<br/>0.05 % cream (g)</i>   | Formulary High Cost Generics |                          |
| <i>econazole nitrate</i>  | Formulary High Cost Generics | QL 85 GM / 30 DAYS       |
| <b>ERTACZO</b>  | Formulary Brands             | PA                       |
| <i>luliconazole</i>   | Formulary High Cost Generics | PA                       |
| <i>oxiconazole nitrate</i>  | Formulary High Cost Generics | QL 60 GM / 30 DAYS<br>PA |
| <b>OXISTAT 1% LOTION</b>  | Formulary Brands             | PA                       |
| <i>sulconazole nitrate (sulconazole nitrate<br/>1 % cream (g), sulconazole nitrate 1 %<br/>solution)</i>                | Formulary High Cost Generics | PA                       |
| <i>terconazole (terconazole 0.4 %<br/>cream/appl, terconazole 0.8 %<br/>cream/appl, terconazole 80 mg<br/>supp.vag)</i> | Formulary High Cost Generics |                          |
| <b>BENZYLAMINES (SKIN AND MUCOUS MEMBRANE)</b>  |                              |                          |
| <b>MENTAX</b>   | Formulary Brands             | PA                       |

| PRODUCT DESCRIPTION   | TIER                         | LIMITS & RESTRICTIONS |
|---|------------------------------|-----------------------|
| <b>HYDROXYPYRIDONES (SKIN, MUCOUS MEMBRANE)</b>   |                              |                       |
| <i>ciclopirox (ciclopirox 0.77 % gel (gram), ciclopirox 1 % shampoo, ciclopirox 8 % solution)</i>                                   | Formulary High Cost Generics |                       |
| <i>ciclopirox olamine 0.77 % cream (g)</i>  | Formulary High Cost Generics |                       |
| <i>ciclopirox olamine 0.77 % suspension</i>   | Formulary High Cost Generics | QL 60 ML / 30 DAYS    |
| <b>POLYENES (SKIN AND MUCOUS MEMBRANE)</b>  |                              |                       |
| KLAYESTA  | Formulary High Cost Generics | QL 240 GM / RX        |
| NYAMYC  | Formulary High Cost Generics | QL 240 GM / RX        |
| <i>nystatin (nystatin 100000/g cream (g), nystatin 100000/g oint. (g))</i>  | Formulary High Cost Generics |                       |
| <i>nystatin 100000/g powder</i>   | Formulary High Cost Generics | QL 240 GM / RX        |
| <i>nystatin/triamcinolone acetonide</i>   | Formulary High Cost Generics |                       |
| NYSTOP  | Formulary High Cost Generics | QL 240 GM / RX        |
| <b>ANTIGLAUCOMA AGENTS</b>  |                              |                       |
| <b>ALPHA-ADRENERGIC AGONISTS (EENT)</b>   |                              |                       |
| <i>apraclonidine hcl</i>  | Formulary High Cost Generics | PA                    |
| <i>brimonidine tartrate (brimonidine tartrate 0.1 % drops, brimonidine tartrate 0.15 % drops, brimonidine tartrate 0.2 % drops)</i> | Formulary High Cost Generics |                       |
| <b>BETA-ADRENERGIC BLOCKING AGENTS (EENT)</b>   |                              |                       |
| <i>carteolol hcl</i>  | Formulary Low Cost Generics  |                       |
| <i>levobunolol hcl</i>  | Formulary Low Cost Generics  |                       |
| <i>timolol maleate (timolol maleate 0.25 % sol-gel, timolol maleate 0.5 % sol-gel)</i>  | Formulary High Cost Generics |                       |
| <i>timolol maleate 0.25% eye drop (generic for timoptic)</i>  | Formulary Low Cost Generics  |                       |
| <i>timolol maleate 0.5% eye drops (generic for timoptic)</i>  | Formulary Low Cost Generics  |                       |
| <b>CARBONIC ANHYDRASE INHIBITORS (EENT)</b>   |                              |                       |
| <i>acetazolamide (acetazolamide 125 mg tablet, acetazolamide 250 mg tablet)</i>   | Formulary Low Cost Generics  |                       |

| PRODUCT DESCRIPTION  | TIER                         | LIMITS & RESTRICTIONS  |
|--|------------------------------|------------------------|
| <i>acetazolamide 500 mg capsule er</i>   | Formulary High Cost Generics |                        |
| <i>brinzolamide</i>  | Formulary High Cost Generics |                        |
| <i>dorzolamide hcl</i>   | Formulary High Cost Generics |                        |
| <i>dorzolamide hcl/timolol maleate</i>   | Formulary High Cost Generics |                        |
| <i>dorzolamide/timolol/pf 2 %-0.5 % droperette</i>   | Formulary High Cost Generics | PA                     |
| <i>methazolamide</i>   | Formulary High Cost Generics |                        |
| SIMBRINZA  | Formulary Brands             |                        |
| MIOTICS  |                              |                        |
| PHOSPHOLINE IODIDE   | Formulary Brands             |                        |
| <i>pilocarpine hcl (pilocarpine hcl 1 % drops, pilocarpine hcl 2 % drops, pilocarpine hcl 4 % drops)</i> | Formulary High Cost Generics |                        |
| PROSTAGLANDIN ANALOGS  |                              |                        |
| <i>bimatoprost 0.03 % drops</i>  | Formulary High Cost Generics |                        |
| <i>latanoprost</i>   | Formulary High Cost Generics |                        |
| LUMIGAN  | Formulary Brands             |                        |
| <i>tafluprost/pf</i>   | Formulary High Cost Generics | PA                     |
| <i>travoprost</i>  | Formulary High Cost Generics |                        |
| RHO KINASE INHIBITORS  |                              |                        |
| RHOPRESSA  | Formulary Brands             |                        |
| ROCKLATAN  | Formulary Brands             |                        |
| ANTIHEMORRHAGIC AGENTS   |                              |                        |
| HEMOSTATICS  |                              |                        |
| ADVATE   | Formulary Brands             | PA<br>S Specialty Drug |
| ADYNOVATE  | Formulary Brands             | PA<br>S Specialty Drug |
| AFSTYLA  | Formulary Brands             | PA<br>S Specialty Drug |
| ALPHANATE  | Formulary Brands             | PA<br>S Specialty Drug |

| PRODUCT DESCRIPTION | TIER             | LIMITS & RESTRICTIONS  |
|---------------------|------------------|------------------------|
| ALPHANINE SD        | Formulary Brands | PA<br>S Specialty Drug |
| ALPROLIX            | Formulary Brands | PA<br>S Specialty Drug |
| ALTUVIIIIO          | Formulary Brands | PA<br>S Specialty Drug |
| BENEFIX             | Formulary Brands | PA<br>S Specialty Drug |
| COAGADEX            | Formulary Brands | PA<br>S Specialty Drug |
| CORIFACT            | Formulary Brands | PA<br>S Specialty Drug |
| ELOCTATE            | Formulary Brands | PA<br>S Specialty Drug |
| ESPEROCT            | Formulary Brands | PA<br>S Specialty Drug |
| FEIBA               | Formulary Brands | PA<br>S Specialty Drug |
| HEMLIBRA            | Formulary Brands | PA<br>S Specialty Drug |
| HEMOFIL M           | Formulary Brands | PA<br>S Specialty Drug |
| HUMATE-P            | Formulary Brands | PA<br>S Specialty Drug |
| IDELVION            | Formulary Brands | PA<br>S Specialty Drug |
| IXINITY             | Formulary Brands | PA<br>S Specialty Drug |
| JIVI                | Formulary Brands | PA<br>S Specialty Drug |

| PRODUCT DESCRIPTION                  | TIER                         | LIMITS & RESTRICTIONS  |
|--------------------------------------|------------------------------|------------------------|
| KOATE                                | Formulary Brands             | PA<br>S Specialty Drug |
| KOGENATE FS                          | Formulary Brands             | PA<br>S Specialty Drug |
| KOVALTRY                             | Formulary Brands             | PA<br>S Specialty Drug |
| MONONINE                             | Formulary Brands             | PA<br>S Specialty Drug |
| NOVOEIGHT                            | Formulary Brands             | PA<br>S Specialty Drug |
| NOVOSEVEN RT                         | Formulary Brands             | PA<br>S Specialty Drug |
| NUWIQ                                | Formulary Brands             | PA<br>S Specialty Drug |
| OBIZUR                               | Formulary Brands             | PA<br>S Specialty Drug |
| PROFILNINE                           | Formulary Brands             | PA<br>S Specialty Drug |
| REBINYN                              | Formulary Brands             | PA<br>S Specialty Drug |
| RECOMBINATE                          | Formulary Brands             | PA<br>S Specialty Drug |
| RIASTAP                              | Formulary Brands             | PA<br>S Specialty Drug |
| RIXUBIS                              | Formulary Brands             | PA<br>S Specialty Drug |
| SEVENFACT                            | Formulary Brands             | PA<br>S Specialty Drug |
| <i>tranexamic acid 650 mg tablet</i> | Formulary High Cost Generics | QL 30 TABS / RX        |



| PRODUCT DESCRIPTION                                   | TIER                         | LIMITS & RESTRICTIONS  |
|---|------------------------------|------------------------|
| TRETTEN   | Formulary Brands             | PA<br>S Specialty Drug |
| VONVENDI  | Formulary Brands             | PA<br>S Specialty Drug |
| WILATE  | Formulary Brands             | PA<br>S Specialty Drug |
| XYNTHA  | Formulary Brands             | PA<br>S Specialty Drug |
| XYNTHA SOLOFUSE                                       | Formulary Brands             | PA<br>S Specialty Drug |
| ANTIHISTAMINE DRUGS                                   |                              |                        |
| FIRST GENERATION ANTIHISTAMINES                       |                              |                        |
| <i>carbinoxamine maleate 4 mg tablet</i>              | Formulary High Cost Generics | PA                     |
| SECOND GENERATION ANTIHISTAMINES                      |                              |                        |
| <i>desloratadine 5 mg tablet</i>                      | Formulary High Cost Generics | PA                     |
| <i>levocetirizine 5 mg tablet (rx only)</i>           | Formulary High Cost Generics |                        |
| <i>levocetirizine dihydrochloride 5 mg tablet</i>     | Formulary High Cost Generics |                        |
| ANTIHYPOGLYCEMIC AGENTS                               |                              |                        |
| GLYCOGENOLYTIC AGENTS                                 |                              |                        |
| BAQSIMI   | Formulary Brands             | QL 4 VIALS / RX        |
| <i>glucagon 1 mg emergency kit</i>                    | Formulary High Cost Generics | QL 4 VIALS / RX        |
| <i>glucagon 1 mg emergency kit (generic glucagen)</i> | Formulary High Cost Generics | QL 4 VIALS / RX        |
| <i>glucagon hcl 1 mg vial</i>                         | Formulary High Cost Generics | QL 4 VIALS / RX        |
| GVOKE   | Formulary Brands             | QL 0.8 ML / RX         |
| GVOKE HYOPEN 1-PK 1 MG/0.2 ML                         | Formulary Brands             | QL 0.8 ML / RX         |
| GVOKE HYOPEN 1PK 0.5MG/0.1 ML                         | Formulary Brands             | QL 0.4 ML / RX         |
| GVOKE HYOPEN 2-PK 1 MG/0.2 ML                         | Formulary Brands             | QL 0.8 ML / RX         |

| PRODUCT DESCRIPTION  | TIER                         | LIMITS & RESTRICTIONS |
|--|------------------------------|-----------------------|
| GVOKE HYPOPEN 2PK 0.5MG/0.1 ML   | Formulary Brands             | QL 0.4 ML / RX        |
| GVOKE PFS 1-PK 1 MG/0.2 ML SYR   | Formulary Brands             | QL 0.8 ML / RX        |
| GVOKE PFS 1PK 0.5MG/0.1 ML SYR   | Formulary Brands             | QL 0.4 ML / RX        |
| GVOKE PFS 2-PK 1 MG/0.2 ML SYR   | Formulary Brands             | QL 0.8 ML / RX        |
| GVOKE PFS 2PK 0.5MG/0.1 ML SYR   | Formulary Brands             | QL 0.4 ML / RX        |
| ZEGALOGUE AUTOINJECTOR   | Formulary Brands             | QL 2.4 ML / RX        |
| ZEGALOGUE SYRINGE  | Formulary Brands             | QL 2.4 ML / RX        |
| <b>ANTILIPEMIC AGENTS</b>  |                              |                       |
| <b>BILE ACID SEQUESTRANTS</b>  |                              |                       |
| <i>cholestyramine (with sugar)<br/>(cholestyramine (with sugar) 4 g powd pack, cholestyramine (with sugar) 4 g powder)</i>                                 | Formulary High Cost Generics |                       |
| <i>cholestyramine/aspartame<br/>(cholestyramine/aspartame 4 g powd pack, cholestyramine/aspartame 4 g powder)</i>  | Formulary High Cost Generics |                       |
| <i>colesevelam hcl 625 mg tablet</i>   | Formulary High Cost Generics |                       |
| <i>colestipol hcl 1 g tablet</i>   | Formulary High Cost Generics |                       |
| PREVALITE (PREVALITE PACKET, PREVALITE POWDER)   | Formulary High Cost Generics |                       |
| <b>CHOLESTEROL ABSORPTION INHIBITORS</b>   |                              |                       |
| <i>ezetimibe</i>   | Formulary Low Cost Generics  |                       |
| <i>ezetimibe/simvastatin</i>   | Formulary High Cost Generics |                       |
| <b>FIBRIC ACID DERIVATIVES</b>   |                              |                       |
| <i>fenofibrate (fenofibrate 54 mg tablet, fenofibrate 160 mg tablet)</i>   | Formulary High Cost Generics |                       |
| <i>fenofibrate nanocrystallized</i>  | Formulary Low Cost Generics  |                       |
| <i>fenofibrate, micronized<br/>(fenofibrate, micronized 67 mg capsule, fenofibrate, micronized 134 mg capsule, fenofibrate, micronized 200 mg capsule)</i> | Formulary Low Cost Generics  |                       |
| <i>fenofibric acid (choline)</i>   | Formulary High Cost Generics |                       |

| PRODUCT DESCRIPTION  | TIER                         | LIMITS & RESTRICTIONS                |
|--|------------------------------|--------------------------------------|
| <i>gemfibrozil</i>   | Formulary Low Cost Generics  |                                      |
| <b>HMG-COA REDUCTASE INHIBITORS</b>  |                              |                                      |
| <i>atorvastatin calcium (atorvastatin calcium 10 mg tablet, atorvastatin calcium 20 mg tablet, atorvastatin calcium 40 mg tablet, atorvastatin calcium 80 mg tablet)</i> | Formulary Low Cost Generics  |                                      |
| <i>fluvastatin sodium (fluvastatin sodium 20 mg capsule, fluvastatin sodium 40 mg capsule, fluvastatin sodium 80 mg tablet)</i>  | Formulary High Cost Generics | PA                                   |
| <i>lovastatin (lovastatin 10 mg tablet, lovastatin 20 mg tablet, lovastatin 40 mg tablet)</i>  | Formulary Low Cost Generics  | ACA - PA Affordable Care Act with PA |
| <i>pravastatin sodium</i>  | Formulary Low Cost Generics  | ACA - PA Affordable Care Act with PA |
| <i>rosuvastatin calcium (rosuvastatin calcium 5 mg tablet, rosuvastatin calcium 10 mg tablet, rosuvastatin calcium 20 mg tablet, rosuvastatin calcium 40 mg tablet)</i>  | Formulary Low Cost Generics  | ACA - PA Affordable Care Act with PA |
| <i>simvastatin (simvastatin 5 mg tablet, simvastatin 10 mg tablet, simvastatin 20 mg tablet, simvastatin 40 mg tablet, simvastatin 80 mg tablet)</i>                     | Formulary Low Cost Generics  |                                      |
| <b>MTP PROTEIN INHIBITORS</b>  |                              |                                      |
| JUXTAPID   | Formulary Brands             | PA<br>S Specialty Drug               |
| <b>OMEGA-3-MEDIATED ANTILIPEMICS</b>   |                              |                                      |
| <i>icosapent ethyl (icosapent ethyl 0.5 gram capsule, icosapent ethyl 1 g capsule)</i>   | Formulary High Cost Generics | PA                                   |
| <i>omega-3 acid ethyl esters</i>   | Formulary Low Cost Generics  |                                      |
| <b>PCSK9 INHIBITORS</b>  |                              |                                      |
| REPATHA PUSHTRONEX   | Formulary Brands             | QL 1 PEN / 28 DAYS                   |
| REPATHA SURECLICK  | Formulary Brands             | QL 2 PENS / 28 DAYS                  |
| REPATHA SYRINGE  | Formulary Brands             | QL 2 PENS / 28 DAYS                  |

| PRODUCT DESCRIPTION  | TIER                         | LIMITS & RESTRICTIONS  |
|--|------------------------------|--|
| ANTIMETABOLITES, IMMUNOSUPPRESS THERAPY  |                              |  |
| ANTIMETABOLITES, IMMUNOSUPP THERAPY MISC   |                              |  |
| <i>azathioprine 50 mg tablet</i>   | Formulary High Cost Generics |  |
| <i>mycophenolate mofetil (mycophenolate mofetil 200 mg/ml susp recon, mycophenolate mofetil 250 mg capsule, mycophenolate mofetil 500 mg tablet)</i> | Formulary High Cost Generics |  |
| <i>mycophenolate sodium</i>  | Formulary High Cost Generics |  |
| ANTIMIGRAINE AGENTS  |                              |  |
| CALCITONIN GENE-RELATED PEPTIDE ANTAG.   |                              |  |
| AJOVY AUTOINJECTOR   | Formulary Brands             | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #993333; color: white; padding: 2px 5px; border-radius: 3px;">S</div> </div> 1.5 ML / 28 DAYS<br>Specialty Drug |
| AJOVY SYRINGE  | Formulary Brands             | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #993333; color: white; padding: 2px 5px; border-radius: 3px;">S</div> </div> 4.5 ML / 84 DAYS<br>Specialty Drug |
| EMGALITY 120 MG/ML SYRINGE   | Formulary Brands             | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #993333; color: white; padding: 2px 5px; border-radius: 3px;">S</div> </div> 1 ML / 28 DAYS<br>Specialty Drug   |
| EMGALITY PEN   | Formulary Brands             | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #993333; color: white; padding: 2px 5px; border-radius: 3px;">S</div> </div> 1 ML / 28 DAYS<br>Specialty Drug   |
| EMGALITY SYRINGE (EMGALITY 100 MG/ML SYR(1 OF 3), EMGALITY 300 MG (100 MG X3SYR))  | Formulary Brands             | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #993333; color: white; padding: 2px 5px; border-radius: 3px;">S</div> </div> 3 ML / 28 DAYS<br>Specialty Drug   |
| NURTEC ODT   | Formulary Brands             | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> 8 TABS / 30 DAYS   |
| SELECTIVE SEROTONIN AGONISTS   |                              |  |
| <i>almotriptan malate</i>  | Formulary High Cost Generics | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> 12 TABS / 28 DAYS  |
| <i>eletriptan hydrobromide</i>   | Formulary High Cost Generics | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> 12 TABS / 28 DAYS  |

| PRODUCT DESCRIPTION  | TIER                         | LIMITS & RESTRICTIONS      |
|--|------------------------------|----------------------------|
| <i>frovatriptan succinate</i>  | Formulary High Cost Generics | QL 12 TABS / 28 DAYS<br>PA |
| <i>naratriptan hcl</i>   | Formulary Low Cost Generics  | QL 12 TABS / 30 DAYS       |
| REYVOW   | Formulary Brands             | QL 8 TABS / 30 DAYS<br>PA  |
| <i>rizatriptan benzoate</i>  | Formulary High Cost Generics | QL 12 TABS / 28 DAYS       |
| <i>sumatriptan</i>   | Formulary High Cost Generics | QL 12 SPRAYS / 30 DAYS     |
| <i>sumatriptan succinate (sumatriptan succinate 25 mg tablet, sumatriptan succinate 50 mg tablet, sumatriptan succinate 100 mg tablet)</i>   | Formulary High Cost Generics | QL 12 TABS / 28 DAYS       |
| <i>sumatriptan succinate (sumatriptan succinate 4 mg/0.5ml cartridge, sumatriptan succinate 4 mg/0.5ml pen injctr, sumatriptan succinate 6 mg/0.5ml cartridge, sumatriptan succinate 6 mg/0.5ml pen injctr, sumatriptan succinate 6 mg/0.5ml syringe, sumatriptan succinate 6 mg/0.5ml vial)</i> | Formulary High Cost Generics | QL 5 ML / 30 DAYS          |
| <i>sumatriptan succinate/naproxen sodium</i>   | Formulary High Cost Generics | QL 18 TABS / 28 DAYS<br>PA |
| <i>zolmitriptan (zolmitriptan 2.5 mg tab rapdis, zolmitriptan 2.5 mg tablet, zolmitriptan 5 mg tab rapdis, zolmitriptan 5 mg tablet)</i>   | Formulary High Cost Generics | QL 12 TABS / 28 DAYS       |
| ZOMIG (ZOMIG 2.5 MG TABLET, ZOMIG 5 MG TABLET)   | Formulary High Cost Generics | QL 12 TABS / 28 DAYS       |
| ANTIMYCOBACTERIALS   |                              |                            |
| ANTILEPROSY AGENTS   |                              |                            |
| <i>dapsone (dapsone 25 mg tablet, dapsone 100 mg tablet)</i>   | Formulary High Cost Generics |                            |
| ANTITUBERCULOSIS AGENTS  |                              |                            |
| <i>cycloserine</i>   | Formulary High Cost Generics | PA                         |
| <i>ethambutol hcl</i>  | Formulary Low Cost Generics  |                            |
| <i>isoniazid (isoniazid 100 mg tablet, isoniazid 300 mg tablet)</i>  | Formulary Low Cost Generics  |                            |

| PRODUCT DESCRIPTION  | TIER                         | LIMITS & RESTRICTIONS  |
|--|------------------------------|--|
| <i>isoniazid 50 mg/5 ml solution</i>                               | Formulary High Cost Generics |  |
| <i>pretomanid</i>  | Formulary Brands             | PA   |
| PRIFTIN  | Formulary Brands             |  |
| <i>pyrazinamide</i>  | Formulary High Cost Generics |  |
| <i>rifabutin</i>   | Formulary High Cost Generics |  |
| <i>rifampin (rifampin 150 mg capsule, rifampin 300 mg capsule)</i> | Formulary Low Cost Generics  |  |
| SIRTURO  | Formulary Brands             | PA   |
| TRECATOR   | Formulary Brands             | PA   |
| <b>ANTINEOPLASTIC AGENTS</b>                                       |                              |  |
|  |                              | PA   |
| <i>abiraterone acetate</i>   | Formulary High Cost Generics | S Specialty Drug<br>ONC Oncology<br>TD Trial Drug<br>OH OncoHealth |
|  |                              | PA   |
| AKEEGA   | Formulary Brands             | S Specialty Drug<br>ONC Oncology<br>TD Trial Drug<br>OH OncoHealth |
| <i>anastrozole</i>   | Formulary Low Cost Generics  | ACA - PA Affordable Care Act with PA<br>OH OncoHealth              |
|  |                              | PA   |
| BALVERSA   | Formulary Brands             | S Specialty Drug<br>ONC Oncology<br>TD Trial Drug<br>OH OncoHealth |
|  |                              | PA   |
| BESREMI  | Formulary Brands             | S Specialty Drug<br>OH OncoHealth                                  |

| PRODUCT DESCRIPTION  | TIER                         | LIMITS & RESTRICTIONS  |
|--|------------------------------|--|
| <i>bexarotene 75 mg capsule</i>  | Formulary High Cost Generics | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #A52A2A; color: white; padding: 2px 5px; border-radius: 3px;">S</div> Specialty Drug           <div style="background-color: #0070C0; color: white; padding: 2px 5px; border-radius: 3px;">ONC</div> Oncology           <div style="background-color: #0070C0; color: white; padding: 2px 5px; border-radius: 3px;">TD</div> Trial Drug           <div style="background-color: #0070C0; color: white; padding: 2px 5px; border-radius: 3px;">OH</div> OncoHealth         </div> |
| <i>bicalutamide</i>  | Formulary Low Cost Generics  | <div style="background-color: #0070C0; color: white; padding: 2px 5px; border-radius: 3px;">OH</div> OncoHealth  |
| BRUKINSA   | Formulary Brands             | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #A52A2A; color: white; padding: 2px 5px; border-radius: 3px;">S</div> Specialty Drug           <div style="background-color: #0070C0; color: white; padding: 2px 5px; border-radius: 3px;">ONC</div> Oncology           <div style="background-color: #0070C0; color: white; padding: 2px 5px; border-radius: 3px;">TD</div> Trial Drug           <div style="background-color: #0070C0; color: white; padding: 2px 5px; border-radius: 3px;">OH</div> OncoHealth         </div> |
| <i>capecitabine</i>  | Formulary High Cost Generics | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #A52A2A; color: white; padding: 2px 5px; border-radius: 3px;">S</div> Specialty Drug           <div style="background-color: #0070C0; color: white; padding: 2px 5px; border-radius: 3px;">ONC</div> Oncology           <div style="background-color: #0070C0; color: white; padding: 2px 5px; border-radius: 3px;">OH</div> OncoHealth         </div>  |
| CAPRELSA   | Formulary Brands             | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #A52A2A; color: white; padding: 2px 5px; border-radius: 3px;">S</div> Specialty Drug           <div style="background-color: #0070C0; color: white; padding: 2px 5px; border-radius: 3px;">ONC</div> Oncology           <div style="background-color: #0070C0; color: white; padding: 2px 5px; border-radius: 3px;">OH</div> OncoHealth         </div>   |
| COMETRIQ   | Formulary Brands             | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #A52A2A; color: white; padding: 2px 5px; border-radius: 3px;">S</div> Specialty Drug           <div style="background-color: #0070C0; color: white; padding: 2px 5px; border-radius: 3px;">ONC</div> Oncology           <div style="background-color: #0070C0; color: white; padding: 2px 5px; border-radius: 3px;">TD</div> Trial Drug           <div style="background-color: #0070C0; color: white; padding: 2px 5px; border-radius: 3px;">OH</div> OncoHealth         </div> |
| COTELLIC   | Formulary Brands             | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #A52A2A; color: white; padding: 2px 5px; border-radius: 3px;">S</div> Specialty Drug           <div style="background-color: #0070C0; color: white; padding: 2px 5px; border-radius: 3px;">ONC</div> Oncology           <div style="background-color: #0070C0; color: white; padding: 2px 5px; border-radius: 3px;">OH</div> OncoHealth         </div>   |
| <i>cyclophosphamide (cyclophosphamide 25 mg capsule, cyclophosphamide 25 mg tablet, cyclophosphamide 50 mg capsule, cyclophosphamide 50 mg tablet)</i> | Formulary High Cost Generics | <div style="background-color: #0070C0; color: white; padding: 2px 5px; border-radius: 3px;">OH</div> OncoHealth  |
| CYCLOPHOSPHAMIDE 25 MG CAPSULE (BRAND)   | Formulary High Cost Generics | <div style="background-color: #0070C0; color: white; padding: 2px 5px; border-radius: 3px;">OH</div> OncoHealth  |

| PRODUCT DESCRIPTION   | TIER                         | LIMITS & RESTRICTIONS   |
|---|------------------------------|---|
| CYCLOPHOSPHAMIDE 50 MG CAPSULE (BRAND)  | Formulary High Cost Generics | <b>OH</b> OncoHealth  |
| <i>dasatinib</i>  | Formulary High Cost Generics | <b>PA</b><br><b>S</b> Specialty Drug<br><b>ONC</b> Oncology<br><b>TD</b> Trial Drug<br><b>OH</b> OncoHealth |
| <i>diclofenac sodium 3 % gel (gram)</i>   | Formulary High Cost Generics | <b>PA</b>   |
| EMCYT   | Formulary Brands             |   |
| ERIVEDGE  | Formulary Brands             | <b>PA</b><br><b>S</b> Specialty Drug<br><b>ONC</b> Oncology<br><b>TD</b> Trial Drug<br><b>OH</b> OncoHealth |
| ERLEADA   | Formulary Brands             | <b>PA</b><br><b>S</b> Specialty Drug<br><b>ONC</b> Oncology<br><b>OH</b> OncoHealth                         |
| <i>erlotinib hcl</i>  | Formulary High Cost Generics | <b>PA</b><br><b>S</b> Specialty Drug<br><b>ONC</b> Oncology<br><b>TD</b> Trial Drug<br><b>OH</b> OncoHealth |
| <i>etoposide 50 mg capsule</i>  | Formulary High Cost Generics | <b>OH</b> OncoHealth  |
| <i>everolimus (everolimus 2 mg tab susp, everolimus 2.5 mg tablet, everolimus 3 mg tab susp, everolimus 5 mg tab susp, everolimus 5 mg tablet, everolimus 7.5 mg tablet, everolimus 10 mg tablet)</i> | Formulary High Cost Generics | <b>PA</b><br><b>S</b> Specialty Drug<br><b>ONC</b> Oncology<br><b>TD</b> Trial Drug<br><b>OH</b> OncoHealth |
| <i>exemestane</i>   | Formulary Low Cost Generics  | <b>ACA - PA</b> Affordable Care Act with PA<br><b>OH</b> OncoHealth   |



| PRODUCT DESCRIPTION   | TIER                         | LIMITS & RESTRICTIONS  |
|---|------------------------------|--|
| <i>flutamide</i>  | Formulary High Cost Generics | OH OncoHealth  |
| <i>gefitinib</i>  | Formulary High Cost Generics | PA<br>S Specialty Drug<br>ONC Oncology<br>TD Trial Drug<br>OH OncoHealth |
| GILOTRIF  | Formulary Brands             | PA<br>S Specialty Drug<br>ONC Oncology<br>OH OncoHealth                  |
| GLEOSTINE   | Formulary Brands             | S Specialty Drug<br>ONC Oncology<br>OH OncoHealth                        |
| HYCAMTIN (HYCAMTIN 0.25 MG CAPSULE, HYCAMTIN 1 MG CAPSULE)  | Formulary Brands             | S Specialty Drug<br>ONC Oncology<br>OH OncoHealth                        |
| <i>hydroxyurea</i>  | Formulary High Cost Generics | OH OncoHealth  |
| IBRANCE   | Formulary Brands             | PA<br>S Specialty Drug<br>ONC Oncology<br>OH OncoHealth                  |
| IDHIFA  | Formulary Brands             | PA<br>S Specialty Drug<br>ONC Oncology<br>OH OncoHealth                  |
| <i>imatinib mesylate</i>  | Formulary High Cost Generics | S Specialty Drug<br>ONC Oncology<br>TD Trial Drug<br>OH OncoHealth       |
| IMBRUVICA (IMBRUVICA 70 MG/ML SUSPENSION, IMBRUVICA 140 MG CAPSULE, IMBRUVICA 420 MG TABLET, IMBRUVICA 560 MG TABLET) | Formulary Brands             | PA<br>S Specialty Drug<br>ONC Oncology<br>OH OncoHealth                  |

| PRODUCT DESCRIPTION    | TIER             | LIMITS & RESTRICTIONS  |
|------------------------|------------------|--|
| INLYTA                 | Formulary Brands | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8B4513; color: white; padding: 2px; border-radius: 3px;">PA</div> <div style="background-color: #A52A2A; color: white; padding: 2px; border-radius: 3px;">S</div> Specialty Drug           <div style="background-color: #0070C0; color: white; padding: 2px; border-radius: 3px;">ONC</div> Oncology           <div style="background-color: #0070C0; color: white; padding: 2px; border-radius: 3px;">TD</div> Trial Drug           <div style="background-color: #0070C0; color: white; padding: 2px; border-radius: 3px;">OH</div> OncoHealth         </div> |
| INTRON A               | Formulary Brands | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #A52A2A; color: white; padding: 2px; border-radius: 3px;">S</div> Specialty Drug           <div style="background-color: #0070C0; color: white; padding: 2px; border-radius: 3px;">OH</div> OncoHealth         </div>   |
| JAKAFI                 | Formulary Brands | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8B4513; color: white; padding: 2px; border-radius: 3px;">PA</div> <div style="background-color: #A52A2A; color: white; padding: 2px; border-radius: 3px;">S</div> Specialty Drug           <div style="background-color: #0070C0; color: white; padding: 2px; border-radius: 3px;">ONC</div> Oncology           <div style="background-color: #0070C0; color: white; padding: 2px; border-radius: 3px;">TD</div> Trial Drug           <div style="background-color: #0070C0; color: white; padding: 2px; border-radius: 3px;">OH</div> OncoHealth         </div> |
| KISQALI                | Formulary Brands | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8B4513; color: white; padding: 2px; border-radius: 3px;">PA</div> <div style="background-color: #A52A2A; color: white; padding: 2px; border-radius: 3px;">S</div> Specialty Drug           <div style="background-color: #0070C0; color: white; padding: 2px; border-radius: 3px;">ONC</div> Oncology           <div style="background-color: #0070C0; color: white; padding: 2px; border-radius: 3px;">OH</div> OncoHealth         </div>   |
| KISQALI FEMARA CO-PACK | Formulary Brands | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8B4513; color: white; padding: 2px; border-radius: 3px;">PA</div> <div style="background-color: #A52A2A; color: white; padding: 2px; border-radius: 3px;">S</div> Specialty Drug           <div style="background-color: #0070C0; color: white; padding: 2px; border-radius: 3px;">ONC</div> Oncology           <div style="background-color: #0070C0; color: white; padding: 2px; border-radius: 3px;">OH</div> OncoHealth         </div>   |
| KOSELUGO 10 MG CAPSULE | Formulary Brands | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #483D8B; color: white; padding: 2px; border-radius: 3px;">QL</div> 8 CAPS / 1 DAY           <div style="background-color: #8B4513; color: white; padding: 2px; border-radius: 3px;">PA</div> <div style="background-color: #A52A2A; color: white; padding: 2px; border-radius: 3px;">S</div> Specialty Drug         </div>  |
| KOSELUGO 25 MG CAPSULE | Formulary Brands | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #483D8B; color: white; padding: 2px; border-radius: 3px;">QL</div> 4 CAPS / 1 DAY           <div style="background-color: #8B4513; color: white; padding: 2px; border-radius: 3px;">PA</div> <div style="background-color: #A52A2A; color: white; padding: 2px; border-radius: 3px;">S</div> Specialty Drug         </div>  |
| KRAZATI                | Formulary Brands | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8B4513; color: white; padding: 2px; border-radius: 3px;">PA</div> <div style="background-color: #A52A2A; color: white; padding: 2px; border-radius: 3px;">S</div> Specialty Drug           <div style="background-color: #0070C0; color: white; padding: 2px; border-radius: 3px;">ONC</div> Oncology           <div style="background-color: #0070C0; color: white; padding: 2px; border-radius: 3px;">TD</div> Trial Drug           <div style="background-color: #0070C0; color: white; padding: 2px; border-radius: 3px;">OH</div> OncoHealth         </div> |

| PRODUCT DESCRIPTION         | TIER                         | LIMITS & RESTRICTIONS  |
|-----------------------------|------------------------------|--|
| <i>lapatinib ditosylate</i> | Formulary High Cost Generics | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8B4513; color: white; padding: 2px; border-radius: 3px;">PA</div> <div style="background-color: #A52A2A; color: white; padding: 2px; border-radius: 3px;">S</div> Specialty Drug           <div style="background-color: #0070C0; color: white; padding: 2px; border-radius: 3px;">ONC</div> Oncology           <div style="background-color: #0070C0; color: white; padding: 2px; border-radius: 3px;">OH</div> OncoHealth         </div>   |
| <i>lenalidomide</i>         | Formulary High Cost Generics | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #A52A2A; color: white; padding: 2px; border-radius: 3px;">S</div> Specialty Drug           <div style="background-color: #0070C0; color: white; padding: 2px; border-radius: 3px;">ONC</div> Oncology           <div style="background-color: #0070C0; color: white; padding: 2px; border-radius: 3px;">OH</div> OncoHealth         </div>  |
| <i>letrozole</i>            | Formulary Low Cost Generics  | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #FFD700; color: black; padding: 2px; border-radius: 3px;">ACA - PA</div> Affordable Care Act with PA           <div style="background-color: #0070C0; color: white; padding: 2px; border-radius: 3px;">OH</div> OncoHealth         </div>   |
| LEUKERAN                    | Formulary Brands             | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #0070C0; color: white; padding: 2px; border-radius: 3px;">OH</div> OncoHealth         </div>  |
| LONSURF                     | Formulary Brands             | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8B4513; color: white; padding: 2px; border-radius: 3px;">PA</div> <div style="background-color: #A52A2A; color: white; padding: 2px; border-radius: 3px;">S</div> Specialty Drug           <div style="background-color: #0070C0; color: white; padding: 2px; border-radius: 3px;">ONC</div> Oncology           <div style="background-color: #0070C0; color: white; padding: 2px; border-radius: 3px;">OH</div> OncoHealth         </div>   |
| LUMAKRAS                    | Formulary Brands             | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8B4513; color: white; padding: 2px; border-radius: 3px;">PA</div> <div style="background-color: #A52A2A; color: white; padding: 2px; border-radius: 3px;">S</div> Specialty Drug           <div style="background-color: #0070C0; color: white; padding: 2px; border-radius: 3px;">ONC</div> Oncology           <div style="background-color: #0070C0; color: white; padding: 2px; border-radius: 3px;">TD</div> Trial Drug           <div style="background-color: #0070C0; color: white; padding: 2px; border-radius: 3px;">OH</div> OncoHealth         </div> |
| LYNPARZA                    | Formulary Brands             | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8B4513; color: white; padding: 2px; border-radius: 3px;">PA</div> <div style="background-color: #A52A2A; color: white; padding: 2px; border-radius: 3px;">S</div> Specialty Drug           <div style="background-color: #0070C0; color: white; padding: 2px; border-radius: 3px;">ONC</div> Oncology           <div style="background-color: #0070C0; color: white; padding: 2px; border-radius: 3px;">TD</div> Trial Drug           <div style="background-color: #0070C0; color: white; padding: 2px; border-radius: 3px;">OH</div> OncoHealth         </div> |
| LYSODREN                    | Formulary Brands             | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8B4513; color: white; padding: 2px; border-radius: 3px;">PA</div> <div style="background-color: #A52A2A; color: white; padding: 2px; border-radius: 3px;">S</div> Specialty Drug           <div style="background-color: #0070C0; color: white; padding: 2px; border-radius: 3px;">ONC</div> Oncology           <div style="background-color: #0070C0; color: white; padding: 2px; border-radius: 3px;">TD</div> Trial Drug           <div style="background-color: #0070C0; color: white; padding: 2px; border-radius: 3px;">OH</div> OncoHealth         </div> |
| LYTGOBI                     | Formulary Brands             | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8B4513; color: white; padding: 2px; border-radius: 3px;">PA</div> <div style="background-color: #A52A2A; color: white; padding: 2px; border-radius: 3px;">S</div> Specialty Drug           <div style="background-color: #0070C0; color: white; padding: 2px; border-radius: 3px;">ONC</div> Oncology           <div style="background-color: #0070C0; color: white; padding: 2px; border-radius: 3px;">OH</div> OncoHealth         </div>   |

| PRODUCT DESCRIPTION   | TIER                         | LIMITS & RESTRICTIONS  |
|---|------------------------------|--|
| MATULANE  | Formulary Brands             | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8B4513; color: white; padding: 2px; border-radius: 3px;">PA</div> <div style="background-color: #8B4513; color: white; padding: 2px; border-radius: 3px;">S</div> Specialty Drug           <div style="background-color: #0070C0; color: white; padding: 2px; border-radius: 3px;">ONC</div> Oncology           <div style="background-color: #0070C0; color: white; padding: 2px; border-radius: 3px;">OH</div> OncoHealth         </div>   |
| MEKINIST (MEKINIST 0.05 MG/ML SOLUTION, MEKINIST 0.5 MG TABLET, MEKINIST 2 MG TABLET)             | Formulary Brands             | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8B4513; color: white; padding: 2px; border-radius: 3px;">PA</div> <div style="background-color: #8B4513; color: white; padding: 2px; border-radius: 3px;">S</div> Specialty Drug           <div style="background-color: #0070C0; color: white; padding: 2px; border-radius: 3px;">ONC</div> Oncology           <div style="background-color: #0070C0; color: white; padding: 2px; border-radius: 3px;">OH</div> OncoHealth         </div>   |
| <i>melfalan</i>   | Formulary High Cost Generics | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #0070C0; color: white; padding: 2px; border-radius: 3px;">OH</div> OncoHealth         </div>  |
| <i>mercaptopurine</i>   | Formulary High Cost Generics | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #0070C0; color: white; padding: 2px; border-radius: 3px;">OH</div> OncoHealth         </div>  |
| <i>methotrexate sodium (methotrexate sodium 2.5 mg tablet, methotrexate sodium 25 mg/ml vial)</i> | Formulary High Cost Generics | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #0070C0; color: white; padding: 2px; border-radius: 3px;">OH</div> OncoHealth         </div>  |
| <i>methotrexate sodium/pf 25 mg/ml vial</i>   | Formulary High Cost Generics | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #0070C0; color: white; padding: 2px; border-radius: 3px;">OH</div> OncoHealth         </div>  |
| MYLERAN   | Formulary Brands             | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #0070C0; color: white; padding: 2px; border-radius: 3px;">OH</div> OncoHealth         </div>  |
| NEXAVAR   | Formulary Brands             | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8B4513; color: white; padding: 2px; border-radius: 3px;">PA</div> <div style="background-color: #8B4513; color: white; padding: 2px; border-radius: 3px;">S</div> Specialty Drug           <div style="background-color: #0070C0; color: white; padding: 2px; border-radius: 3px;">ONC</div> Oncology           <div style="background-color: #0070C0; color: white; padding: 2px; border-radius: 3px;">TD</div> Trial Drug           <div style="background-color: #0070C0; color: white; padding: 2px; border-radius: 3px;">OH</div> OncoHealth         </div> |
| <i>nilutamide</i>   | Formulary High Cost Generics | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8B4513; color: white; padding: 2px; border-radius: 3px;">PA</div> <div style="background-color: #0070C0; color: white; padding: 2px; border-radius: 3px;">OH</div> OncoHealth         </div>   |
| NINLARO   | Formulary Brands             | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8B4513; color: white; padding: 2px; border-radius: 3px;">PA</div> <div style="background-color: #8B4513; color: white; padding: 2px; border-radius: 3px;">S</div> Specialty Drug           <div style="background-color: #0070C0; color: white; padding: 2px; border-radius: 3px;">ONC</div> Oncology           <div style="background-color: #0070C0; color: white; padding: 2px; border-radius: 3px;">OH</div> OncoHealth         </div>   |
| NUBEQA  | Formulary Brands             | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8B4513; color: white; padding: 2px; border-radius: 3px;">PA</div> <div style="background-color: #8B4513; color: white; padding: 2px; border-radius: 3px;">S</div> Specialty Drug           <div style="background-color: #0070C0; color: white; padding: 2px; border-radius: 3px;">ONC</div> Oncology           <div style="background-color: #0070C0; color: white; padding: 2px; border-radius: 3px;">TD</div> Trial Drug           <div style="background-color: #0070C0; color: white; padding: 2px; border-radius: 3px;">OH</div> OncoHealth         </div> |

| PRODUCT DESCRIPTION  | TIER                         | LIMITS & RESTRICTIONS  |
|----------------------|------------------------------|--|
| ODOMZO               | Formulary Brands             | PA<br>S Specialty Drug<br>ONC Oncology<br>TD Trial Drug<br>OH OncoHealth |
| ONUREG               | Formulary Brands             | PA<br>S Specialty Drug<br>ONC Oncology<br>OH OncoHealth                  |
| <i>pazopanib hcl</i> | Formulary High Cost Generics | PA<br>S Specialty Drug<br>ONC Oncology<br>TD Trial Drug<br>OH OncoHealth |
| POMALYST             | Formulary Brands             | PA<br>S Specialty Drug<br>ONC Oncology<br>OH OncoHealth                  |
| RASUVO               | Formulary Brands             | PA<br>OH OncoHealth  |
| RETEVMO              | Formulary Brands             | PA<br>S Specialty Drug<br>ONC Oncology<br>TD Trial Drug<br>OH OncoHealth |
| ROZLYTREK            | Formulary Brands             | PA<br>S Specialty Drug<br>ONC Oncology<br>TD Trial Drug<br>OH OncoHealth |

| PRODUCT DESCRIPTION     | TIER                         | LIMITS & RESTRICTIONS  |
|-------------------------|------------------------------|--|
| STIVARGA                | Formulary Brands             | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8B4513; color: white; padding: 2px; border-radius: 3px;">PA</div> <div style="background-color: #A52A2A; color: white; padding: 2px; border-radius: 3px;">S</div> Specialty Drug           <div style="background-color: #0070C0; color: white; padding: 2px; border-radius: 3px;">ONC</div> Oncology           <div style="background-color: #0070C0; color: white; padding: 2px; border-radius: 3px;">OH</div> OncoHealth         </div>   |
| <i>sunitinib malate</i> | Formulary High Cost Generics | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8B4513; color: white; padding: 2px; border-radius: 3px;">PA</div> <div style="background-color: #A52A2A; color: white; padding: 2px; border-radius: 3px;">S</div> Specialty Drug           <div style="background-color: #0070C0; color: white; padding: 2px; border-radius: 3px;">ONC</div> Oncology           <div style="background-color: #0070C0; color: white; padding: 2px; border-radius: 3px;">OH</div> OncoHealth         </div>   |
| TABLOID                 | Formulary Brands             | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #A52A2A; color: white; padding: 2px; border-radius: 3px;">S</div> Specialty Drug           <div style="background-color: #0070C0; color: white; padding: 2px; border-radius: 3px;">ONC</div> Oncology           <div style="background-color: #0070C0; color: white; padding: 2px; border-radius: 3px;">OH</div> OncoHealth         </div>  |
| TAFINLAR                | Formulary Brands             | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8B4513; color: white; padding: 2px; border-radius: 3px;">PA</div> <div style="background-color: #A52A2A; color: white; padding: 2px; border-radius: 3px;">S</div> Specialty Drug           <div style="background-color: #0070C0; color: white; padding: 2px; border-radius: 3px;">ONC</div> Oncology           <div style="background-color: #0070C0; color: white; padding: 2px; border-radius: 3px;">OH</div> OncoHealth         </div>   |
| TAGRISSO                | Formulary Brands             | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8B4513; color: white; padding: 2px; border-radius: 3px;">PA</div> <div style="background-color: #A52A2A; color: white; padding: 2px; border-radius: 3px;">S</div> Specialty Drug           <div style="background-color: #0070C0; color: white; padding: 2px; border-radius: 3px;">ONC</div> Oncology           <div style="background-color: #0070C0; color: white; padding: 2px; border-radius: 3px;">TD</div> Trial Drug           <div style="background-color: #0070C0; color: white; padding: 2px; border-radius: 3px;">OH</div> OncoHealth         </div> |
| TASIGNA                 | Formulary Brands             | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8B4513; color: white; padding: 2px; border-radius: 3px;">PA</div> <div style="background-color: #A52A2A; color: white; padding: 2px; border-radius: 3px;">S</div> Specialty Drug           <div style="background-color: #0070C0; color: white; padding: 2px; border-radius: 3px;">ONC</div> Oncology           <div style="background-color: #0070C0; color: white; padding: 2px; border-radius: 3px;">TD</div> Trial Drug           <div style="background-color: #0070C0; color: white; padding: 2px; border-radius: 3px;">OH</div> OncoHealth         </div> |
| TAZVERIK                | Formulary Brands             | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8B4513; color: white; padding: 2px; border-radius: 3px;">PA</div> <div style="background-color: #A52A2A; color: white; padding: 2px; border-radius: 3px;">S</div> Specialty Drug           <div style="background-color: #0070C0; color: white; padding: 2px; border-radius: 3px;">ONC</div> Oncology           <div style="background-color: #0070C0; color: white; padding: 2px; border-radius: 3px;">TD</div> Trial Drug           <div style="background-color: #0070C0; color: white; padding: 2px; border-radius: 3px;">OH</div> OncoHealth         </div> |
| <i>temozolomide</i>     | Formulary High Cost Generics | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #A52A2A; color: white; padding: 2px; border-radius: 3px;">S</div> Specialty Drug           <div style="background-color: #0070C0; color: white; padding: 2px; border-radius: 3px;">ONC</div> Oncology           <div style="background-color: #0070C0; color: white; padding: 2px; border-radius: 3px;">OH</div> OncoHealth         </div>  |

| PRODUCT DESCRIPTION            | TIER                         | LIMITS & RESTRICTIONS  |
|--------------------------------|------------------------------|--|
| <i>tretinoin 10 mg capsule</i> | Formulary High Cost Generics | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"><span style="background-color: #a52a2a; color: white; padding: 2px 5px; border-radius: 3px;">S</span> Specialty Drug</div> <div style="display: flex; align-items: center;"><span style="background-color: #0070c0; color: white; padding: 2px 5px; border-radius: 3px;">ONC</span> Oncology</div> <div style="display: flex; align-items: center;"><span style="background-color: #0070c0; color: white; padding: 2px 5px; border-radius: 3px;">OH</span> OncoHealth</div> </div>   |
| TURALIO                        | Formulary Brands             | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #808000; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="display: flex; align-items: center;"><span style="background-color: #a52a2a; color: white; padding: 2px 5px; border-radius: 3px;">S</span> Specialty Drug</div> <div style="display: flex; align-items: center;"><span style="background-color: #0070c0; color: white; padding: 2px 5px; border-radius: 3px;">ONC</span> Oncology</div> <div style="display: flex; align-items: center;"><span style="background-color: #0070c0; color: white; padding: 2px 5px; border-radius: 3px;">OH</span> OncoHealth</div> </div>  |
| VANFLYTA                       | Formulary Brands             | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #808000; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="display: flex; align-items: center;"><span style="background-color: #a52a2a; color: white; padding: 2px 5px; border-radius: 3px;">S</span> Specialty Drug</div> <div style="display: flex; align-items: center;"><span style="background-color: #0070c0; color: white; padding: 2px 5px; border-radius: 3px;">ONC</span> Oncology</div> <div style="display: flex; align-items: center;"><span style="background-color: #0070c0; color: white; padding: 2px 5px; border-radius: 3px;">OH</span> OncoHealth</div> </div>  |
| VERZENIO                       | Formulary Brands             | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #808000; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="display: flex; align-items: center;"><span style="background-color: #a52a2a; color: white; padding: 2px 5px; border-radius: 3px;">S</span> Specialty Drug</div> <div style="display: flex; align-items: center;"><span style="background-color: #0070c0; color: white; padding: 2px 5px; border-radius: 3px;">ONC</span> Oncology</div> <div style="display: flex; align-items: center;"><span style="background-color: #0070c0; color: white; padding: 2px 5px; border-radius: 3px;">TD</span> Trial Drug</div> <div style="display: flex; align-items: center;"><span style="background-color: #0070c0; color: white; padding: 2px 5px; border-radius: 3px;">OH</span> OncoHealth</div> </div> |
| VONJO                          | Formulary Brands             | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #808000; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="display: flex; align-items: center;"><span style="background-color: #a52a2a; color: white; padding: 2px 5px; border-radius: 3px;">S</span> Specialty Drug</div> <div style="display: flex; align-items: center;"><span style="background-color: #0070c0; color: white; padding: 2px 5px; border-radius: 3px;">ONC</span> Oncology</div> <div style="display: flex; align-items: center;"><span style="background-color: #0070c0; color: white; padding: 2px 5px; border-radius: 3px;">TD</span> Trial Drug</div> <div style="display: flex; align-items: center;"><span style="background-color: #0070c0; color: white; padding: 2px 5px; border-radius: 3px;">OH</span> OncoHealth</div> </div> |
| XPOVIO                         | Formulary Brands             | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #808000; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="display: flex; align-items: center;"><span style="background-color: #a52a2a; color: white; padding: 2px 5px; border-radius: 3px;">S</span> Specialty Drug</div> <div style="display: flex; align-items: center;"><span style="background-color: #0070c0; color: white; padding: 2px 5px; border-radius: 3px;">ONC</span> Oncology</div> <div style="display: flex; align-items: center;"><span style="background-color: #0070c0; color: white; padding: 2px 5px; border-radius: 3px;">TD</span> Trial Drug</div> <div style="display: flex; align-items: center;"><span style="background-color: #0070c0; color: white; padding: 2px 5px; border-radius: 3px;">OH</span> OncoHealth</div> </div> |
| XTANDI                         | Formulary Brands             | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #808000; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="display: flex; align-items: center;"><span style="background-color: #a52a2a; color: white; padding: 2px 5px; border-radius: 3px;">S</span> Specialty Drug</div> <div style="display: flex; align-items: center;"><span style="background-color: #0070c0; color: white; padding: 2px 5px; border-radius: 3px;">ONC</span> Oncology</div> <div style="display: flex; align-items: center;"><span style="background-color: #0070c0; color: white; padding: 2px 5px; border-radius: 3px;">TD</span> Trial Drug</div> <div style="display: flex; align-items: center;"><span style="background-color: #0070c0; color: white; padding: 2px 5px; border-radius: 3px;">OH</span> OncoHealth</div> </div> |

| PRODUCT DESCRIPTION  | TIER                         | LIMITS & RESTRICTIONS  |
|--|------------------------------|--|
| ZEJULA   | Formulary Brands             | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8B4513; color: white; padding: 2px; border-radius: 3px;">PA</div> <div style="background-color: #A52A2A; color: white; padding: 2px; border-radius: 3px;">S</div> Specialty Drug           <div style="background-color: #0070C0; color: white; padding: 2px; border-radius: 3px;">ONC</div> Oncology           <div style="background-color: #0070C0; color: white; padding: 2px; border-radius: 3px;">TD</div> Trial Drug           <div style="background-color: #0070C0; color: white; padding: 2px; border-radius: 3px;">OH</div> OncoHealth         </div> |
| ZELBORAF   | Formulary Brands             | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8B4513; color: white; padding: 2px; border-radius: 3px;">PA</div> <div style="background-color: #A52A2A; color: white; padding: 2px; border-radius: 3px;">S</div> Specialty Drug           <div style="background-color: #0070C0; color: white; padding: 2px; border-radius: 3px;">ONC</div> Oncology           <div style="background-color: #0070C0; color: white; padding: 2px; border-radius: 3px;">OH</div> OncoHealth         </div>   |
| ZOLINZA  | Formulary Brands             | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8B4513; color: white; padding: 2px; border-radius: 3px;">PA</div> <div style="background-color: #A52A2A; color: white; padding: 2px; border-radius: 3px;">S</div> Specialty Drug           <div style="background-color: #0070C0; color: white; padding: 2px; border-radius: 3px;">ONC</div> Oncology           <div style="background-color: #0070C0; color: white; padding: 2px; border-radius: 3px;">TD</div> Trial Drug           <div style="background-color: #0070C0; color: white; padding: 2px; border-radius: 3px;">OH</div> OncoHealth         </div> |
| ZYKADIA  | Formulary Brands             | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8B4513; color: white; padding: 2px; border-radius: 3px;">PA</div> <div style="background-color: #A52A2A; color: white; padding: 2px; border-radius: 3px;">S</div> Specialty Drug           <div style="background-color: #0070C0; color: white; padding: 2px; border-radius: 3px;">ONC</div> Oncology           <div style="background-color: #0070C0; color: white; padding: 2px; border-radius: 3px;">TD</div> Trial Drug           <div style="background-color: #0070C0; color: white; padding: 2px; border-radius: 3px;">OH</div> OncoHealth         </div> |
| ANTIPARKINSONIAN AGENTS (CNS)  |                              |  |
| ADAMANTANES (CNS)  |                              |  |
| <i>amantadine hcl (amantadine hcl 50 mg/5 ml solution, amantadine hcl 100 mg tablet)</i>   | Formulary High Cost Generics |  |
| <i>amantadine hcl 100 mg capsule</i>   | Formulary Low Cost Generics  |  |
| ADENOSINE A2A RECEPTOR ANTAGONISTS   |                              |  |
| NOURIANZ   | Formulary Brands             | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8B4513; color: white; padding: 2px; border-radius: 3px;">PA</div> <div style="background-color: #A52A2A; color: white; padding: 2px; border-radius: 3px;">S</div> Specialty Drug         </div>  |
| ANTICHOLINERGIC AGENTS (CNS)   |                              |  |
| <i>benztropine mesylate (benztropine mesylate 0.5 mg tablet, benztropine mesylate 1 mg tablet, benztropine mesylate 2 mg tablet)</i> | Formulary High Cost Generics |  |



| PRODUCT DESCRIPTION  | TIER                         | LIMITS & RESTRICTIONS  |
|--|------------------------------|------------------------|
| <i>trihexyphenidyl hcl (trihexyphenidyl hcl 2 mg tablet, trihexyphenidyl hcl 5 mg tablet)</i>  | Formulary Low Cost Generics  |                        |
| <i>trihexyphenidyl hcl 2 mg/5 ml solution</i>  | Formulary High Cost Generics |                        |
| CATECHOL-O-METHYLTRANSFERASE(COMT)INHIB.   |                              |                        |
| <i>entacapone</i>  | Formulary High Cost Generics |                        |
| DOPAMINE PRECURSORS  |                              |                        |
| <i>carbidopa/levodopa (carbidopa/levodopa 10mg-100mg tab rapdis, carbidopa/levodopa 10mg-100mg tablet, carbidopa/levodopa 25mg-100mg tab rapdis, carbidopa/levodopa 25mg-100mg tablet, carbidopa/levodopa 25mg-100mg tablet er, carbidopa/levodopa 25mg-250mg tab rapdis, carbidopa/levodopa 25mg-250mg tablet, carbidopa/levodopa 50mg-200mg tablet er)</i> | Formulary High Cost Generics |                        |
| <i>carbidopa/levodopa/entacapone</i>   | Formulary High Cost Generics |                        |
| INBRIJA  | Formulary Brands             | PA<br>S Specialty Drug |
| RYTARY   | Formulary Brands             | ST                     |
| MONOAMINE OXIDASE B INHIBITORS   |                              |                        |
| EMSAM  | Formulary Brands             | PA                     |
| <i>rasagiline mesylate</i>   | Formulary High Cost Generics |                        |
| <i>selegiline hcl</i>  | Formulary High Cost Generics |                        |
| ANTIPROTOZOALS   |                              |                        |
| ANTIMALARIALS  |                              |                        |
| <i>atovaquone/proguanil hcl</i>  | Formulary High Cost Generics |                        |
| <i>chloroquine phosphate</i>   | Formulary High Cost Generics |                        |
| COARTEM  | Formulary Brands             | PA                     |
| <i>hydroxychloroquine sulfate 200 mg tablet</i>  | Formulary High Cost Generics |                        |
| <i>mefloquine hcl</i>  | Formulary Low Cost Generics  |                        |

| PRODUCT DESCRIPTION   | TIER                         | LIMITS & RESTRICTIONS |
|---|------------------------------|-----------------------|
| <i>quinine sulfate</i>  | Formulary High Cost Generics | PA                    |
| ANTIPROTOZOALS, CRYPTOSPORIDIOSIS   |                              |                       |
| <i>nitazoxanide</i>   | Formulary High Cost Generics | QL 6 TABS / RX<br>PA  |
| ANTIPROTOZOALS, MISCELLANEOUS   |                              |                       |
| LAMPIT  | Formulary Brands             | PA                    |
| ANTIPROTOZOALS, P JIROVECII PNEUMONIA   |                              |                       |
| <i>atovaquone 750 mg/5ml oral susp</i>  | Formulary High Cost Generics |                       |
| ANTIPROTOZOALS,NITROIMIDAZOLE-DERIVATIVE  |                              |                       |
| <i>tinidazole</i>   | Formulary High Cost Generics |                       |
| ANTIPROTOZOALS,NITROIMIDAZOLE-DERIVATIVE  |                              |                       |
| NITROIMIDAZOLE DERIVATIVE, ANTI-LEISHMAL  |                              |                       |
| IMPAVIDO  | Formulary Brands             | PA                    |
| NITROIMIDAZOLE DERIVATIVE, TRYPANOCIDAL   |                              |                       |
| <i>benznidazole</i>   | Formulary High Cost Generics | PA                    |
| NITROIMIDAZOLE DERIVATIVES, MISC  |                              |                       |
| <i>metronidazole (metronidazole 0.75 % cream (g), metronidazole 0.75 % gel (gram), metronidazole 0.75 % lotion, metronidazole 1 % gel (gram), metronidazole 1 % gel w/pump, metronidazole 250 mg tablet, metronidazole 500 mg tablet)</i> | Formulary High Cost Generics |                       |
| <i>metronidazole 0.75 % gel w/appl</i>  | Formulary Low Cost Generics  |                       |
| ROSDAN 0.75% CREAM  | Formulary High Cost Generics |                       |
| ANTIPSYCHOTIC AGENTS  |                              |                       |
| ATYPICAL ANTIPSYCHOTICS   |                              |                       |
| ABILIFY ASIMTUFII   | Formulary Brands             |                       |
| ABILIFY MAINTENA  | Formulary Brands             |                       |

| PRODUCT DESCRIPTION   | TIER                         | LIMITS & RESTRICTIONS                      |
|---|------------------------------|--|
| <i>aripiprazole (aripiprazole 1 mg/ml solution, aripiprazole 2 mg tablet, aripiprazole 5 mg tablet, aripiprazole 10 mg tablet, aripiprazole 15 mg tablet, aripiprazole 20 mg tablet, aripiprazole 30 mg tablet)</i> | Formulary High Cost Generics | AL1 At least 7 yrs old                     |
| <i>aripiprazole (aripiprazole 10 mg tab rapdis, aripiprazole 15 mg tab rapdis)</i>  | Formulary High Cost Generics | PA<br>AL1 At least 7 yrs old               |
| ARISTADA  | Formulary Brands             |  |
| ARISTADA INITIO   | Formulary Brands             |  |
| <i>asenapine maleate</i>  | Formulary High Cost Generics | AL1 At least 7 yrs old                     |
| CAPLYTA   | Formulary Brands             | QL 1 CAP / 1 DAY<br>PA                     |
| <i>clozapine (clozapine 12.5 mg tab rapdis, clozapine 25 mg tab rapdis, clozapine 100 mg tab rapdis, clozapine 150 mg tab rapdis)</i>   | Formulary High Cost Generics | PA<br>AL1 At least 7 yrs old               |
| <i>clozapine (clozapine 25 mg tablet, clozapine 50 mg tablet, clozapine 100 mg tablet, clozapine 200 mg tablet)</i>   | Formulary High Cost Generics | AL1 At least 7 yrs old                     |
| <i>clozapine 200 mg tab rapdis</i>  | Formulary Low Cost Generics  | PA<br>AL1 At least 7 yrs old               |
| FANAPT  | Formulary Brands             | PA   |
| INVEGA HAFYERA  | Formulary Brands             |  |
| INVEGA SUSTENNA   | Formulary Brands             |  |
| INVEGA TRINZA   | Formulary Brands             |  |
| <i>lurasidone hcl</i>   | Formulary High Cost Generics | QL 1 TAB / 1 DAY<br>AL1 At least 7 yrs old |
| LYBALVI   | Formulary Brands             | QL 1 TAB / 1 DAY<br>PA                     |
| NUPLAZID  | Formulary Brands             | PA<br>S Specialty Drug<br>TD Trial Drug    |

| PRODUCT DESCRIPTION  | TIER                         | LIMITS & RESTRICTIONS        |
|--|------------------------------|------------------------------|
| <i>olanzapine (olanzapine 2.5 mg tablet, olanzapine 5 mg tab rapdis, olanzapine 5 mg tablet, olanzapine 7.5 mg tablet, olanzapine 10 mg tab rapdis, olanzapine 10 mg tablet, olanzapine 15 mg tab rapdis, olanzapine 15 mg tablet, olanzapine 20 mg tab rapdis, olanzapine 20 mg tablet)</i>   | Formulary High Cost Generics | AL1 At least 7 yrs old       |
| <i>paliperidone</i>  | Formulary Low Cost Generics  | AL1 At least 7 yrs old       |
| <i>quetiapine fumarate (quetiapine fumarate 25 mg tablet, quetiapine fumarate 50 mg tab er 24h, quetiapine fumarate 50 mg tablet, quetiapine fumarate 100 mg tablet, quetiapine fumarate 150 mg tab er 24h, quetiapine fumarate 150 mg tablet, quetiapine fumarate 200 mg tab er 24h, quetiapine fumarate 200 mg tablet, quetiapine fumarate 300 mg tab er 24h, quetiapine fumarate 300 mg tablet, quetiapine fumarate 400 mg tab er 24h, quetiapine fumarate 400 mg tablet)</i> | Formulary High Cost Generics | AL1 At least 7 yrs old       |
| REXULTI  | Formulary Brands             | PA                           |
| <i>risperidone (risperidone 0.25 mg tab rapdis, risperidone 0.5 mg tab rapdis, risperidone 1 mg tab rapdis, risperidone 2 mg tab rapdis, risperidone 3 mg tab rapdis, risperidone 4 mg tab rapdis)</i>   | Formulary High Cost Generics | PA<br>AL1 At least 7 yrs old |
| <i>risperidone (risperidone 0.25 mg tablet, risperidone 0.5 mg tablet, risperidone 1 mg tablet, risperidone 2 mg tablet, risperidone 3 mg tablet, risperidone 4 mg tablet)</i>   | Formulary Low Cost Generics  | AL1 At least 7 yrs old       |
| <i>risperidone 1 mg/ml solution</i>  | Formulary High Cost Generics | AL1 At least 7 yrs old       |
| <i>risperidone microspheres</i>  | Formulary High Cost Generics |                              |
| SECUADO  | Formulary Brands             | PA                           |
| UZEDY  | Formulary Brands             | PA                           |
| VERSACLOZ  | Formulary Brands             | PA<br>AL1 At least 7 yrs old |
| VRAYLAR (VRAYLAR 1.5 MG CAPSULE, VRAYLAR 1.5 MG-3 MG PACK)   | Formulary Brands             | QL 2 CAPS / 1 DAY<br>PA      |

| PRODUCT DESCRIPTION  | TIER                         | LIMITS & RESTRICTIONS  |
|--|------------------------------|--|
| VRAYLAR (VRAYLAR 3 MG CAPSULE, VRAYLAR 4.5 MG CAPSULE, VRAYLAR 6 MG CAPSULE)   | Formulary Brands             | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; border-radius: 5px; padding: 2px 5px; margin-right: 5px;">QL</div> <div>1 CAP / 1 DAY</div> </div> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="background-color: #8b572a; color: white; border-radius: 5px; padding: 2px 5px; margin-right: 5px;">PA</div> </div>          |
| <i>ziprasidone hcl</i>   | Formulary High Cost Generics | <div style="display: flex; align-items: center;"> <div style="background-color: #2e7d32; color: white; border-radius: 5px; padding: 2px 5px; margin-right: 5px;">AL1</div> <div>At least 7 yrs old</div> </div>  |
| <b>BUTYROPHENONES</b>  |                              |  |
| HALDOL DECANOATE 100   | Formulary Brands             |  |
| HALDOL DECANOATE 50  | Formulary Brands             |  |
| <i>haloperidol</i>   | Formulary High Cost Generics | <div style="display: flex; align-items: center;"> <div style="background-color: #2e7d32; color: white; border-radius: 5px; padding: 2px 5px; margin-right: 5px;">AL1</div> <div>At least 7 yrs old</div> </div>  |
| <i>haloperidol decanoate (haloperidol decanoate 50 mg/ml ampul, haloperidol decanoate 50 mg/ml vial, haloperidol decanoate 100 mg/ml ampul, haloperidol decanoate 100 mg/ml vial)</i>  | Formulary High Cost Generics |  |
| <i>haloperidol lactate 2 mg/ml oral conc</i>   | Formulary High Cost Generics | <div style="display: flex; align-items: center;"> <div style="background-color: #2e7d32; color: white; border-radius: 5px; padding: 2px 5px; margin-right: 5px;">AL1</div> <div>At least 7 yrs old</div> </div>  |
| <b>DIBENZOXAPINES</b>  |                              |  |
| <i>loxapine succinate</i>  | Formulary High Cost Generics | <div style="display: flex; align-items: center;"> <div style="background-color: #2e7d32; color: white; border-radius: 5px; padding: 2px 5px; margin-right: 5px;">AL1</div> <div>At least 7 yrs old</div> </div>  |
| <b>DIHYDROINDOLONES</b>  |                              |  |
| <i>molindone hcl</i>   | Formulary High Cost Generics | <div style="display: flex; align-items: center;"> <div style="background-color: #8b572a; color: white; border-radius: 5px; padding: 2px 5px; margin-right: 5px;">PA</div> </div>   |
| <b>DIPHENYLBUTYLPERIDINES</b>  |                              |  |
| <i>pimozide</i>  | Formulary High Cost Generics | <div style="display: flex; align-items: center;"> <div style="background-color: #8b572a; color: white; border-radius: 5px; padding: 2px 5px; margin-right: 5px;">PA</div> <div style="display: flex; align-items: center; margin-left: 10px;"> <div style="background-color: #2e7d32; color: white; border-radius: 5px; padding: 2px 5px; margin-right: 5px;">AL1</div> <div>At least 12 yrs old</div> </div> </div> |
| <b>PHENOTHIAZINES</b>  |                              |  |
| <i>chlorpromazine hcl (chlorpromazine hcl 10 mg tablet, chlorpromazine hcl 25 mg tablet, chlorpromazine hcl 30 mg/ml oral conc, chlorpromazine hcl 50 mg tablet, chlorpromazine hcl 100 mg tablet, chlorpromazine hcl 100 mg/ml oral conc, chlorpromazine hcl 200 mg tablet)</i> | Formulary High Cost Generics | <div style="display: flex; align-items: center;"> <div style="background-color: #8b572a; color: white; border-radius: 5px; padding: 2px 5px; margin-right: 5px;">PA</div> </div>   |
| <i>fluphenazine decanoate</i>  | Formulary High Cost Generics |  |
| <i>fluphenazine hcl (fluphenazine hcl 1 mg tablet, fluphenazine hcl 2.5 mg tablet, fluphenazine hcl 5 mg tablet, fluphenazine hcl 10 mg tablet)</i>  | Formulary High Cost Generics | <div style="display: flex; align-items: center;"> <div style="background-color: #2e7d32; color: white; border-radius: 5px; padding: 2px 5px; margin-right: 5px;">AL1</div> <div>At least 7 yrs old</div> </div>  |
| <i>fluphenazine hcl (fluphenazine hcl 2.5 mg/5ml elixir, fluphenazine hcl 5 mg/ml oral conc)</i>   | Formulary Low Cost Generics  | <div style="display: flex; align-items: center;"> <div style="background-color: #2e7d32; color: white; border-radius: 5px; padding: 2px 5px; margin-right: 5px;">AL1</div> <div>At least 7 yrs old</div> </div>  |

| PRODUCT DESCRIPTION  | TIER                         | LIMITS & RESTRICTIONS  |
|--|------------------------------|------------------------|
| <i>perphenazine</i>  | Formulary Low Cost Generics  | AL1 At least 7 yrs old |
| <i>thioridazine hcl</i>  | Formulary Low Cost Generics  | AL1 At least 7 yrs old |
| <i>trifluoperazine hcl</i>   | Formulary High Cost Generics | AL1 At least 7 yrs old |
| THIOXANTHENES  |                              |                        |
| <i>thiothixene</i>   | Formulary Low Cost Generics  | AL1 At least 7 yrs old |
| ANTIRETROVIRALS  |                              |                        |
| ANTIRETROVIRALS, MISCELLANEOUS   |                              |                        |
| TYBOST   | Formulary Brands             |                        |
| HIV ENTRY AND FUSION INHIBITORS  |                              |                        |
| FUZEON   | Formulary Brands             | S Specialty Drug       |
| <i>maraviroc</i>   | Formulary High Cost Generics |                        |
| RUKOBIA  | Formulary Brands             | PA                     |
| SELZENTRY (SELZENTRY 20 MG/ML ORAL SOLN, SELZENTRY 25 MG TABLET, SELZENTRY 75 MG TABLET) | Formulary Brands             |                        |
| HIV INTEGRASE INHIBITOR ANTIRETROVIRALS  |                              |                        |
| DOVATO   | Formulary Brands             |                        |
| ISENTRESS  | Formulary Brands             |                        |
| ISENTRESS HD   | Formulary Brands             |                        |
| JULUCA   | Formulary Brands             |                        |
| TIVICAY  | Formulary Brands             |                        |
| TIVICAY PD   | Formulary Brands             |                        |
| VOCABRIA   | Formulary Brands             |                        |
| HIV NONNUCLEOSIDE REV.TRANSSCRIP. INHIB.   |                              |                        |
| DELSTRIGO  | Formulary Brands             |                        |
| EDURANT  | Formulary Brands             |                        |
| <i>efavirenz (efavirenz 50 mg capsule, efavirenz 600 mg tablet)</i>                      | Formulary High Cost Generics |                        |
| <i>efavirenz 200 mg capsule</i>  | Formulary Low Cost Generics  |                        |
| <i>etravirine</i>  | Formulary High Cost Generics |                        |

| PRODUCT DESCRIPTION   | TIER                         | LIMITS & RESTRICTIONS  |
|---|------------------------------|--|
| INTELENCE 25 MG TABLET  | Formulary Brands             |  |
| <i>nevirapine (nevirapine 50 mg/5 ml oral susp, nevirapine 100 mg tab er 24h, nevirapine 200 mg tablet, nevirapine 400 mg tab er 24h)</i>   | Formulary High Cost Generics |  |
| SUSTIVA   | Formulary Brands             |  |
| HIV NUCLEOSIDE, NUCLEOTIDE RT INHIBITORS  |                              |  |
| <i>abacavir sulfate (abacavir sulfate 20 mg/ml solution, abacavir sulfate 300 mg tablet)</i>  | Formulary High Cost Generics |  |
| <i>abacavir sulfate/lamivudine</i>  | Formulary Low Cost Generics  |  |
| BIKTARVY  | Formulary Brands             |  |
| COMPLERA  | Formulary Brands             |  |
| DESCOVY   | Formulary Brands             | <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #D4AF37; color: white; padding: 2px 5px; border-radius: 3px;">ACA - PA</div> </div> <div>Affordable Care Act with PA</div> </div> |
| <i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>  | Formulary High Cost Generics |  |
| <i>emtricitabine</i>  | Formulary High Cost Generics |  |
| <i>emtricitabine/tenofovir disoproxil fumarate (emtricitabine/tenofovir (tdf) 100-150 mg tablet, emtricitabine/tenofovir (tdf) 133-200 mg tablet, emtricitabine/tenofovir (tdf) 167-250 mg tablet, emtricitabine/tenofovir (tdf) 200-300 mg tablet)</i> | Formulary High Cost Generics |  |
| EPIVIR HBV 25 MG/5 ML SOLN  | Formulary Brands             |  |
| GENVOYA   | Formulary Brands             |  |
| <i>lamivudine (lamivudine 10 mg/ml solution, lamivudine 100 mg tablet, lamivudine 150 mg tablet, lamivudine 300 mg tablet)</i>  | Formulary High Cost Generics |  |
| <i>lamivudine/zidovudine</i>  | Formulary High Cost Generics |  |
| ODEFSEY   | Formulary Brands             |  |
| STRIBILD  | Formulary Brands             |  |
| <i>tenofovir disoproxil fumarate</i>  | Formulary Low Cost Generics  |  |
| TRIUMEQ   | Formulary Brands             |  |

| PRODUCT DESCRIPTION   | TIER                         | LIMITS & RESTRICTIONS |
|---|------------------------------|-----------------------|
| TRIUMEQ PD  | Formulary Brands             |                       |
| VIREAD (VIREAD 150 MG TABLET, VIREAD 200 MG TABLET, VIREAD 250 MG TABLET, VIREAD POWDER)  | Formulary Brands             |                       |
| <i>zidovudine (zidovudine 10 mg/ml syrup, zidovudine 300 mg tablet)</i>   | Formulary High Cost Generics |                       |
| <i>zidovudine 100 mg capsule</i>  | Formulary Low Cost Generics  |                       |
| HIV PROTEASE INHIBITOR ANTIRETROVIRALS  |                              |                       |
| APTIVUS   | Formulary Brands             |                       |
| <i>atazanavir sulfate</i>   | Formulary High Cost Generics |                       |
| <i>darunavir</i>  | Formulary High Cost Generics |                       |
| <i>darunavir ethanolate</i>   | Formulary High Cost Generics |                       |
| EVOTAZ  | Formulary Brands             |                       |
| <i>fosamprenavir calcium</i>  | Formulary High Cost Generics |                       |
| LEXIVA 50 MG/ML SUSPENSION  | Formulary Brands             |                       |
| <i>lopinavir/ritonavir (lopinavir/ritonavir 100mg-25mg tablet, lopinavir/ritonavir 200mg-50mg tablet, lopinavir/ritonavir 400-100/5 solution)</i> | Formulary High Cost Generics |                       |
| NORVIR 80 MG/ML SOLUTION  | Formulary Brands             |                       |
| PREZCOBIX   | Formulary Brands             |                       |
| PREZISTA (PREZISTA 75 MG TABLET, PREZISTA 100 MG/ML SUSPENSION, PREZISTA 150 MG TABLET)   | Formulary Brands             |                       |
| REYATAZ 50 MG POWDER PACKET   | Formulary Brands             |                       |
| <i>ritonavir</i>  | Formulary High Cost Generics |                       |
| SYMTUZA   | Formulary Brands             |                       |
| ANTITHROMBOTIC AGENTS   |                              |                       |
| PLATELET-AGGREGATION INHIBITORS   |                              |                       |
| BRILINTA  | Formulary Brands             |                       |
| <i>cilostazol</i>   | Formulary High Cost Generics |                       |
| <i>clopidogrel bisulfate 75 mg tablet</i>   | Formulary Low Cost Generics  |                       |
| <i>prasugrel hcl</i>  | Formulary High Cost Generics |                       |



| PRODUCT DESCRIPTION  | TIER                         | LIMITS & RESTRICTIONS                   |
|--|------------------------------|---|
| ZONTIVITY  | Formulary Brands             | PA                                      |
| PLATELET-REDUCING AGENTS   |                              |   |
| <i>anagrelide hcl</i>  | Formulary High Cost Generics | OH OncoHealth                           |
| VON WILLEBRAND FACTOR-RELATED ANTITHROMB                         |                              |   |
| CABLIVI 11 MG KIT  | Formulary Brands             | PA<br>S Specialty Drug<br>OH OncoHealth |
| ANTITOXINS,IMMUNE GLOB,TOXOIDS,VACCINES                          |                              |   |
| ALLERGENIC EXTRACTS (THERAPEUTIC)                                |                              |   |
| GRASTEK  | Formulary Brands             | PA                                      |
| ODACTRA  | Formulary Brands             | PA                                      |
| PALFORZIA  | Formulary Brands             | PA<br>S Specialty Drug                  |
| RAGWITEK   | Formulary Brands             | PA                                      |
| TOXOIDS  |                              |   |
| ADACEL TDAP  | Formulary Brands             | ACA Affordable Care Act                 |
| BOOSTRIX TDAP  | Formulary Brands             | ACA Affordable Care Act                 |
| DAPTACEL DTAP  | Formulary Brands             | ACA Affordable Care Act                 |
| INFANRIX DTAP  | Formulary Brands             | ACA Affordable Care Act                 |
| TENIVAC  | Formulary Brands             | ACA Affordable Care Act                 |
| <i>tetanus and diphtheria toxoids, adult</i>                     | Formulary Brands             | ACA Affordable Care Act                 |
| <i>tetanus,diphtheria toxoid ped/pf</i>                          | Formulary Brands             | ACA Affordable Care Act                 |
| VAXELIS  | Formulary Brands             | ACA Affordable Care Act                 |
| VACCINES   |                              |   |
| ABRYSVO  | Formulary Brands             | ACA Affordable Care Act                 |
| ACTHIB   | Formulary Brands             | ACA Affordable Care Act                 |
| <i>adenovirus live type-4 and adenovirus live type-7 vaccine</i> | Formulary Brands             |   |

| PRODUCT DESCRIPTION                   | TIER             | LIMITS & RESTRICTIONS   |
|---------------------------------------|------------------|-------------------------|
| <i>adenovirus vaccine live type-4</i> | Formulary Brands |                         |
| <i>adenovirus vaccine live type-7</i> | Formulary Brands |                         |
| AFLURIA QUAD 2022-2023                | Formulary Brands | ACA Affordable Care Act |
| AFLURIA QUAD 2022-23 (3YR UP)         | Formulary Brands | ACA Affordable Care Act |
| AFLURIA QUAD 2023-2024                | Formulary Brands | ACA Affordable Care Act |
| AFLURIA QUAD 2023-24 (3YR UP)         | Formulary Brands | ACA Affordable Care Act |
| AFLURIA TRIV 2024-25 (3YR UP)         | Formulary Brands | ACA Affordable Care Act |
| AFLURIA TRIVALENT 2024-25             | Formulary Brands | ACA Affordable Care Act |
| AREXVY                                | Formulary Brands | ACA Affordable Care Act |
| AREXVY ADJUVANT COMPONENT             | Formulary Brands | ACA Affordable Care Act |
| AREXVY ANTIGEN COMPONENT              | Formulary Brands | ACA Affordable Care Act |
| BEXSERO                               | Formulary Brands | ACA Affordable Care Act |
| CAPVAXIVE                             | Formulary Brands | ACA Affordable Care Act |
| COMIRNATY                             | Formulary Brands | ACA Affordable Care Act |
| COMIRNATY 2023-2024                   | Formulary Brands | ACA Affordable Care Act |
| COMIRNATY 2024-2025                   | Formulary Brands | ACA Affordable Care Act |
| ENGERIX-B ADULT                       | Formulary Brands | ACA Affordable Care Act |
| ENGERIX-B PEDIATRIC-ADOLESCENT        | Formulary Brands | ACA Affordable Care Act |
| FLUAD QUAD 2022-2023                  | Formulary Brands | ACA Affordable Care Act |
| FLUAD QUAD 2023-2024                  | Formulary Brands | ACA Affordable Care Act |
| FLUAD TRIVALENT 2024-2025             | Formulary Brands | ACA Affordable Care Act |
| FLUARIX QUAD 2022-2023                | Formulary Brands | ACA Affordable Care Act |
| FLUARIX QUAD 2023-2024                | Formulary Brands | ACA Affordable Care Act |
| FLUARIX TRIVALENT 2024-2025           | Formulary Brands | ACA Affordable Care Act |
| FLUBLOK QUAD 2022-2023                | Formulary Brands | ACA Affordable Care Act |

| PRODUCT DESCRIPTION  | TIER             | LIMITS & RESTRICTIONS   |
|--|------------------|-------------------------|
| FLUBLOK QUAD 2023-2024   | Formulary Brands | ACA Affordable Care Act |
| FLUBLOK TRIVALENT 2024-2025  | Formulary Brands | ACA Affordable Care Act |
| FLUCELVAX QUAD 2022-2023<br>(FLUCELVAX QUAD 2022-2023 SYR,<br>FLUCELVAX QUAD 2022-2023 VIAL)             | Formulary Brands | ACA Affordable Care Act |
| FLUCELVAX QUAD 2023-2024<br>(FLUCELVAX QUAD 2023-2024 SYR,<br>FLUCELVAX QUAD 2023-2024 VIAL)             | Formulary Brands | ACA Affordable Care Act |
| FLUCELVAX TRIVALENT 2024-2025<br>(FLUCELVAX TRIVAL 2024-2025 SYR,<br>FLUCELVAX TRIVAL 2024-2025 VL)      | Formulary Brands | ACA Affordable Care Act |
| FLULAVAL QUAD 2022-2023  | Formulary Brands | ACA Affordable Care Act |
| FLULAVAL QUAD 2023-2024  | Formulary Brands | ACA Affordable Care Act |
| FLULAVAL TRIVALENT 2024-2025   | Formulary Brands | ACA Affordable Care Act |
| FLUMIST QUAD 2022-2023   | Formulary Brands | ACA Affordable Care Act |
| FLUMIST QUAD 2023-2024   | Formulary Brands | ACA Affordable Care Act |
| FLUMIST TRIVALENT 2024-2025  | Formulary Brands | ACA Affordable Care Act |
| FLUZONE HIGH-DOSE QUAD 2022-23   | Formulary Brands | ACA Affordable Care Act |
| FLUZONE HIGH-DOSE QUAD 2023-24   | Formulary Brands | ACA Affordable Care Act |
| FLUZONE HIGH-DOSE TRIV 2024-25   | Formulary Brands | ACA Affordable Care Act |
| FLUZONE QUAD 2022-2023   | Formulary Brands | ACA Affordable Care Act |
| FLUZONE QUAD 2023-2024<br>(FLUZONE QUAD 2023-2024<br>SYRINGE, FLUZONE QUAD 2023-2024<br>VIAL)            | Formulary Brands | ACA Affordable Care Act |
| FLUZONE QUAD SOUTHERN HEM<br>2024 (FLUZONE QUAD SOUTH<br>HEM2024 SYR, FLUZONE QUAD<br>SOUTH HEM 2024 VL) | Formulary Brands | ACA Affordable Care Act |
| FLUZONE TRIVALENT 2024-2025<br>(FLUZONE TRIVALENT 2024-25<br>SYRG, FLUZONE TRIVALENT 2024-25<br>VIAL)    | Formulary Brands | ACA Affordable Care Act |
| GARDASIL 9   | Formulary Brands | ACA Affordable Care Act |

| PRODUCT DESCRIPTION  | TIER             | LIMITS & RESTRICTIONS   |
|--|------------------|-------------------------|
| HAVRIX   | Formulary Brands | ACA Affordable Care Act |
| HEPLISAV-B   | Formulary Brands | ACA Affordable Care Act |
| HIBERIX  | Formulary Brands | ACA Affordable Care Act |
| IPOL   | Formulary Brands | ACA Affordable Care Act |
| JANSSEN COVID-19 VACCINE (EUA)   | Formulary Brands | ACA Affordable Care Act |
| KINRIX   | Formulary Brands | ACA Affordable Care Act |
| M-M-R II VACCINE   | Formulary Brands | ACA Affordable Care Act |
| MENACTRA   | Formulary Brands | ACA Affordable Care Act |
| MENQUADFI  | Formulary Brands | ACA Affordable Care Act |
| MENVEO A-C-Y-W-135-DIP (MENVEO 1 VIAL-A-C-Y-W-135-DIP, MENVEO A-C-Y-W KIT (2 VIALS)) | Formulary Brands | ACA Affordable Care Act |
| MENVEO MENA COMPONENT  | Formulary Brands | ACA Affordable Care Act |
| MENVEO MENCYW-135 COMPONENT  | Formulary Brands | ACA Affordable Care Act |
| MODERNA COVID (12Y UP)VAC(EUA)   | Formulary Brands | ACA Affordable Care Act |
| MODERNA COVID 23-24(6M-11Y)EUA   | Formulary Brands | ACA Affordable Care Act |
| MODERNA COVID 24-25(6M-11Y)EUA   | Formulary Brands | ACA Affordable Care Act |
| MODERNA COVID BIVAL(6MO UP)EUA   | Formulary Brands | ACA Affordable Care Act |
| MODERNA COVID BIVAL(6MO-5Y)EUA   | Formulary Brands | ACA Affordable Care Act |
| MODERNA COVID(6M-5Y) VACC(EUA)   | Formulary Brands | ACA Affordable Care Act |
| MODERNA COVID-19 BOOSTER (EUA)   | Formulary Brands | ACA Affordable Care Act |
| MRESVIA  | Formulary Brands | ACA Affordable Care Act |
| NOVAVAX COVID 2023-2024 (EUA)  | Formulary Brands | ACA Affordable Care Act |
| NOVAVAX COVID 2024-2025 (EUA)  | Formulary Brands | ACA Affordable Care Act |
| NOVAVAX COVID-19 VACC,ADJ(EUA)   | Formulary Brands | ACA Affordable Care Act |
| PEDIARIX   | Formulary Brands | ACA Affordable Care Act |

| PRODUCT DESCRIPTION            | TIER             | LIMITS & RESTRICTIONS   |
|--------------------------------|------------------|-------------------------|
| PEDVAXHIB                      | Formulary Brands | ACA Affordable Care Act |
| PENBRAYA                       | Formulary Brands | ACA Affordable Care Act |
| PENBRAYA MENACWY COMPONENT     | Formulary Brands | ACA Affordable Care Act |
| PENBRAYA MENB COMPONENT        | Formulary Brands | ACA Affordable Care Act |
| PENTACEL                       | Formulary Brands | ACA Affordable Care Act |
| PENTACEL ACTHIB COMPONENT      | Formulary Brands | ACA Affordable Care Act |
| PENTACEL DTAP-IPV COMPONENT    | Formulary Brands | ACA Affordable Care Act |
| PFIZER COVID (12Y UP) VAC(EUA) | Formulary Brands | ACA Affordable Care Act |
| PFIZER COVID (5-11Y) VAC (EUA) | Formulary Brands | ACA Affordable Care Act |
| PFIZER COVID (6M-4Y) VACC(EUA) | Formulary Brands | ACA Affordable Care Act |
| PFIZER COVID 2023-24(5-11Y)EUA | Formulary Brands | ACA Affordable Care Act |
| PFIZER COVID 2023-24(6M-4Y)EUA | Formulary Brands | ACA Affordable Care Act |
| PFIZER COVID 2024-25(5-11Y)EUA | Formulary Brands | ACA Affordable Care Act |
| PFIZER COVID 2024-25(6M-4Y)EUA | Formulary Brands | ACA Affordable Care Act |
| PFIZER COVID BIVAL (12Y UP)EUA | Formulary Brands | ACA Affordable Care Act |
| PFIZER COVID BIVAL (5-11YR)EUA | Formulary Brands | ACA Affordable Care Act |
| PFIZER COVID BIVAL (6MO-4Y)EUA | Formulary Brands | ACA Affordable Care Act |
| PFIZER COVID-19 VACCINE (EUA)  | Formulary Brands | ACA Affordable Care Act |
| PNEUMOVAX 23                   | Formulary Brands | ACA Affordable Care Act |
| PREHEVBRIO                     | Formulary Brands | ACA Affordable Care Act |
| PREVNAR 13                     | Formulary Brands | ACA Affordable Care Act |
| PREVNAR 20                     | Formulary Brands | ACA Affordable Care Act |
| PRIORIX                        | Formulary Brands | ACA Affordable Care Act |
| PROQUAD                        | Formulary Brands | ACA Affordable Care Act |
| QUADRACEL DTAP-IPV             | Formulary Brands | ACA Affordable Care Act |

| PRODUCT DESCRIPTION  | TIER                         | LIMITS & RESTRICTIONS                    |
|--|------------------------------|--|
| RECOMBIVAX HB  | Formulary Brands             | ACA Affordable Care Act                  |
| ROTARIX  | Formulary Brands             | ACA Affordable Care Act                  |
| ROTATEQ  | Formulary Brands             | ACA Affordable Care Act                  |
| SHINGRIX   | Formulary Brands             | QL 1 KIT / RX<br>ACA Affordable Care Act |
| SHINGRIX GE ANTIGEN COMPONENT  | Formulary Brands             | QL 1 KIT / RX<br>ACA Affordable Care Act |
| SPIKEVAX 2023-2024   | Formulary Brands             | ACA Affordable Care Act                  |
| SPIKEVAX 2024-2025   | Formulary Brands             | ACA Affordable Care Act                  |
| SPIKEVAX COVID (18Y UP) VACC   | Formulary Brands             | ACA Affordable Care Act                  |
| TRUMENBA   | Formulary Brands             | ACA Affordable Care Act                  |
| TWINRIX  | Formulary Brands             | ACA Affordable Care Act                  |
| VAQTA  | Formulary Brands             | ACA Affordable Care Act                  |
| VARIVAX VACCINE  | Formulary Brands             | ACA Affordable Care Act                  |
| VAXCHORA VACCINE   | Formulary Brands             |  |
| VAXNEUVANCE  | Formulary Brands             | ACA Affordable Care Act                  |
| VIVOTIF  | Formulary Brands             |  |
| ANTIULCER AGENTS AND ACID SUPPRESSANTS   |                              |  |
| ANTIULCER AGENTS AND ACID SUPPRESS.,MISC   |                              |  |
| TALICIA  | Formulary Brands             | PA                                       |
| HISTAMINE H2-ANTAGONISTS   |                              |  |
| <i>cimetidine (cimetidine 300 mg tablet, cimetidine 400 mg tablet, cimetidine 800 mg tablet)</i> | Formulary High Cost Generics |  |
| <i>cimetidine hcl 300 mg/5ml solution</i>  | Formulary High Cost Generics |  |
| <i>famotidine (famotidine 20 mg tablet, famotidine 40 mg tablet)</i>                             | Formulary Low Cost Generics  |  |
| <i>famotidine 20 mg tablet (rx only)</i>   | Formulary Low Cost Generics  |  |
| <i>famotidine 40mg/5ml susp recon</i>  | Formulary High Cost Generics | AL1 Up to 12 yrs old                     |

| PRODUCT DESCRIPTION  | TIER                         | LIMITS & RESTRICTIONS  |
|--|------------------------------|------------------------|
| <i>nizatidine</i>  | Formulary High Cost Generics | PA                     |
| PROSTAGLANDINS   |                              |                        |
| <i>misoprostol</i>   | Formulary High Cost Generics |                        |
| PROTECTANTS  |                              |                        |
| <i>sucralfate 1 g tablet</i>   | Formulary High Cost Generics |                        |
| <i>sucralfate 1 g/10 ml oral susp</i>  | Formulary High Cost Generics | PA                     |
| PROTON-PUMP INHIBITORS   |                              |                        |
| <i>esomeprazole magnesium (esomeprazole magnesium 20 mg capsule dr, esomeprazole magnesium 40 mg capsule dr)</i> | Formulary High Cost Generics |                        |
| <i>lansoprazole (lansoprazole 15 mg capsule dr, lansoprazole 30 mg capsule dr)</i>                               | Formulary High Cost Generics |                        |
| <i>lansoprazole dr 15 mg capsule (rx only)</i>   | Formulary High Cost Generics |                        |
| <i>lansoprazole/amoxicillin trihydrate/clarithromycin</i>  | Formulary High Cost Generics | PA                     |
| <i>omeprazole (omeprazole 10 mg capsule dr, omeprazole 20 mg capsule dr, omeprazole 40 mg capsule dr)</i>        | Formulary Low Cost Generics  |                        |
| <i>pantoprazole sodium (pantoprazole sodium 20 mg tablet dr, pantoprazole sodium 40 mg tablet dr)</i>            | Formulary Low Cost Generics  |                        |
| <i>rabeprazole sodium 20 mg tablet dr</i>  | Formulary High Cost Generics |                        |
| ANTIVIRALS (SYSTEMIC)  |                              |                        |
| ADAMANTANE ANTIVIRALS  |                              |                        |
| <i>rimantadine hcl</i>   | Formulary High Cost Generics |                        |
| ANTIRETROVIRALS  |                              |                        |
| SUNLENCA (SUNLENCA 4- 300 MG TABLET, SUNLENCA 5- 300 MG TABLET)  | Formulary Brands             | PA<br>S Specialty Drug |
| ANTIVIRALS, MISCELLANEOUS  |                              |                        |
| TPOXX 200 MG CAP (STOCKPILE)   | Formulary Brands             |                        |

| PRODUCT DESCRIPTION   | TIER                         | LIMITS & RESTRICTIONS                   |
|---|------------------------------|---|
| <b>CMV ANTIVIRALS</b>   |                              |   |
| LIVTENCITY  | Formulary Brands             | PA<br>S Specialty Drug                  |
| PREVYMIS (PREVYMIS 240 MG TABLET, PREVYMIS 480 MG TABLET)   | Formulary Brands             | PA                                      |
| <b>CORONAVIRUS (COVID-19)</b>   |                              |   |
| PAXLOVID 150-100 MG DOSE PACK   | Formulary Brands             | QL 20 TABS / 5 DAYS                     |
| PAXLOVID 150-100 MG PACK (EUA)  | Formulary Brands             | QL 20 TABS / 5 DAYS                     |
| PAXLOVID 300-100 MG DOSE PACK   | Formulary Brands             | QL 30 TABS / 5 DAYS                     |
| PAXLOVID 300-100 MG PACK (EUA)  | Formulary Brands             | QL 30 TABS / 5 DAYS                     |
| <b>INTERFERON ANTIVIRALS</b>  |                              |   |
| ALFERON N   | Formulary Brands             | S Specialty Drug                        |
| PEGASYS   | Formulary Brands             | PA<br>S Specialty Drug<br>OH OncoHealth |
| <b>MONOCLONAL ANTIBODIES (08:18)</b>  |                              |   |
| BEYFORTUS   | Formulary Brands             | ACA Affordable Care Act                 |
| <b>NEURAMINIDASE INHIBITOR ANTIVIRALS</b>   |                              |   |
| <i>oseltamivir phosphate (oseltamivir phosphate 45 mg capsule, oseltamivir phosphate 75 mg capsule)</i> | Formulary High Cost Generics | QL 10 CAPS / 1 FILL                     |
| <i>oseltamivir phosphate 30 mg capsule</i>  | Formulary High Cost Generics | QL 20 CAPS / 1 FILL                     |
| <i>oseltamivir phosphate 6 mg/ml susp recon</i>   | Formulary High Cost Generics | QL 180 ML / 1 FILL                      |
| RELENZA   | Formulary Brands             | QL 20 CAPS / 1 FILL                     |
| <b>NUCLEOSIDE AND NUCLEOTIDE ANTIVIRALS</b>   |                              |   |
| <i>acyclovir (acyclovir 200 mg capsule, acyclovir 400 mg tablet, acyclovir 800 mg tablet)</i>           | Formulary High Cost Generics |   |
| <i>acyclovir 200 mg/5ml oral susp</i>   | Formulary High Cost Generics | AL1 Up to 12 yrs old                    |



| PRODUCT DESCRIPTION   | TIER                         | LIMITS & RESTRICTIONS |
|---|------------------------------|-----------------------|
| <i>adefovir dipivoxil</i>   | Formulary High Cost Generics |                       |
| BARACLUDE 0.05 MG/ML SOLUTION   | Formulary Brands             |                       |
| <i>entecavir</i>  | Formulary Low Cost Generics  |                       |
| <i>famciclovir</i>  | Formulary High Cost Generics |                       |
| LAGEVRIO (EUA)  | Formulary High Cost Generics | QL 40 CAPS / 5 DAYS   |
| LAGEVRIO 200 MG CAP (EUA) USG DISTRIBUTED   | Formulary High Cost Generics | QL 40 CAPS / 5 DAYS   |
| <i>ribavirin (ribavirin 200 mg capsule, ribavirin 200 mg tablet)</i>  | Formulary High Cost Generics | S Specialty Drug      |
| <i>valacyclovir hcl</i>   | Formulary High Cost Generics |                       |
| <i>valganciclovir hcl (valganciclovir hcl 50 mg/ml soln recon, valganciclovir hcl 450 mg tablet)</i>              | Formulary High Cost Generics |                       |
| VEMLIDY   | Formulary Brands             |                       |
| ZIRGAN  | Formulary Brands             |                       |
| ANXIOLYTICS, SEDATIVES AND HYPNOTICS  |                              |                       |
| ANXIOLYTICS, SEDATIVES, AND HYPNOTICS, MISC   |                              |                       |
| <i>hydroxyzine hcl (hydroxyzine hcl 10 mg tablet, hydroxyzine hcl 25 mg tablet, hydroxyzine hcl 50 mg tablet)</i> | Formulary Low Cost Generics  |                       |
| <i>hydroxyzine hcl (hydroxyzine hcl 10 mg/5 ml solution, hydroxyzine hcl 50 mg/25ml solution)</i>                 | Formulary High Cost Generics |                       |
| <i>hydroxyzine pamoate</i>  | Formulary High Cost Generics |                       |
| BARBITURATES (ANXIOLYTIC, SEDATIVE/HYP)   |                              |                       |
| <i>butalb/acetaminophen/caffeine 50-325-40 capsule</i>  | Formulary High Cost Generics | QL 6 CAPS / 1 DAY     |
| <i>butalb/acetaminophen/caffeine 50-325-40 tablet</i>   | Formulary High Cost Generics | QL 6 TABS / 1 DAY     |
| <i>phenobarbital (phenobarbital 15 mg tablet, phenobarbital 16.2 mg tablet, phenobarbital 20 mg/5 ml elixir)</i>  | Formulary High Cost Generics |                       |
| ZEBUTAL   | Formulary High Cost Generics | QL 6 CAPS / 1 DAY     |

| PRODUCT DESCRIPTION   | TIER                         | LIMITS & RESTRICTIONS   |
|---|------------------------------|-------------------------|
| <b>BENZODIAZEPINES (ANXIOLYTIC, SEDATIV/HYP)</b>  |                              |                         |
| <i>alprazolam (alprazolam 0.25 mg tablet, alprazolam 0.5 mg tab er 24h, alprazolam 0.5 mg tablet, alprazolam 1 mg tab er 24h, alprazolam 1 mg tablet)</i> | Formulary Low Cost Generics  | QL 6 TABS / 1 DAY       |
| <i>alprazolam (alprazolam 2 mg tab er 24h, alprazolam 2 mg tablet)</i>  | Formulary Low Cost Generics  | QL 3 TABS / 1 DAY       |
| <i>alprazolam 3 mg tab er 24h</i>   | Formulary Low Cost Generics  | QL 2 TABS / 1 DAY       |
| <i>chlordiazepoxide hcl 10 mg capsule</i>   | Formulary Low Cost Generics  | QL 6 CAPS / 1 DAY       |
| <i>chlordiazepoxide hcl 25 mg capsule</i>   | Formulary Low Cost Generics  | QL 4 CAPS / 1 DAY       |
| <i>chlordiazepoxide hcl 5 mg capsule</i>  | Formulary High Cost Generics | QL 6 CAPS / 1 DAY       |
| <i>clorazepate dipotassium (clorazepate dipotassium 3.75 mg tablet, clorazepate dipotassium 7.5 mg tablet)</i>  | Formulary High Cost Generics | QL 6 TABS / 1 DAY<br>PA |
| <i>clorazepate dipotassium 15 mg tablet</i>   | Formulary High Cost Generics | QL 4 TABS / 1 DAY<br>PA |
| <i>diazepam (diazepam 2 mg tablet, diazepam 5 mg tablet)</i>  | Formulary Low Cost Generics  | QL 6 TABS / 1 DAY       |
| <i>diazepam (diazepam 2.5 mg kit, diazepam 5-7.5-10mg kit, diazepam 12.5-15-20 kit)</i>   | Formulary High Cost Generics | QL 4 KITS / 30 DAYS     |
| <i>diazepam 10 mg tablet</i>  | Formulary Low Cost Generics  | QL 4 TABS / 1 DAY       |
| <i>diazepam 5 mg/5 ml solution</i>  | Formulary High Cost Generics | QL 40 ML / 1 DAY        |
| <i>diazepam 5 mg/ml oral conc</i>   | Formulary High Cost Generics | QL 8 ML / 1 DAY         |
| <i>estazolam 1 mg tablet</i>  | Formulary High Cost Generics | QL 2 TABS / 1 DAY<br>PA |
| <i>estazolam 2 mg tablet</i>  | Formulary High Cost Generics | QL 1 TAB / 1 DAY<br>PA  |
| <i>flurazepam hcl 15 mg capsule</i>   | Formulary High Cost Generics | QL 2 CAPS / 1 DAY<br>PA |
| <i>flurazepam hcl 30 mg capsule</i>   | Formulary High Cost Generics | QL 1 CAP / 1 DAY<br>PA  |

| PRODUCT DESCRIPTION   | TIER                         | LIMITS & RESTRICTIONS  |
|---|------------------------------|--|
| LIBERVANT   | Formulary Brands             | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">2 DOSES / RX</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #8b5722; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>   |
| <i>lorazepam (lorazepam 0.5 mg tablet, lorazepam 1 mg tablet)</i> | Formulary Low Cost Generics  | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">6 TABS / 1 DAY</div> </div>  |
| <i>lorazepam 2 mg tablet</i>                                      | Formulary Low Cost Generics  | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">5 TABS / 1 DAY</div> </div>  |
| <i>lorazepam 2 mg/ml oral conc</i>                                | Formulary High Cost Generics | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">5 ML / 1 DAY</div> </div>  |
| LORAZEPAM INTENSOL  | Formulary High Cost Generics | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">5 ML / 1 DAY</div> </div>  |
| NAYZILAM  | Formulary Brands             | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">2 DOSES / RX</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #8b5722; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>   |
| <i>oxazepam (oxazepam 10 mg capsule, oxazepam 15 mg capsule)</i>  | Formulary High Cost Generics | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">6 CAPS / 1 DAY</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #8b5722; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> |
| <i>oxazepam 30 mg capsule</i>                                     | Formulary High Cost Generics | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">4 CAPS / 1 DAY</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #8b5722; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> |
| <i>quazepam</i>   | Formulary High Cost Generics | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">2 TABS / 1 DAY</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #8b5722; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> |
| <i>temazepam 15 mg capsule</i>                                    | Formulary Low Cost Generics  | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">2 CAPS / 1 DAY</div> </div>  |
| <i>temazepam 30 mg capsule</i>                                    | Formulary Low Cost Generics  | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">1 CAP / 1 DAY</div> </div>   |
| <i>triazolam 0.125 mg tablet</i>                                  | Formulary High Cost Generics | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">4 TABS / 1 DAY</div> </div>  |
| <i>triazolam 0.25 mg tablet</i>                                   | Formulary High Cost Generics | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">2 TABS / 1 DAY</div> </div>  |
| VALTOCO   | Formulary Brands             | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">2 DOSES / RX</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #8b5722; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>   |
| <b>MELATONIN RECEPTOR AGONISTS</b>                                |                              |  |
| <i>ramelteon</i>  | Formulary High Cost Generics | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">1 TAB / 1 DAY</div> </div>   |
| <b>NON-BENZODIAZEPINE ANXIOLYTICS</b>                             |                              |  |
| <i>bupirone hcl</i>   | Formulary High Cost Generics |  |
| <i>meprobamate</i>  | Formulary High Cost Generics | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">6 TABS / 1 DAY</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #8b5722; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> |

| PRODUCT DESCRIPTION  | TIER                         | LIMITS & RESTRICTIONS  |
|--|------------------------------|--|
| <b>NON-BENZODIAZEPINE HYPNOTICS</b>  |                              |  |
| <i>eszopiclone</i>   | Formulary High Cost Generics |  |
| <i>zaleplon</i>  | Formulary High Cost Generics |  |
| <i>zolpidem tartrate (zolpidem tartrate 5 mg tablet, zolpidem tartrate 10 mg tablet)</i>   | Formulary Low Cost Generics  |  |
| <i>zolpidem tartrate (zolpidem tartrate 6.25 mg tab mphase, zolpidem tartrate 12.5 mg tab mphase)</i>  | Formulary High Cost Generics | ST   |
| <b>AUTONOMIC DRUGS</b>   |                              |  |
| <b>AUTONOMIC DRUGS, MISCELLANEOUS</b>  |                              |  |
| <b>TYRVAYA</b>   | Formulary Brands             |  |
| <b>PARASYMPATHOMIMETIC (CHOLINERGIC AGENTS)</b>  |                              |  |
| <i>bethanechol chloride</i>  | Formulary High Cost Generics |  |
| <i>cevimeline hcl</i>  | Formulary High Cost Generics |  |
| <i>donepezil hcl (donepezil hcl 5 mg tab rapdis, donepezil hcl 5 mg tablet, donepezil hcl 10 mg tab rapdis, donepezil hcl 10 mg tablet)</i>  | Formulary High Cost Generics |  |
| <i>galantamine hbr (galantamine hbr 4 mg tablet, galantamine hbr 4 mg/ml solution, galantamine hbr 8 mg cap24h pel, galantamine hbr 8 mg tablet, galantamine hbr 12 mg tablet, galantamine hbr 16 mg cap24h pel, galantamine hbr 24 mg cap24h pel)</i> | Formulary High Cost Generics |  |
| <i>pilocarpine hcl (pilocarpine hcl 5 mg tablet, pilocarpine hcl 7.5 mg tablet)</i>  | Formulary High Cost Generics |  |
| <i>pyridostigmine bromide 180 mg tablet er</i>   | Formulary High Cost Generics | PA   |
| <i>pyridostigmine bromide 30 mg tablet</i>   | Formulary High Cost Generics | QL 1 TAB / 1 DAY   |
| <i>pyridostigmine bromide 60 mg tablet</i>   | Formulary High Cost Generics |  |
| <i>rivastigmine</i>  | Formulary High Cost Generics |  |
| <i>rivastigmine tartrate</i>   | Formulary High Cost Generics |  |
| <b>SMOKING CESSATION AGENTS</b>  |                              |  |
| <i>apo-varenicline 0.5 mg tablet (apotex)</i>  | Formulary High Cost Generics | QL 2 TABS / 1 DAY<br>SC Smoking Cessation<br>ACA Affordable Care Act |

| PRODUCT DESCRIPTION   | TIER                         | LIMITS & RESTRICTIONS  |
|---|------------------------------|--|
| <i>apo-varenicline 1 mg tablet (apotex)</i>   | Formulary High Cost Generics | <p>QL 2 TABS / 1 DAY</p> <p>SC Smoking Cessation</p> <p>ACA Affordable Care Act</p>    |
| NICORETTE 2 MG LOZENGE  | Formulary High Cost Generics | <p>SC Smoking Cessation</p> <p>ACA Affordable Care Act</p>                             |
| <i>nicotine (nicotine 7mg/24hr patch td24, nicotine 14mg/24hr patch td24, nicotine 21 mg/24hr patch td24)</i>   | Formulary High Cost Generics | <p>ACA Affordable Care Act</p> <p>SC Smoking Cessation</p>                             |
| <i>nicotine 21-14-7mg patch dysq</i>  | Formulary Brands             | <p>ACA Affordable Care Act</p>   |
| <i>nicotine polacrilex (nicotine polacrilex 2 mg gum, nicotine polacrilex 2 mg lozenge, nicotine polacrilex 2 mg lozng mini, nicotine polacrilex 4 mg gum, nicotine polacrilex 4 mg lozenge, nicotine polacrilex 4 mg lozng mini)</i> | Formulary High Cost Generics | <p>ACA Affordable Care Act</p> <p>SC Smoking Cessation</p>                             |
| NICOTROL  | Formulary Brands             | <p>SC Smoking Cessation</p> <p>ACA Affordable Care Act</p>                             |
| NICOTROL NS   | Formulary Brands             | <p>SC Smoking Cessation</p> <p>ACA Affordable Care Act</p>                             |
| <i>varenicline tartrate (varenicline tartrate 0.5 mg tablet, varenicline tartrate 1 mg tablet)</i>  | Formulary High Cost Generics | <p>QL 2 TABS / 1 DAY</p> <p>ACA Affordable Care Act</p> <p>SC Smoking Cessation</p>    |
| <i>varenicline tartrate 0.5 (11)-1 tab ds pk</i>  | Formulary High Cost Generics | <p>QL 53 TABS / 28 DAYS</p> <p>SC Smoking Cessation</p> <p>ACA Affordable Care Act</p> |
| <b>BETA-3-ADRENERGIC AGONISTS</b>   |                              |  |
| <b>SELECTIVE BETA-3-ADRENERGIC AGONISTS</b>   |                              |  |
| MYRBETRIQ ER 25 MG TABLET   | Formulary Brands             | <p>QL 1 TAB / 1 DAY</p>  |
| MYRBETRIQ ER 50 MG TABLET   | Formulary Brands             |  |

| PRODUCT DESCRIPTION  | TIER                         | LIMITS & RESTRICTIONS |
|--|------------------------------|-----------------------|
| BETA-ADRENERGIC AGONISTS   |                              |                       |
| SELECTIVE BETA-2-ADRENERGIC AGONISTS   |                              |                       |
| ADVAIR HFA   | Formulary Brands             |                       |
| <i>albuterol sulfate (albuterol sulfate 0.63mg/3ml vial-neb, albuterol sulfate 1.25mg/3ml vial-neb, albuterol sulfate 2 mg/5 ml syrup, albuterol sulfate 2.5 mg/0.5 vial-neb, albuterol sulfate 2.5 mg/3ml vial-neb, albuterol sulfate 5 mg/ml solution)</i> | Formulary High Cost Generics |                       |
| <i>arformoterol tartrate</i>   | Formulary High Cost Generics | PA                    |
| BREO ELLIPTA   | Formulary Brands             |                       |
| BREYNA   | Formulary High Cost Generics |                       |
| BROVANA  | Formulary Brands             | PA                    |
| <i>budesonide/formoterol fumarate</i>  | Formulary High Cost Generics |                       |
| <i>fluticasone propionate/salmeterol xinafoate (fluticasone propion/salmeterol 100-50 mcg blst w/dev, fluticasone propion/salmeterol 250-50 mcg blst w/dev, fluticasone propion/salmeterol 500-50 mcg blst w/dev)</i>  | Formulary High Cost Generics |                       |
| <i>formoterol fumarate</i>   | Formulary High Cost Generics | PA                    |
| <i>formoterol fumarate/nebulizer</i>   | Formulary High Cost Generics | PA                    |
| <i>levalbuterol tartrate</i>   | Formulary High Cost Generics |                       |
| PERFOROMIST  | Formulary Brands             | PA                    |
| SEREVENT DISKUS  | Formulary Brands             | PA                    |
| STRIVERDI RESPIMAT   | Formulary Brands             |                       |
| <i>terbutaline sulfate (terbutaline sulfate 2.5 mg tablet, terbutaline sulfate 5 mg tablet)</i>  | Formulary High Cost Generics |                       |
| VENTOLIN HFA   | Formulary High Cost Generics |                       |
| WIXELA INHUB   | Formulary High Cost Generics |                       |

| PRODUCT DESCRIPTION                      | TIER                         | LIMITS & RESTRICTIONS   |
|--|------------------------------|---|
| BLOOD FORMATION, COAGULATION, THROMBOSIS |                              |   |
| BLOOD FORM.,COAG,THROMBOSIS AGENTS MISC. |                              |   |
| PYRUKYND                                 | Formulary Brands             | <span>QL</span> 56 TABS / 28 DAYS<br><span>PA</span><br><span>S</span> Specialty Drug |
| HEMATOPOIETIC AGENTS                     |                              |   |
| ALVAIZ                                   | Formulary Brands             | <span>PA</span><br><span>S</span> Specialty Drug<br><span>OH</span> OncoHealth        |
| ARANESP                                  | Formulary Brands             | <span>S</span> Specialty Drug<br><span>OH</span> OncoHealth                           |
| FULPHILA                                 | Formulary Brands             | <span>PA</span><br><span>OH</span> OncoHealth   |
| GRANIX                                   | Formulary Brands             | <span>S</span> Specialty Drug<br><span>OH</span> OncoHealth                           |
| PROMACTA                                 | Formulary Brands             | <span>PA</span><br><span>S</span> Specialty Drug<br><span>OH</span> OncoHealth        |
| RETACRIT                                 | Formulary Brands             | <span>S</span> Specialty Drug<br><span>OH</span> OncoHealth                           |
| UDENYCA                                  | Formulary Brands             | <span>PA</span><br><span>OH</span> OncoHealth   |
| UDENYCA AUTOINJECTOR                     | Formulary Brands             | <span>PA</span><br><span>OH</span> OncoHealth   |
| UDENYCA ONBODY                           | Formulary Brands             | <span>PA</span><br><span>OH</span> OncoHealth   |
| HEMORRHEOLOGIC AGENTS                    |                              |   |
| <i>pentoxifylline</i>                    | Formulary High Cost Generics |   |

| PRODUCT DESCRIPTION  | TIER                         | LIMITS & RESTRICTIONS |
|--|------------------------------|-----------------------|
| BRONCHODILATORS  |                              |                       |
| ANTICHOLINERGIC AGENTS (RESPIR. TRACT)   |                              |                       |
| BREZTRI AEROSPHERE   | Formulary Brands             |                       |
| TRELEGY ELLIPTA  | Formulary Brands             |                       |
| CALCINEURIN INHIBITORS (90:28)   |                              |                       |
| CALCINEURIN INHIBITORS, MISC (90:28)   |                              |                       |
| <i>cyclosporine (cyclosporine 25 mg capsule, cyclosporine 100 mg capsule)</i>  | Formulary High Cost Generics |                       |
| <i>cyclosporine, modified (cyclosporine, modified 25 mg capsule, cyclosporine, modified 50 mg capsule, cyclosporine, modified 100 mg capsule, cyclosporine, modified 100 mg/ml solution)</i>   | Formulary High Cost Generics |                       |
| GENGRAF (GENGRAF 25 MG CAPSULE, GENGRAF 100 MG CAPSULE, GENGRAF 100 MG/ML SOLUTION)  | Formulary High Cost Generics |                       |
| <i>tacrolimus (tacrolimus 0.5 mg capsule, tacrolimus 1 mg capsule, tacrolimus 5 mg capsule)</i>  | Formulary High Cost Generics |                       |
| CALCIUM-CHANNEL BLOCKING AGENTS  |                              |                       |
| DIHYDROPYRIDINES   |                              |                       |
| <i>amlodipine besylate</i>   | Formulary Low Cost Generics  |                       |
| <i>amlodipine besylate/benazepril hcl</i>  | Formulary High Cost Generics |                       |
| <i>amlodipine besylate/olmesartan medoxomil</i>  | Formulary High Cost Generics |                       |
| <i>amlodipine besylate/valsartan</i>   | Formulary Low Cost Generics  |                       |
| <i>amlodipine besylate/valsartan/hydrochlorothiazide</i>   | Formulary High Cost Generics |                       |
| <i>felodipine</i>  | Formulary High Cost Generics |                       |
| <i>nifedipine (nifedipine 10 mg capsule, nifedipine 20 mg capsule, nifedipine 30 mg tab er 24, nifedipine 30 mg tablet er, nifedipine 60 mg tab er 24, nifedipine 60 mg tablet er, nifedipine 90 mg tab er 24, nifedipine 90 mg tablet er)</i> | Formulary High Cost Generics |                       |
| <i>nimodipine 30 mg capsule</i>  | Formulary High Cost Generics |                       |



| PRODUCT DESCRIPTION  | TIER                         | LIMITS & RESTRICTIONS  |
|--|------------------------------|------------------------|
| CARDIAC DRUGS  |                              |                        |
| CARDIAC DRUGS, MISCELLANEOUS   |                              |                        |
| <i>ranolazine</i>  | Formulary High Cost Generics |                        |
| VYNDAMAX   | Formulary Brands             | PA<br>S Specialty Drug |
| VYNDAQEL   | Formulary Brands             | PA<br>S Specialty Drug |
| CARDIOTONIC AGENTS   |                              |                        |
| CORLANOR 5 MG/5 ML ORAL SOLN   | Formulary Brands             | PA                     |
| DIGITEK 125 MCG TABLET   | Formulary High Cost Generics |                        |
| DIGITEK 250 MCG TABLET   | Formulary High Cost Generics | AL1 Up to 64 yrs old   |
| DIGOX 125 MCG TABLET   | Formulary High Cost Generics |                        |
| DIGOX 250 MCG TABLET   | Formulary High Cost Generics | AL1 Up to 64 yrs old   |
| <i>digoxin 125 mcg tablet</i>  | Formulary High Cost Generics |                        |
| <i>digoxin 250 mcg tablet</i>  | Formulary High Cost Generics | AL1 Up to 64 yrs old   |
| <i>digoxin 50 mcg/ml solution</i>  | Formulary Brands             |                        |
| <i>ivabradine hcl</i>  | Formulary High Cost Generics | PA                     |
| CARDIOVASCULAR DRUGS   |                              |                        |
| ALPHA-ADRENERGIC BLOCKING AGENTS   |                              |                        |
| <i>doxazosin mesylate</i>  | Formulary High Cost Generics |                        |
| <i>prazosin hcl</i>  | Formulary High Cost Generics |                        |
| <i>terazosin hcl</i>   | Formulary Low Cost Generics  |                        |
| BETA-ADRENERGIC BLOCKING AGENTS  |                              |                        |
| <i>acebutolol hcl</i>  | Formulary High Cost Generics |                        |
| <i>atenolol</i>  | Formulary Low Cost Generics  |                        |
| <i>atenolol/chlorthalidone</i>   | Formulary High Cost Generics |                        |
| <i>betaxolol hcl (betaxolol hcl 0.5 % drops, betaxolol hcl 10 mg tablet, betaxolol hcl 20 mg tablet)</i> | Formulary High Cost Generics |                        |

| PRODUCT DESCRIPTION   | TIER                         | LIMITS & RESTRICTIONS |
|---|------------------------------|-----------------------|
| <i>bisoprolol fumarate</i>  | Formulary High Cost Generics |                       |
| <i>bisoprolol fumarate/hydrochlorothiazide</i>  | Formulary Low Cost Generics  |                       |
| <i>carvedilol</i>   | Formulary Low Cost Generics  |                       |
| <i>labetalol hcl (labetalol hcl 100 mg tablet, labetalol hcl 200 mg tablet, labetalol hcl 300 mg tablet)</i>  | Formulary High Cost Generics |                       |
| <i>metoprolol succinate</i>   | Formulary High Cost Generics |                       |
| <i>metoprolol tartrate (metoprolol tartrate 25 mg tablet, metoprolol tartrate 50 mg tablet, metoprolol tartrate 100 mg tablet)</i>  | Formulary Low Cost Generics  |                       |
| <i>metoprolol tartrate/hydrochlorothiazide</i>  | Formulary High Cost Generics |                       |
| <i>nadolol</i>  | Formulary Low Cost Generics  |                       |
| <i>nebivolol hcl</i>  | Formulary High Cost Generics |                       |
| <i>propranolol hcl (propranolol hcl 10 mg tablet, propranolol hcl 20 mg tablet, propranolol hcl 20 mg/5 ml solution, propranolol hcl 40 mg tablet, propranolol hcl 40mg/5ml solution, propranolol hcl 60 mg tablet, propranolol hcl 80 mg tablet)</i> | Formulary High Cost Generics |                       |
| <i>propranolol hcl (propranolol hcl 60 mg cap sa 24h, propranolol hcl 80 mg cap sa 24h, propranolol hcl 120 mg cap sa 24h, propranolol hcl 160 mg cap sa 24h)</i>   | Formulary Low Cost Generics  |                       |
| <i>propranolol hcl/hydrochlorothiazide</i>  | Formulary High Cost Generics |                       |
| SORINE  | Formulary High Cost Generics |                       |
| SOTALOL AF  | Formulary High Cost Generics |                       |
| <i>sotalol hcl (sotalol hcl 80 mg tablet, sotalol hcl 120 mg tablet, sotalol hcl 160 mg tablet, sotalol hcl 240 mg tablet)</i>  | Formulary High Cost Generics |                       |
| <i>timolol maleate (timolol maleate 5 mg tablet, timolol maleate 10 mg tablet, timolol maleate 20 mg tablet)</i>  | Formulary High Cost Generics |                       |
| CARDIOVASCULAR DRUGS, NSAID ANTI-INFL   |                              |                       |
| <i>colchicine</i>   | Formulary High Cost Generics |                       |
| CENTRAL ALPHA-AGONISTS (25:24)  |                              |                       |
| <i>clonidine</i>  | Formulary High Cost Generics |                       |

| PRODUCT DESCRIPTION  | TIER                         | LIMITS & RESTRICTIONS                        |
|--|------------------------------|--|
| <i>clonidine hcl (clonidine hcl 0.1 mg tablet, clonidine hcl 0.2 mg tablet, clonidine hcl 0.3 mg tablet)</i>   | Formulary Low Cost Generics  |  |
| <i>clonidine hcl 0.1 mg tab er 12h</i>   | Formulary High Cost Generics | QL 4 TABS / 1 DAY                            |
| <i>guanfacine hcl (guanfacine hcl 1 mg tablet, guanfacine hcl 2 mg tablet)</i>   | Formulary Low Cost Generics  |  |
| <i>guanfacine hcl (guanfacine hcl 3 mg tab er 24h, guanfacine hcl 4 mg tab er 24h)</i>   | Formulary High Cost Generics | QL 1 TAB / 1 DAY                             |
| <i>guanfacine hcl 1 mg tab er 24h</i>  | Formulary High Cost Generics | QL 3 TABS / 1 DAY                            |
| <i>guanfacine hcl 2 mg tab er 24h</i>  | Formulary High Cost Generics | QL 2 TABS / 1 DAY                            |
| <i>methyldopa</i>  | Formulary High Cost Generics |  |
| <b>CENTRAL NERVOUS SYSTEM AGENTS</b>   |                              |  |
| <b>AMYOTROPHIC LATERAL SCLEROSIS(ALS) AGENT</b>  |                              |  |
| <b>RADICAVA ORS</b>  | Formulary Brands             | QL 70 ML / 28 DAYS<br>PA<br>S Specialty Drug |
| <i>riluzole</i>  | Formulary High Cost Generics |  |
| <b>ANTIMANIC AGENTS</b>  |                              |  |
| <i>lithium carbonate (lithium carbonate 150 mg capsule, lithium carbonate 300 mg capsule, lithium carbonate 300 mg tablet, lithium carbonate 300 mg tablet er, lithium carbonate 450 mg tablet er, lithium carbonate 600 mg capsule)</i> | Formulary High Cost Generics |  |
| <i>lithium citrate 8 meq/5 ml solution</i>   | Formulary High Cost Generics |  |
| <b>CENTRAL NERVOUS SYSTEM AGENTS, MISC.</b>  |                              |  |
| <i>memantine hcl (memantine hcl 2 mg/ml solution, memantine hcl 5 mg tablet, memantine hcl 5 mg-10 mg tab ds pk, memantine hcl 10 mg tablet)</i>   | Formulary High Cost Generics |  |
| <b>FIBROMYALGIA AGENTS</b>   |                              |  |
| <b>SAVELLA (SAVELLA 12.5 MG TABLET, SAVELLA 25 MG TABLET, SAVELLA 50 MG TABLET, SAVELLA 100 MG TABLET)</b>   | Formulary Brands             | QL 2 TABS / 1 DAY<br>PA                      |

| PRODUCT DESCRIPTION   | TIER                         | LIMITS & RESTRICTIONS  |
|---|------------------------------|--|
| SAVELLA TITRATION PACK  | Formulary Brands             | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; border-radius: 5px; padding: 2px 5px; margin-right: 5px;">QL</div> <span>55 TABS / 28 DAYS</span> </div> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="background-color: #8b572d; color: white; border-radius: 5px; padding: 2px 5px; margin-right: 5px;">PA</div> </div>  |
| OPIOID ANTAGONISTS (28:10)  |                              |  |
| KLOXXADO  | Formulary Brands             |  |
| <i>naloxone hcl 4 mg nasal spray (rx)</i>   | Formulary High Cost Generics |  |
| <i>naloxone hcl 4 mg spray</i>  | Formulary High Cost Generics |  |
| <i>naltrexone hcl</i>   | Formulary High Cost Generics |  |
| NARCAN  | Formulary Brands             |  |
| OPVEE   | Formulary Brands             |  |
| RIVIVE  | Formulary Brands             |  |
| VIVITROL  | Formulary Brands             | <div style="display: flex; align-items: center;"> <div style="background-color: #8b572d; color: white; border-radius: 5px; padding: 2px 5px; margin-right: 5px;">PA</div> </div>   |
| VESICULAR MONOAMINE TRANSPORT2 INHIBITOR  |                              |  |
| AUSTEDO (AUSTEDO 9 MG TABLET, AUSTEDO 12 MG TABLET)   | Formulary Brands             | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; border-radius: 5px; padding: 2px 5px; margin-right: 5px;">QL</div> <span>4 TABS / 1 DAY</span> </div> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="background-color: #8b572d; color: white; border-radius: 5px; padding: 2px 5px; margin-right: 5px;">PA</div> </div> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="background-color: #a52a2a; color: white; border-radius: 5px; padding: 2px 5px; margin-right: 5px;">S</div> <span>Specialty Drug</span> </div>    |
| AUSTEDO 12MG START TITR(WK1-4)  | Formulary Brands             | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; border-radius: 5px; padding: 2px 5px; margin-right: 5px;">QL</div> <span>70 TABS / 28 DAYS</span> </div> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="background-color: #8b572d; color: white; border-radius: 5px; padding: 2px 5px; margin-right: 5px;">PA</div> </div> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="background-color: #a52a2a; color: white; border-radius: 5px; padding: 2px 5px; margin-right: 5px;">S</div> <span>Specialty Drug</span> </div> |
| AUSTEDO 6 MG TABLET   | Formulary Brands             | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; border-radius: 5px; padding: 2px 5px; margin-right: 5px;">QL</div> <span>2 TABS / 1 DAY</span> </div> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="background-color: #8b572d; color: white; border-radius: 5px; padding: 2px 5px; margin-right: 5px;">PA</div> </div> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="background-color: #a52a2a; color: white; border-radius: 5px; padding: 2px 5px; margin-right: 5px;">S</div> <span>Specialty Drug</span> </div>    |
| AUSTEDO TD TITRATN PK (WK 1-2)  | Formulary Brands             | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; border-radius: 5px; padding: 2px 5px; margin-right: 5px;">QL</div> <span>28 TABS / 28 DAYS</span> </div> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="background-color: #8b572d; color: white; border-radius: 5px; padding: 2px 5px; margin-right: 5px;">PA</div> </div> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="background-color: #a52a2a; color: white; border-radius: 5px; padding: 2px 5px; margin-right: 5px;">S</div> <span>Specialty Drug</span> </div> |
| AUSTEDO XR (AUSTEDO XR 12 MG TABLET, AUSTEDO XR 18 MG TABLET, AUSTEDO XR 30 MG TABLET, AUSTEDO XR 36 MG TABLET, AUSTEDO XR 42 MG TABLET, AUSTEDO XR 48 MG TABLET) | Formulary Brands             | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; border-radius: 5px; padding: 2px 5px; margin-right: 5px;">QL</div> <span>1 TAB / 1 DAY</span> </div> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="background-color: #8b572d; color: white; border-radius: 5px; padding: 2px 5px; margin-right: 5px;">PA</div> </div> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="background-color: #a52a2a; color: white; border-radius: 5px; padding: 2px 5px; margin-right: 5px;">S</div> <span>Specialty Drug</span> </div>     |
| AUSTEDO XR (AUSTEDO XR 6 MG TABLET, AUSTEDO XR 24 MG TABLET)  | Formulary Brands             | <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="background-color: #8b572d; color: white; border-radius: 5px; padding: 2px 5px; margin-right: 5px;">PA</div> </div> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="background-color: #a52a2a; color: white; border-radius: 5px; padding: 2px 5px; margin-right: 5px;">S</div> <span>Specialty Drug</span> </div>   |

| PRODUCT DESCRIPTION   |                              | TIER | LIMITS & RESTRICTIONS  |
|---|------------------------------|------|--|
| AUSTEDO XR TITR KT(6-12-24 MG)  | Formulary Brands             |      | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>42 TABLETS / 28 DAYS</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #8b572a; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #a52a2a; color: white; padding: 2px 5px; border-radius: 3px;">S</div> <div>Specialty Drug</div> </div> </div>       |
| AUSTEDO XR TITR(12-18-24-30MG)  | Formulary Brands             |      | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>28 TABS / 28 DAYS</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #8b572a; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #a52a2a; color: white; padding: 2px 5px; border-radius: 3px;">S</div> <div>Specialty Drug</div> </div> </div>          |
| INGREZZA  | Formulary Brands             |      | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>1 CAP / 1 DAY</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #8b572a; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #a52a2a; color: white; padding: 2px 5px; border-radius: 3px;">S</div> <div>Specialty Drug</div> </div> </div>              |
| INGREZZA INITIATION PK(TARDIV)  | Formulary Brands             |      | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>1 KIT (28 CAPS) / 365 DAYS</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #8b572a; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #a52a2a; color: white; padding: 2px 5px; border-radius: 3px;">S</div> <div>Specialty Drug</div> </div> </div> |
| INGREZZA SPRINKLE   | Formulary Brands             |      | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>1 CAP / 1 DAY</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #8b572a; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #a52a2a; color: white; padding: 2px 5px; border-radius: 3px;">S</div> <div>Specialty Drug</div> </div> </div>              |
| <i>tetrabenazine</i>  | Formulary High Cost Generics |      | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <div style="background-color: #8b572a; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #a52a2a; color: white; padding: 2px 5px; border-radius: 3px;">S</div> <div>Specialty Drug</div> </div> </div>   |
| <b>CEPHALOSPORIN ANTIBIOTICS</b>  |                              |      |  |
| <b>1ST GENERATION CEPHALOSPORIN ANTIBIOTICS</b>   |                              |      |  |
| <i>cefadroxil (cefadroxil 1 g tablet, cefadroxil 250 mg/5ml susp recon, cefadroxil 500 mg/5ml susp recon)</i> | Formulary Low Cost Generics  |      |  |
| <i>cefadroxil 500 mg capsule</i>  | Formulary High Cost Generics |      |  |
| <i>cephalexin (cephalexin 125 mg/5ml susp recon, cephalexin 250 mg/5ml susp recon)</i>                        | Formulary High Cost Generics |      |  |
| <i>cephalexin (cephalexin 250 mg capsule, cephalexin 500 mg capsule)</i>                                      | Formulary Low Cost Generics  |      |  |
| <b>2ND GENERATION CEPHALOSPORIN ANTIBIOTICS</b>   |                              |      |  |
| <i>cefaclor 500 mg capsule</i>  | Formulary High Cost Generics |      | <div style="display: flex; align-items: center;"> <div style="background-color: #8b572a; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>  |
| <i>cefprozil (cefprozil 125 mg/5ml susp recon, cefprozil 250 mg/5ml susp recon)</i>                           | Formulary Low Cost Generics  |      |  |

| PRODUCT DESCRIPTION  | TIER                         | LIMITS & RESTRICTIONS                      |
|--|------------------------------|--|
| <i>cefprozil (cefprozil 250 mg tablet, cefprozil 500 mg tablet)</i>  | Formulary High Cost Generics |  |
| <i>cefuroxime axetil</i>   | Formulary High Cost Generics |  |
| 3RD GENERATION CEPHALOSPORIN ANTIBIOTICS   |                              |  |
| <i>cefdinir (cefdinir 125 mg/5ml susp recon, cefdinir 250 mg/5ml susp recon)</i>                                     | Formulary High Cost Generics |  |
| <i>cefdinir 300 mg capsule</i>   | Formulary Low Cost Generics  |  |
| <i>cefixime 400 mg capsule</i>   | Formulary High Cost Generics |  |
| <i>cefpodoxime proxetil (cefpodoxime proxetil 100 mg tablet, cefpodoxime proxetil 200 mg tablet)</i>                 | Formulary High Cost Generics | QL 20 TABS / RX                            |
| <i>cefpodoxime proxetil (cefpodoxime proxetil 50 mg/5 ml susp recon, cefpodoxime proxetil 100 mg/5ml susp recon)</i> | Formulary High Cost Generics | QL 100 ML / RX                             |
| COMPLEMENT INHIBITORS (92:32)  |                              |  |
| BRADYKININ RECEPTOR ANTAGONISTS  |                              |  |
| <i>icatibant acetate</i>   | Formulary High Cost Generics | QL 9 ML / 1 FILL<br>PA<br>S Specialty Drug |
| CONSTIPATION THERAPY   |                              |  |
| CHLORIDE CHANNEL ACTIVATORS  |                              |  |
| <i>lubiprostone</i>  | Formulary High Cost Generics | QL 2 CAPS / 1 DAY                          |
| GUANYLATE CYCLASE C (GCC) RECEPT AGONIST   |                              |  |
| LINZESS  | Formulary Brands             | QL 1 CAP / 1 DAY                           |
| OPIOID ANTAGONISTS (56:18)   |                              |  |
| MOVANTIK   | Formulary Brands             | QL 1 TAB / 1 DAY<br>PA                     |
| SYMPROIC   | Formulary Brands             | PA   |

| PRODUCT DESCRIPTION   | TIER                        | LIMITS & RESTRICTIONS                          |
|---|-----------------------------|--|
| CYSTIC FIBROSIS (CFTR) MODULATORS   |                             |  |
| CYSTIC FIBROSIS (CFTR) CORRECTORS   |                             |  |
| ORKAMBI   | Formulary Brands            | PA<br>S Specialty Drug                         |
| SYMDEKO   | Formulary Brands            | PA<br>S Specialty Drug                         |
| TRIKAFTA  | Formulary Brands            | PA<br>S Specialty Drug                         |
| CYSTIC FIBROSIS (CFTR) POTENTIATORS   |                             |  |
| KALYDECO  | Formulary Brands            | PA<br>S Specialty Drug                         |
| DENTAL AGENTS   |                             |  |
| NUTRITIONAL SUPPLEMENTS   |                             |  |
| <i>fluoride (sodium) (fluoride (sodium) 0.25(0.55) tab chew, fluoride (sodium) 0.5 mg/ml drops, fluoride (sodium) 0.5(1.1)mg tab chew, fluoride (sodium) 1mg(2.2mg) tab chew)</i> | Formulary Low Cost Generics | AL1 Up to 5 yrs old<br>ACA Affordable Care Act |
| <i>fluoride (sodium) (fluoride (sodium) 1.1 % cream (g), fluoride (sodium) 1.1 % gel (gram))</i>  | Formulary Low Cost Generics |  |
| DEPIGMENTING AND PIGMENTING AGENTS  |                             |  |
| PIGMENTING AGENTS   |                             |  |
| <i>methoxsalen</i>  | Formulary Brands            | PA   |
| DEVICES   |                             |  |
| 1ST TIER UNIFINE PENTIPS  | Covered                     | DS Diabetic Supplies                           |
| 1ST TIER UNIFINE PENTIPS PLUS   | Covered                     | DS Diabetic Supplies                           |
| 2-IN-1 LANCET DEVICE  | Covered                     | DS Diabetic Supplies                           |
| A.I.R.S. NEBULIZER  | Covered                     |  |
| ACCU-CHEK (ACCU-CHEK AVIVA SOLUTION, ACCU-CHEK MULTICLIX LANCET KIT)  | Covered                     | DS Diabetic Supplies                           |

| PRODUCT DESCRIPTION   |         | TIER | LIMITS & RESTRICTIONS   |
|---|---------|------|---|
| ACCU-CHEK AVIVA PLUS METER  | Covered |      | <span>QL</span> 1 METER / 365 DAYS<br><span>DS</span> Diabetic Supplies |
| ACCU-CHEK FASTCLIX LANCING DEV  | Covered |      | <span>DS</span> Diabetic Supplies                                       |
| ACCU-CHEK GUIDE CONTROL SOLN  | Covered |      | <span>DS</span> Diabetic Supplies                                       |
| ACCU-CHEK GUIDE ME GLUCOSE MTR  | Covered |      | <span>QL</span> 1 METER / 365 DAYS<br><span>DS</span> Diabetic Supplies |
| ACCU-CHEK GUIDE MONITOR SYSTEM  | Covered |      | <span>QL</span> 1 METER / 365 DAYS<br><span>DS</span> Diabetic Supplies |
| ACCU-CHEK SMARTVIEW CONTRL SOL  | Covered |      | <span>DS</span> Diabetic Supplies                                       |
| ACCU-CHEK SOFTCLIX (ACCU-CHEK SOFTCLIX LANCET KIT, ACCU-CHEK SOFTCLIX LANCETS)  | Covered |      | <span>DS</span> Diabetic Supplies                                       |
| ACE AEROSOL CLOUD ENHANCER  | Covered |      |   |
| ADJUSTABLE LANCING DEVICE   | Covered |      | <span>DS</span> Diabetic Supplies                                       |
| ADVOCATE PEN NEEDLE   | Covered |      | <span>DS</span> Diabetic Supplies                                       |
| ADVOCATE PEN NEEDLES  | Covered |      | <span>DS</span> Diabetic Supplies                                       |
| ADVOCATE SAFETY LANCET  | Covered |      | <span>DS</span> Diabetic Supplies                                       |
| AEROCHAMBER MINI  | Covered |      |   |
| AEROCHAMBER MV  | Covered |      |   |
| AEROCHAMBER PLUS FLOW-VU (AEROCHAMBER PLUS FLOW-VU, AEROCHAMBER PLUS FLOW-VU LARGE, AEROCHAMBER PLUS FLOW-VU MED, AEROCHAMBER PLUS FLOW-VU SMALL)   | Covered |      |   |
| AEROCHAMBER WITH FLOWSIGNAL   | Covered |      |   |
| AEROCHAMBER Z-STAT PLUS (AEROCHAMBER Z-STAT PLUS LARGE, AEROCHAMBER Z-STAT PLUS W-FLOW, AEROCHAMBER Z-STAT PLUS-MED, AEROCHAMBER Z-STAT PLUS-SMALL) | Covered |      |   |
| AEROTRACH PLUS  | Covered |      |   |



| PRODUCT DESCRIPTION            | TIER    | LIMITS & RESTRICTIONS       |
|--------------------------------|---------|-----------------------------|
| AIR FILTER                     | Covered |                             |
| AIRS ADULT AEROSOL MASK        | Covered |                             |
| ALL FLOW 1000                  | Covered |                             |
| ALL FLOW 3000 KIT              | Covered |                             |
| ALL FLOW 3000 PFT              | Covered |                             |
| ALL FLOW 4000                  | Covered |                             |
| ALL FLOW 5000                  | Covered |                             |
| ALL FLOW 6000                  | Covered |                             |
| ALLERGIST TRAY                 | Covered |                             |
| ALLERGIST TRAY SYR-PERM NEEDLE | Covered |                             |
| ASSURE ID PEN NEEDLE           | Covered | <b>DS</b> Diabetic Supplies |
| ASSURE LANCE                   | Covered | <b>DS</b> Diabetic Supplies |
| AUTOLET LANCING DEVICE         | Covered | <b>DS</b> Diabetic Supplies |
| AUTOSHIELD DUO PEN NEEDLE      | Covered | <b>DS</b> Diabetic Supplies |
| AUTOSOFT 30 INFUSION SET PACK  | Covered | <b>DS</b> Diabetic Supplies |
| AUTOSOFT XC INFUSION SET PACK  | Covered | <b>DS</b> Diabetic Supplies |
| BABY CONVERSION KIT            | Covered |                             |
| BABY CONVERSION PACK 1         | Covered |                             |
| BABY CONVERSION PACK 2         | Covered |                             |
| BD TUBERCULIN 1 ML SYRINGE     | Covered |                             |
| BREATHERITE                    | Covered |                             |
| BREATHERITE SPACER-ADULT MASK  | Covered |                             |
| BREATHERITE SPACER-INFANT MASK | Covered |                             |
| BREATHERITE SPACER-LG CHLD MSK | Covered |                             |
| BREATHERITE SPACER-NEONATE MSK | Covered |                             |
| BREATHERITE SPACER-SM CHLD MSK | Covered |                             |

| PRODUCT DESCRIPTION  | TIER    | LIMITS & RESTRICTIONS |
|--|---------|-----------------------|
| BREATHRITE   | Covered |                       |
| BUBBLES THE FISH II  | Covered |                       |
| BULK SYRINGE (BD BULK SYRINGE 1 ML, BD BULK SYRINGE 3 ML, BD BULK SYRINGE 20 ML) | Covered |                       |
| BUTTERFLY TOUCH LANCET   | Covered | DS Diabetic Supplies  |
| CANNULA  | Covered |                       |
| CAREFINE PEN NEEDLE  | Covered | DS Diabetic Supplies  |
| CARESENS LANCET  | Covered | DS Diabetic Supplies  |
| CARESOFT LANCING DEVICE  | Covered | DS Diabetic Supplies  |
| CARETOUCH PEN NEEDLE   | Covered | DS Diabetic Supplies  |
| CARETOUCH SAFETY LANCETS   | Covered | DS Diabetic Supplies  |
| CARETOUCH TWIST LANCET   | Covered | DS Diabetic Supplies  |
| CEQR SIMPLICITY  | Covered |                       |
| CEQR SIMPLICITY INSERTER   | Covered |                       |
| CHOSEN LANCET  | Covered | DS Diabetic Supplies  |
| CHOSEN LANCING DEVICE  | Covered | DS Diabetic Supplies  |
| CHOSEN SAFETY LANCET   | Covered | DS Diabetic Supplies  |
| CLICKFINE  | Covered | DS Diabetic Supplies  |
| COAGUCHEK  | Covered |                       |
| COAGUCHEK XS   | Covered |                       |
| COMFORT EZ   | Covered | DS Diabetic Supplies  |
| COMFORT EZ PEN NEEDLE  | Covered | DS Diabetic Supplies  |
| COMFORT TOUCH PLUS SAFETY LANC   | Covered | DS Diabetic Supplies  |
| COMFORT TOUCH ULT THIN LANCET  | Covered | DS Diabetic Supplies  |
| COMP-AIR NEBULIZER COMPRESSOR  | Covered |                       |
| COMPACT COMPRESSOR NEBULIZER   | Covered |                       |

| PRODUCT DESCRIPTION   |         | TIER | LIMITS & RESTRICTIONS   |
|---|---------|------|---|
| COMPACT ULTRASONIC NEBULIZER  | Covered |      |   |
| DEVILBISS DISPOSABLE NEBULIZER  | Covered |      |   |
| DEVILBISS TRAVELER  | Covered |      |   |
| DEXCOM G6 RECEIVER  | Covered |      | <p>QL 1 RECEIVER / 365 DAYS</p> <p>ST</p> <p>DS Diabetic Supplies</p>   |
| DEXCOM G6 SENSOR  | Covered |      | <p>QL 3 SENSORS / 30 DAYS</p> <p>ST</p> <p>DS Diabetic Supplies</p>     |
| DEXCOM G6 TRANSMITTER   | Covered |      | <p>QL 1 TRANSMITTER / 90 DAYS</p> <p>ST</p> <p>DS Diabetic Supplies</p> |
| DEXCOM G7 RECEIVER  | Covered |      | <p>QL 1 RECEIVER / 365 DAYS</p> <p>ST</p> <p>DS Diabetic Supplies</p>   |
| DEXCOM G7 SENSOR  | Covered |      | <p>QL 3 SENSORS / 30 DAYS</p> <p>ST</p> <p>DS Diabetic Supplies</p>     |
| DROPLET GENTEEL LANCING DEVICE  | Covered |      | DS Diabetic Supplies  |
| DROPLET LANCETS   | Covered |      | DS Diabetic Supplies  |
| DROPLET PEN NEEDLE  | Covered |      | DS Diabetic Supplies  |
| DROPSAFE PEN NEEDLE   | Covered |      | DS Diabetic Supplies  |
| EASIVENT (EASIVENT HOLDING CHAMBER, EASIVENT MASK-LARGE, EASIVENT MASK-MEDIUM, EASIVENT MASK-SMALL) | Covered |      |   |
| EASY COMFORT PEN NEEDLE   | Covered |      | DS Diabetic Supplies  |
| EASY COMFORT PEN NEEDLES  | Covered |      | DS Diabetic Supplies  |
| EASY GLIDE PEN NEEDLE   | Covered |      | DS Diabetic Supplies  |

| PRODUCT DESCRIPTION                                     |         | TIER | LIMITS & RESTRICTIONS  |
|---|---------|------|--|
| EASY TOUCH LANCING DEVICE                               | Covered |      | <b>DS</b> Diabetic Supplies  |
| EASY TOUCH PEN NEEDLE                                   | Covered |      | <b>DS</b> Diabetic Supplies  |
| EMBRACE LANCING DEVICE                                  | Covered |      | <b>DS</b> Diabetic Supplies  |
| EMBRACE SAFETY LANCET                                   | Covered |      | <b>DS</b> Diabetic Supplies  |
| EXEL HYPODERMIC NEEDLE                                  | Covered |      |  |
| EXEL SYRINGE (EXEL SYRINGE 3 ML,<br>EXEL SYRINGE 20 ML) | Covered |      |  |
| EXEL TUBERCULIN SYRINGE                                 | Covered |      |  |
| EXPIRATORY  | Covered |      |  |
| EZ-LETS   | Covered |      | <b>DS</b> Diabetic Supplies  |
| FILTER NEEDLE   | Covered |      |  |
| FILTER PAD  | Covered |      |  |
| FILTER, VALVE SET FOR LL & LC                           | Covered |      |  |
| FLOW-EZE  | Covered |      |  |
| FOLLISTIM PEN DEVICE                                    | Covered |      |  |
| FREESTYLE LIBRE 14 DAY READER                           | Covered |      | <b>QL</b> 1 READER / 365<br>DAYS<br><b>ST</b><br><b>DS</b> Diabetic Supplies |
| FREESTYLE LIBRE 14 DAY SENSOR                           | Covered |      | <b>QL</b> 2 SENSORS / 28<br>DAYS<br><b>ST</b><br><b>DS</b> Diabetic Supplies |
| FREESTYLE LIBRE 2 READER                                | Covered |      | <b>QL</b> 1 READER / 365<br>DAYS<br><b>ST</b><br><b>DS</b> Diabetic Supplies |
| FREESTYLE LIBRE 2 SENSOR                                | Covered |      | <b>QL</b> 2 SENSORS / 28<br>DAYS<br><b>ST</b><br><b>DS</b> Diabetic Supplies |
| FREESTYLE LIBRE 3 PLUS SENSOR                           | Covered |      | <b>QL</b> 2 SENSORS / 28<br>DAYS<br><b>ST</b><br><b>DS</b> Diabetic Supplies |

| PRODUCT DESCRIPTION   |         | TIER | LIMITS & RESTRICTIONS  |
|---|---------|------|--|
| FREESTYLE LIBRE 3 READER  | Covered |      | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>1 READER / 365 DAYS</div> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">ST</div> <div style="background-color: #3498db; color: white; padding: 2px 5px; border-radius: 3px;">DS</div> <div>Diabetic Supplies</div> </div> |
| FREESTYLE LIBRE 3 SENSOR  | Covered |      | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>2 SENSORS / 28 DAYS</div> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">ST</div> <div style="background-color: #3498db; color: white; padding: 2px 5px; border-radius: 3px;">DS</div> <div>Diabetic Supplies</div> </div> |
| GOJJI LANCETS   | Covered |      | <div style="background-color: #3498db; color: white; padding: 2px 5px; border-radius: 3px;">DS</div> Diabetic Supplies   |
| HEALTHWISE PEN NEEDLE   | Covered |      | <div style="background-color: #3498db; color: white; padding: 2px 5px; border-radius: 3px;">DS</div> Diabetic Supplies   |
| HEALTHY ACCENTS UNIFINE PENTIP (HEALTHY ACCENTS PENTIP 4MM 32G, HEALTHY ACCENTS PENTIP 5MM 31G, HEALTHY ACCENTS PENTIP 6MM 31G, HEALTHY ACCENTS PENTIP 8MM 31G, HEALTHY ACCENTS PENTIP 12MM 29G)  | Covered |      | <div style="background-color: #3498db; color: white; padding: 2px 5px; border-radius: 3px;">DS</div> Diabetic Supplies   |
| HYPODERMIC NEEDLE (EXEL HYPO NEEDLE 16GX1", HYPO NEEDLE,POLYPROPYL HUB, HYPODERMIC NEEDLE,ALUM HUB, MONOJECT HYPO NEEDLE 22X1, MONOJECT HYPO NEEDLE 22X1.5, MONOJECT HYPO NEEDLE 23X0.5, MONOJECT HYPO NEEDLE 23X1, MONOJECT HYPO NEEDLE 25X1, MONOJECT HYPO NEEDLE 25X1.5, MONOJECT HYPO NEEDLE 25X5/8, MONOJECT HYPO NEEDLE 26X1.5, MONOJECT HYPO NEEDLE 27X0.5, MONOJECT HYPO NEEDLE 30X3/4) | Covered |      |  |
| ILET INF-CONTACT DETACH 23"6MM  | Covered |      | <div style="background-color: #3498db; color: white; padding: 2px 5px; border-radius: 3px;">DS</div> Diabetic Supplies   |
| ILET INFUSION KIT-INSET   | Covered |      | <div style="background-color: #3498db; color: white; padding: 2px 5px; border-radius: 3px;">DS</div> Diabetic Supplies   |
| IN-CHECK DIAL   | Covered |      |  |
| INCONTROL PEN NEEDLE  | Covered |      | <div style="background-color: #3498db; color: white; padding: 2px 5px; border-radius: 3px;">DS</div> Diabetic Supplies   |
| INNOSPIRE ELEGANCE  | Covered |      |  |
| INPEN (FOR HUMALOG)   | Covered |      |  |
| INPEN (FOR NOVOLOG OR FIASP)  | Covered |      |  |

| PRODUCT DESCRIPTION  | TIER    | LIMITS & RESTRICTIONS       |
|--|---------|-----------------------------|
| INSULIN PEN NEEDLE   | Covered | <b>DS</b> Diabetic Supplies |
| INSUPEN (INSUPEN 30G ULTRAFIN NEEDLE, INSUPEN 31G ULTRAFIN NEEDLE, INSUPEN 32G 6MM PEN NEEDLE, INSUPEN 32G 8MM PEN NEEDLE, INSUPEN PEN NEEDLE 32GX5/32") | Covered | <b>DS</b> Diabetic Supplies |
| INSUPEN PEN NEEDLE   | Covered | <b>DS</b> Diabetic Supplies |
| INTEGRA NEEDLE   | Covered |                             |
| INTEGRA SYRINGE  | Covered |                             |
| IV ADMINISTRATION SET  | Covered |                             |
| IVENIX PRIMARY ADMINISTRAT SET   | Covered |                             |
| LANCETS  | Covered | <b>DS</b> Diabetic Supplies |
| LANCING DEVICE   | Covered | <b>DS</b> Diabetic Supplies |
| LC PLUS  | Covered |                             |
| LC SPRINT NEBULIZER  | Covered |                             |
| LEVER LOCK CANNULA   | Covered |                             |
| LIFESHIELD BLUNT CANNULA   | Covered |                             |
| LITE TOUCH (LITE TOUCH 31GX1/4" PEN NEEDLE, LITE TOUCH PEN NEEDLE 29G, LITE TOUCH PEN NEEDLE 31G)  | Covered | <b>DS</b> Diabetic Supplies |
| LITETOUCH  | Covered |                             |
| LUER-LOK SYRINGE (BD 20 ML SYRINGE, BD LUER-LOK SYRINGE 1 ML, BD LUER-LOK SYRINGE 3 ML)  | Covered |                             |
| LUERSLIP SYRINGE   | Covered |                             |
| MASK SET WITH Y-PIECE  | Covered |                             |
| MAXICOMFORT II PEN NEEDLE  | Covered | <b>DS</b> Diabetic Supplies |
| MAXICOMFORT SAFETY PEN NEEDLE  | Covered | <b>DS</b> Diabetic Supplies |
| MEDTRONIC EXT INFUSION SET   | Covered | <b>DS</b> Diabetic Supplies |
| MICRO THIN LANCET  | Covered | <b>DS</b> Diabetic Supplies |

| PRODUCT DESCRIPTION  | TIER    | LIMITS & RESTRICTIONS |
|--|---------|-----------------------|
| MICROAIR MESH NEBULIZER  | Covered |                       |
| MICROCHAMBER   | Covered |                       |
| MICRODOT INSULIN PEN NEEDLE  | Covered | DS Diabetic Supplies  |
| MICRODOT SAFETY LANCET   | Covered | DS Diabetic Supplies  |
| MICROLET   | Covered | DS Diabetic Supplies  |
| MICROSPACER  | Covered |                       |
| MINI ULTRA-THIN II   | Covered | DS Diabetic Supplies  |
| MINIMED MIO ADVANCE  | Covered | DS Diabetic Supplies  |
| MINIMED QUICK SET  | Covered | DS Diabetic Supplies  |
| MINIMED SILHOUETTE   | Covered | DS Diabetic Supplies  |
| MOBILE LANCETS   | Covered | DS Diabetic Supplies  |
| MONOJECT (MONOJECT SYRINGE 35 ML, MONOJECT SYRINGE 60 ML)  | Covered |                       |
| MONOJECT CONTROL SYRINGE   | Covered |                       |
| MONOJECT MAGELLAN  | Covered |                       |
| MONOJECT PHARMACY TRAY   | Covered |                       |
| MONOJECT SAFETY SYRINGE  | Covered |                       |
| MONOJECT SMARTIP CANNULA   | Covered |                       |
| MONOJECT SYRINGE (MONOJECT 3 ML SYRINGE, MONOJECT 6 ML SYRINGE, MONOJECT DISP SYRINGE 20 ML, MONOJECT SYRINGE 3 ML, MONOJECT SYRINGE 6 ML, MONOJECT SYRINGE 12 ML, MONOJECT SYRINGE 20 ML, SYRINGE W-O NDL 3 ML NON-STRL, SYRINGE W-O NDL 6 ML NON-STRL, SYRINGE W-O NEEDLE 60 ML) | Covered |                       |
| MONOJECT SYRINGE PHARMACY TRAY   | Covered |                       |
| MONOJECT TB SAFETY SYRINGE   | Covered |                       |
| MONOJECT TUBERCULIN SYR 1 ML   | Covered |                       |
| MONOJECT TUBERCULIN SYRINGE  | Covered |                       |

| PRODUCT DESCRIPTION   | TIER    | LIMITS & RESTRICTIONS       |
|---|---------|-----------------------------|
| MOUTHPIECE (ADULT DISPOSABLE MOUTHPIECE, MOUTHPIECE, STERILIZABLE, PEDIATRIC MOUTHPIECE)  | Covered |                             |
| NANO 2ND GEN PEN NEEDLE   | Covered | <b>DS</b> Diabetic Supplies |
| NEEDLE  | Covered |                             |
| NEEDLES (BD NEEDLES 21GX1", BD NEEDLES 21GX1.5", BD NEEDLES 22GX1", BD NEEDLES 25GX0.875", RELI ON 31G X 1/4" NEEDLES)  | Covered |                             |
| NOSE CLIP   | Covered |                             |
| NOVOFINE 32   | Covered | <b>DS</b> Diabetic Supplies |
| NOVOFINE AUTOCOVER  | Covered | <b>DS</b> Diabetic Supplies |
| NOVOFINE PLUS   | Covered | <b>DS</b> Diabetic Supplies |
| NOVOPEN ECHO  | Covered |                             |
| NOVOTWIST   | Covered | <b>DS</b> Diabetic Supplies |
| OMNIPOD 5 (G6/LIBRE 2 PLUS)   | Covered |                             |
| OMNIPOD 5 DEXG7G6 INTRO(GEN 5)  | Covered |                             |
| OMNIPOD 5 DEXG7G6 PODS (GEN 5)  | Covered |                             |
| OMNIPOD 5 G6-G7 INTRO KT(GEN5)  | Covered |                             |
| OMNIPOD 5 G6-G7 PODS (GEN 5)  | Covered |                             |
| OMNIPOD 5 INTRO(G6/LIBRE2PLUS)  | Covered |                             |
| OMNIPOD CLASSIC PDM KIT(GEN 3)  | Covered |                             |
| OMNIPOD CLASSIC PODS (GEN 3)  | Covered |                             |
| OMNIPOD DASH INTRO KIT (GEN 4)  | Covered |                             |
| OMNIPOD DASH PDM KIT (GEN 4)  | Covered |                             |
| OMNIPOD DASH PODS (GEN 4)   | Covered |                             |
| OMNIPOD GO PODS (OMNIPOD GO 10 UNIT/DAY PODS, OMNIPOD GO 15 UNIT/DAY PODS, OMNIPOD GO 20 UNIT/DAY PODS, OMNIPOD GO 25 UNIT/DAY PODS, OMNIPOD GO 30 UNIT/DAY PODS, OMNIPOD GO 35 UNIT/DAY PODS, OMNIPOD GO 40 UNIT/DAY PODS) | Covered |                             |



| PRODUCT DESCRIPTION  | TIER    | LIMITS & RESTRICTIONS |
|--|---------|-----------------------|
| ONE WAY MOUTHPIECE   | Covered |                       |
| ONETOUCH DELICA PLUS LANC DEV  | Covered | DS Diabetic Supplies  |
| ONETOUCH DELICA PLUS LANCET  | Covered | DS Diabetic Supplies  |
| ONETOUCH DELICA SAFETY LANCET  | Covered | DS Diabetic Supplies  |
| ONETOUCH ULTRASOFT 2 LANCET  | Covered | DS Diabetic Supplies  |
| OPTICHAMBER  | Covered |                       |
| OPTICHAMBER DIAMOND<br>(OPTICHAMBER DIAMOND VHC,<br>OPTICHAMBER DIAMOND W-LRG<br>MASK) | Covered |                       |
| ORAL SYRINGE   | Covered |                       |
| PANDA MASK   | Covered |                       |
| PEDIATRIC MASK   | Covered |                       |
| PEDIATRIC PANDA MASK   | Covered |                       |
| PEN NEEDLE   | Covered | DS Diabetic Supplies  |
| PEN NEEDLES  | Covered | DS Diabetic Supplies  |
| PENTIPS  | Covered | DS Diabetic Supplies  |
| PERFECT POINT SAFETY LANCETS   | Covered | DS Diabetic Supplies  |
| PFLEX TRAINER  | Covered |                       |
| PILLOW MASK  | Covered |                       |
| PILLOW MASK FOR CHILDREN   | Covered |                       |
| PIP LANCET   | Covered | DS Diabetic Supplies  |
| POCKET CHAMBER   | Covered |                       |
| PRECISIONGLIDE   | Covered |                       |
| PREVENT DROPSAFE PEN NEEDLE  | Covered | DS Diabetic Supplies  |
| PRO COMFORT PEN NEEDLE   | Covered | DS Diabetic Supplies  |
| PRO COMFORT SAFETY LANCET  | Covered | DS Diabetic Supplies  |
| PROCHAMBER   | Covered |                       |
| PRONEB ULTRA II  | Covered |                       |

| PRODUCT DESCRIPTION   | TIER    | LIMITS & RESTRICTIONS       |
|---|---------|-----------------------------|
| PSV SET   | Covered |                             |
| PURE COMFORT LANCETS  | Covered | <b>DS</b> Diabetic Supplies |
| PURE COMFORT SAFETY LANCETS   | Covered | <b>DS</b> Diabetic Supplies |
| PUSH BUTTON SAFETY LANCET   | Covered | <b>DS</b> Diabetic Supplies |
| REGULAR BEVEL NEEDLES   | Covered |                             |
| RELION PEN NEEDLES  | Covered | <b>DS</b> Diabetic Supplies |
| REUSABLE NEBULIZER KIT  | Covered |                             |
| RUBBER MOUTHPIECE   | Covered |                             |
| SAFESNAP INSULIN SYRINGE<br>(SAFESNAP INSUL SYRINGE 0.3 ML,<br>SAFESNAP INSUL SYRINGE 0.5 ML) | Covered | <b>DS</b> Diabetic Supplies |
| SAFETY PEN NEEDLE   | Covered | <b>DS</b> Diabetic Supplies |
| SAFETY SYRINGE W-SHIELD 3 ML  | Covered |                             |
| SAFETY-LOK 3 ML SYRINGE   | Covered |                             |
| SAFETY-LOK SAFETY SYRINGE   | Covered |                             |
| SAFETY-LOK SAFETY SYRINGES  | Covered |                             |
| SHORT BEVEL NEEDLES   | Covered |                             |
| SIDESTREAM  | Covered |                             |
| SIDESTREAM MASK   | Covered |                             |
| SIDESTREAM PEDIATRIC  | Covered |                             |
| SILICONE MASK (SILICONE MASK-<br>ADULT, SILICONE MASK-INFANT,<br>SILICONE MASK-PEDIATRIC)     | Covered |                             |
| SINUSTAR (SINUSTAR AEROSOL<br>DELIVERY SYST, SINUSTAR<br>REUSABLE NEBULIZER)                  | Covered |                             |
| SOFT TOUCH  | Covered | <b>DS</b> Diabetic Supplies |
| SOLUTION TRANSFER DEVICE  | Covered |                             |
| SPECIALTY USE NEEDLES   | Covered |                             |
| STERILE LANCETS   | Covered | <b>DS</b> Diabetic Supplies |
| SUPER THIN LANCET   | Covered | <b>DS</b> Diabetic Supplies |

| PRODUCT DESCRIPTION   | TIER    | LIMITS & RESTRICTIONS       |
|---|---------|-----------------------------|
| SURE COMFORT (SURE COMFORT 30G PEN NEEDLE, SURE COMFORT PEN NDL 29GX1/2")   | Covered | <b>DS</b> Diabetic Supplies |
| SURE COMFORT PEN NEEDLE   | Covered | <b>DS</b> Diabetic Supplies |
| SURE-FINE PEN NEEDLES   | Covered | <b>DS</b> Diabetic Supplies |
| SYRINGE (BD 3 ML SYRINGE, BD 50-60 ML SYRINGE, BD SYRINGE 3 ML, BD SYRINGE 60 ML, BD SYRINGE WITH CANNULA, SYRINGE 35 ML)   | Covered |                             |
| SYRINGE BULK  | Covered |                             |
| SYRINGE CATHETER TIP  | Covered |                             |
| SYRINGE CATHETER TIP NON-STER   | Covered |                             |
| SYRINGE LUER-LOK NON-STERILE  | Covered |                             |
| SYRINGE LUER-LOK STERILE  | Covered |                             |
| SYRINGE SLIP TIP NON-STERILE  | Covered |                             |
| SYRINGE WITH NEEDLE   | Covered | <b>DS</b> Diabetic Supplies |
| SYRINGE WITHOUT NEEDLE (SYRINGE 12ML,PHARM TRAY PK, SYRINGE 20ML, PHARM TRAY PK, SYRINGE 35ML, PHARM TRAY PK, SYRINGE 60ML, PHARM TRAY PK, SYRINGE W-O NDL 12 ML-NON-STRL, SYRINGE W-O NDL 20 ML-NON-STRL, SYRINGE W-O NDL 35 ML-NON-STRL, SYRINGE W-O NEEDLE 140 ML) | Covered |                             |
| SYRINGE-LUER TIP CAP  | Covered |                             |
| T:SLIM X2   | Covered | <b>DS</b> Diabetic Supplies |
| TANDEM MOBI AUTOSOFT 30 SUPPLY  | Covered | <b>DS</b> Diabetic Supplies |
| TANDEM MOBI AUTOSOFT XC SUPPLY  | Covered | <b>DS</b> Diabetic Supplies |
| TANDEM MOBI CARTRIDGE   | Covered | <b>DS</b> Diabetic Supplies |
| TANDEM MOBI TRUSTEEL SUPPLY   | Covered | <b>DS</b> Diabetic Supplies |
| TECHLITE LANCETS  | Covered | <b>DS</b> Diabetic Supplies |
| TECHLITE PEN NEEDLE   | Covered | <b>DS</b> Diabetic Supplies |

| PRODUCT DESCRIPTION           | TIER    | LIMITS & RESTRICTIONS       |
|-------------------------------|---------|-----------------------------|
| TEMPO REFILL KIT              | Covered | <b>DS</b> Diabetic Supplies |
| TEMPO REFILL KIT (WITH GAUZE) | Covered | <b>DS</b> Diabetic Supplies |
| TEMPO SMART BUTTON            | Covered | <b>DS</b> Diabetic Supplies |
| TEMPO WELCOME KIT             | Covered | <b>DS</b> Diabetic Supplies |
| TERUMO SURGUARD2              | Covered |                             |
| THIN LANCET                   | Covered | <b>DS</b> Diabetic Supplies |
| THIN LANCETS                  | Covered | <b>DS</b> Diabetic Supplies |
| THIN WALL NEEDLES             | Covered |                             |
| THRESHOLD IMT                 | Covered |                             |
| THRESHOLD PEP                 | Covered |                             |
| TOPCARE CLICKFINE             | Covered | <b>DS</b> Diabetic Supplies |
| TRANSFER SET                  | Covered |                             |
| TREK S COMBO PACK             | Covered |                             |
| TREK S COMPACT COMPRESSOR     | Covered |                             |
| TREK S PORTABLE PWR KIT       | Covered |                             |
| TRUE COMFORT LANCET           | Covered | <b>DS</b> Diabetic Supplies |
| TRUE COMFORT PEN NEEDLE       | Covered | <b>DS</b> Diabetic Supplies |
| TRUE COMFORT SAFETY LANCET    | Covered | <b>DS</b> Diabetic Supplies |
| TRUEPLUS PEN NEEDLE           | Covered | <b>DS</b> Diabetic Supplies |
| TRUSTEEL INFUSION SET PACK    | Covered | <b>DS</b> Diabetic Supplies |
| TWIST TOP LANCET              | Covered | <b>DS</b> Diabetic Supplies |
| ULTICARE PEN NEEDLE           | Covered | <b>DS</b> Diabetic Supplies |
| ULTILET PEN NEEDLE            | Covered | <b>DS</b> Diabetic Supplies |
| ULTRA FLO PEN NEEDLE          | Covered | <b>DS</b> Diabetic Supplies |
| ULTRA THIN LANCET             | Covered | <b>DS</b> Diabetic Supplies |
| ULTRA-FINE MICRO PEN NEEDLE   | Covered | <b>DS</b> Diabetic Supplies |
| ULTRA-FINE MINI PEN NEEDLE    | Covered | <b>DS</b> Diabetic Supplies |

| PRODUCT DESCRIPTION  | TIER    | LIMITS & RESTRICTIONS       |
|--|---------|-----------------------------|
| ULTRA-FINE NANO PEN NEEDLE   | Covered | <b>DS</b> Diabetic Supplies |
| ULTRA-FINE ORIGINAL PEN NEEDLE   | Covered | <b>DS</b> Diabetic Supplies |
| ULTRA-FINE SHORT PEN NEEDLE  | Covered | <b>DS</b> Diabetic Supplies |
| ULTRA-THIN II (ULTRA-THIN II PEN NDL 29GX1/2", ULTRA-THIN II PEN NDL 31GX5/16) | Covered | <b>DS</b> Diabetic Supplies |
| ULTRACARE PEN NEEDLE   | Covered | <b>DS</b> Diabetic Supplies |
| UNIFINE PENTIPS  | Covered | <b>DS</b> Diabetic Supplies |
| UNIFINE PENTIPS PLUS   | Covered | <b>DS</b> Diabetic Supplies |
| UNILET LANCETS   | Covered | <b>DS</b> Diabetic Supplies |
| UNIVERSAL SYRINGE TIP ADAPTOR  | Covered |                             |
| V-GO 20  | Covered |                             |
| V-GO 30  | Covered |                             |
| V-GO 40  | Covered |                             |
| VERIFINE PEN NEEDLE  | Covered | <b>DS</b> Diabetic Supplies |
| VERIFINE SAFETY LANCET MINI  | Covered | <b>DS</b> Diabetic Supplies |
| VERIFINE UNIVERSAL LANCET  | Covered | <b>DS</b> Diabetic Supplies |
| VIOS AEROSOL DELIVERY SYSTEM   | Covered |                             |
| VIVAGUARD LANCET   | Covered | <b>DS</b> Diabetic Supplies |
| VIVAGUARD LANCING DEVICE   | Covered | <b>DS</b> Diabetic Supplies |
| VIVAGUARD SAFETY LANCET  | Covered | <b>DS</b> Diabetic Supplies |
| VORTEX   | Covered |                             |
| VORTEX HOLDING CHAMBER-CHILD   | Covered |                             |
| VORTEX HOLDING CHAMBER-TODDLER   | Covered |                             |
| WINDMILL TRAINER   | Covered |                             |
| YALE NEEDLES   | Covered |                             |

| PRODUCT DESCRIPTION   | TIER                         | LIMITS & RESTRICTIONS                             |
|---|------------------------------|---|
| DIAGNOSTIC AGENTS   |                              |   |
| ADRENOCORTICAL INSUFFICIENCY  |                              |   |
| ACTHAR  | Formulary Brands             | PA<br>S Specialty Drug                            |
| CORTROPHIN  | Formulary Brands             | PA<br>S Specialty Drug                            |
| CARDIAC FUNCTION  |                              |   |
| <i>dipyridamole</i>   | Formulary High Cost Generics |   |
| DIABETES MELLITUS   |                              |   |
| ACCU-CHEK AVIVA PLUS TEST STRP  | Covered                      | QL 10 STRIPS / 1 DAY<br>DS Diabetic Supplies      |
| ACCU-CHEK GUIDE TEST STRIP  | Covered                      | QL 10 STRIPS / 1 DAY<br>DS Diabetic Supplies      |
| ACCU-CHEK SMARTVIEW TEST STRIP  | Covered                      | QL 10 STRIPS / 1 DAY<br>DS Diabetic Supplies      |
| DISEASE-MODIFYING ANTIRHEUMATIC DRUGS   |                              |   |
| DISEASE-MODIFYING ANTIRHEUMAT DRUGS MISC  |                              |   |
| ORENCIA (ORENCIA 50 MG/0.4 ML SYRINGE, ORENCIA 87.5 MG/0.7 ML SYRINGE, ORENCIA 125 MG/ML SYRINGE) | Formulary Brands             | QL 4 SYRINGES / 28 DAYS<br>PA<br>S Specialty Drug |
| ORENCIA CLICKJECT   | Formulary Brands             | QL 4 ML / 28 DAYS<br>PA<br>S Specialty Drug       |
| MONOCARBOXYLIC ACID AMIDE AGENTS  |                              |   |
| <i>leflunomide</i>  | Formulary High Cost Generics |   |
| DIURETICS   |                              |   |
| LOOP DIURETICS (40:28)  |                              |   |
| <i>bumetanide (bumetanide 0.5 mg tablet, bumetanide 1 mg tablet, bumetanide 2 mg tablet)</i>      | Formulary High Cost Generics |   |

| PRODUCT DESCRIPTION   | TIER                         | LIMITS & RESTRICTIONS  |
|---|------------------------------|------------------------|
| <i>ethacrynic acid</i>  | Formulary High Cost Generics | PA                     |
| <i>furosemide (furosemide 10 mg/ml solution, furosemide 20 mg tablet, furosemide 40 mg tablet, furosemide 40mg/5ml solution, furosemide 80 mg tablet)</i> | Formulary Low Cost Generics  |                        |
| <i>torseamide</i>   | Formulary High Cost Generics |                        |
| POTASSIUM-SPARING DIURETICS   |                              |                        |
| <i>amiloride hcl</i>  | Formulary High Cost Generics |                        |
| <i>amiloride hcl/hydrochlorothiazide</i>  | Formulary High Cost Generics |                        |
| <i>triamterene/hydrochlorothiazide</i>  | Formulary Low Cost Generics  |                        |
| THIAZIDE DIURETICS  |                              |                        |
| DIURIL  | Formulary Brands             |                        |
| <i>hydrochlorothiazide</i>  | Formulary Low Cost Generics  |                        |
| THIAZIDE-LIKE DIURETICS   |                              |                        |
| <i>chlorthalidone</i>   | Formulary High Cost Generics |                        |
| <i>indapamide</i>   | Formulary High Cost Generics |                        |
| <i>metolazone</i>   | Formulary High Cost Generics |                        |
| DOPAMINE RECEPTOR AGONISTS  |                              |                        |
| ERGOT-DERIV. DOPAMINE RECEPTOR AGONISTS   |                              |                        |
| <i>bromocriptine mesylate</i>   | Formulary High Cost Generics |                        |
| <i>cabergoline</i>  | Formulary High Cost Generics |                        |
| CYCLOSET  | Formulary Brands             | PA                     |
| NONERGOT-DERIV.DOPAMINE RECEPTOR AGONIST  |                              |                        |
| KYNMOBI   | Formulary Brands             | PA<br>S Specialty Drug |
| NEUPRO  | Formulary Brands             | PA                     |

| PRODUCT DESCRIPTION   | TIER                         | LIMITS & RESTRICTIONS  |
|---|------------------------------|------------------------|
| <i>pramipexole di-hcl (pramipexole di-hcl 0.125 mg tablet, pramipexole di-hcl 0.25 mg tablet, pramipexole di-hcl 0.375 mg tab er 24h, pramipexole di-hcl 0.5 mg tablet, pramipexole di-hcl 0.75 mg tab er 24h, pramipexole di-hcl 0.75 mg tablet, pramipexole di-hcl 1 mg tablet, pramipexole di-hcl 1.5 mg tab er 24h, pramipexole di-hcl 1.5 mg tablet, pramipexole di-hcl 2.25 mg tab er 24h, pramipexole di-hcl 3 mg tab er 24h, pramipexole di-hcl 3.75 mg tab er 24h, pramipexole di-hcl 4.5 mg tab er 24h)</i> | Formulary High Cost Generics |                        |
| <i>ropinirole hcl (ropinirole hcl 0.25 mg tablet, ropinirole hcl 0.5 mg tablet, ropinirole hcl 1 mg tablet, ropinirole hcl 2 mg tab er 24h, ropinirole hcl 2 mg tablet, ropinirole hcl 3 mg tablet, ropinirole hcl 4 mg tab er 24h, ropinirole hcl 4 mg tablet, ropinirole hcl 5 mg tablet, ropinirole hcl 6 mg tab er 24h, ropinirole hcl 8 mg tab er 24h, ropinirole hcl 12 mg tab er 24h)</i>  | Formulary High Cost Generics |                        |
| ELECTROLYTIC, CALORIC, AND WATER BALANCE  |                              |                        |
| ALKALINIZING AGENTS   |                              |                        |
| <i>potassium citrate (potassium citrate 5 meq tablet er, potassium citrate 10 meq tablet er, potassium citrate 15 meq tablet er)</i>  | Formulary High Cost Generics |                        |
| AMMONIA DETOXICANTS   |                              |                        |
| CARBAGLU  | Formulary Brands             | PA<br>S Specialty Drug |
| <i>carglumic acid</i>   | Formulary High Cost Generics | PA<br>S Specialty Drug |
| CONSTULOSE  | Formulary High Cost Generics |                        |
| ENULOSE   | Formulary High Cost Generics |                        |
| GENERLAC  | Formulary High Cost Generics |                        |
| <i>lactulose (lactulose 10 g/15 ml solution, lactulose 20 g/30 ml solution)</i>   | Formulary High Cost Generics |                        |
| <i>sodium phenylbutyrate 0.94 g/g powder</i>  | Formulary High Cost Generics | PA<br>S Specialty Drug |



| PRODUCT DESCRIPTION   | TIER                         | LIMITS & RESTRICTIONS   |
|---|------------------------------|---|
| <b>CALORIC AGENTS</b>   |                              |   |
| DOJOLVI   | Formulary Brands             | <div style="display: flex; align-items: center; gap: 5px;"> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #A52A2A; color: white; padding: 2px 5px; border-radius: 3px;">S</div> <span>Specialty Drug</span> </div> |
| GLYTACTIN 20PE BETTERMILK LITE  | Formulary Brands             |   |
| LANAFLEX  | Formulary Brands             |   |
| LOPHLEX   | Formulary Brands             |   |
| MSUD EXPRESS15  | Formulary Brands             |   |
| PERIFLEX LQ PKU   | Formulary Brands             |   |
| PHENEX-1  | Formulary Brands             |   |
| PHENEX-2  | Formulary Brands             |   |
| PHENYL-FREE 2   | Formulary Brands             |   |
| PHENYLADE (PHENYLADE AMINO ACID POWDER, PHENYLADE DRINK MIX POWDER)   | Formulary Brands             |   |
| PHLEXY-10 DRINK MIX POWDER  | Formulary Brands             |   |
| PKU COOLER 10   | Formulary Brands             |   |
| PKU COOLER 15   | Formulary Brands             |   |
| PKU COOLER 20   | Formulary Brands             |   |
| PKU EXPRESS15   | Formulary Brands             |   |
| VILACTIN AA PLUS 20 PE  | Formulary Brands             |   |
| XPHE MAXAMUM  | Formulary Brands             |   |
| <b>IRRIGATING SOLUTIONS</b>   |                              |   |
| 0.9 % sodium chloride 0.9 % syringe   | Covered                      |   |
| <i>sodium chloride 0.9 % (flush) 0.9 % syringe</i>  | Covered                      |   |
| <i>sodium chloride for inhalation (sodium chloride for inhalation 0.9 % vial-neb, sodium chloride for inhalation 3 % vial-neb, sodium chloride for inhalation 7 % vial-neb, sodium chloride for inhalation 10 % vial-neb)</i> | Covered                      |   |
| <i>sodium chloride irrigating solution</i>  | Formulary High Cost Generics |   |

| PRODUCT DESCRIPTION  | TIER                         | LIMITS & RESTRICTIONS                          |
|--|------------------------------|--|
| <b>REPLACEMENT PREPARATIONS</b>  |                              |  |
| KLOR-CON M10   | Formulary High Cost Generics |  |
| KLOR-CON M15   | Formulary High Cost Generics |  |
| KLOR-CON M20   | Formulary High Cost Generics |  |
| <i>potassium chloride (potassium chloride 8 meq capsule er, potassium chloride 8 meq tablet er, potassium chloride 10 meq capsule er, potassium chloride 10 meq tab er prt, potassium chloride 10 meq tablet er, potassium chloride 15 meq tab er prt, potassium chloride 15 meq tablet er, potassium chloride 20 meq packet, potassium chloride 20 meq tab er prt, potassium chloride 20 meq tablet er, potassium chloride 20meq/15ml liquid, potassium chloride 40meq/15ml liquid)</i> | Formulary High Cost Generics |  |
| <b>URICOSURIC AGENTS</b>   |                              |  |
| <i>probenecid</i>  | Formulary High Cost Generics |  |
| <i>probenecid/colchicine</i>   | Formulary High Cost Generics |  |
| <b>EMOLLIENTS, DEMULCENTS, AND PROTECTANTS</b>   |                              |  |
| <b>BASIC LOTIONS AND LINIMENTS</b>   |                              |  |
| <i>ammonium lactate 12 % lotion</i>  | Formulary High Cost Generics |  |
| <i>ammonium lactate 12% lotion (rx)</i>  | Formulary High Cost Generics |  |
| <b>BASIC OINTMENTS AND PROTECTANTS</b>   |                              |  |
| <i>ammonium lactate 12 % cream (g)</i>   | Formulary High Cost Generics |  |
| <i>ammonium lactate 12% cream (rx)</i>   | Formulary High Cost Generics |  |
| <i>calcipotriene (calcipotriene 0.005 % cream (g), calcipotriene 0.005 % oint. (g), calcipotriene 0.005 % solution)</i>  | Formulary High Cost Generics | QL 120 GM / 30 DAYS                            |
| SANTYL   | Formulary Brands             | PA   |
| <b>ENZYMES</b>   |                              |  |
| <b>ENZYME COFACTORS/CHAPERONES</b>   |                              |  |
| GALAFOLD   | Formulary Brands             | QL 14 CAPS / 28 DAYS<br>PA<br>S Specialty Drug |

| PRODUCT DESCRIPTION                | TIER                         | LIMITS & RESTRICTIONS                                 |
|------------------------------------|------------------------------|---|
| <i>sapropterin dihydrochloride</i> | Formulary High Cost Generics | PA<br>S Specialty Drug                                |
| ENZYME INHIBITORS                  |                              |   |
| CERDELGA                           | Formulary Brands             | PA<br>S Specialty Drug                                |
| <i>miglustat</i>                   | Formulary High Cost Generics | PA<br>S Specialty Drug                                |
| ZOKINVY                            | Formulary Brands             | PA<br>S Specialty Drug                                |
| REVCIVI                            | Formulary Brands             | PA<br>S Specialty Drug                                |
| STRENSIQ                           | Formulary Brands             | PA<br>S Specialty Drug                                |
| SUCRAID                            | Formulary Brands             | PA<br>S Specialty Drug                                |
| ESTROGENS AND ANTIESTROGENS        |                              |   |
| ESTROGEN AGONIST-ANTAGONISTS       |                              |   |
| CLOMID                             | Formulary Brands             | INF Infertility                                       |
| <i>clomiphene citrate</i>          | Formulary Brands             | INF Infertility                                       |
| <i>raloxifene hcl</i>              | Formulary High Cost Generics | ACA - PA Affordable Care Act with PA                  |
| SOLTAMOX                           | Formulary Brands             | PA<br>OH OncoHealth                                   |
| <i>tamoxifen citrate</i>           | Formulary High Cost Generics | ACA - PA Affordable Care Act with PA<br>OH OncoHealth |
| <i>toremifene citrate</i>          | Formulary High Cost Generics | PA<br>OH OncoHealth                                   |

| PRODUCT DESCRIPTION   | TIER                         | LIMITS & RESTRICTIONS |
|---|------------------------------|-----------------------|
| ESTROGENS   |                              |                       |
| AMABELZ   | Formulary High Cost Generics |                       |
| CLIMARA PRO   | Formulary Brands             |                       |
| COMBIPATCH  | Formulary Brands             |                       |
| DEPO-ESTRADIOL  | Formulary Brands             |                       |
| DOTTI   | Formulary High Cost Generics |                       |
| DUAVEE  | Formulary Brands             | PA                    |
| <i>estradiol (estradiol 0.01 % cream/appl, estradiol 0.05mg/24h patch tds, estradiol 0.05mg/24h patch tdwk, estradiol 0.06mg/24h patch tdwk, estradiol 0.1mg/24hr patch tds, estradiol 0.1mg/24hr patch tdwk, estradiol 10 mcg tablet, estradiol .025mg/24h patch tds, estradiol .025mg/24h patch tdwk, estradiol .0375mg/24 patch tds, estradiol .0375mg/24 patch tdwk, estradiol .075mg/24h patch tds, estradiol .075mg/24h patch tdwk)</i> | Formulary High Cost Generics |                       |
| <i>estradiol (estradiol 0.5 mg tablet, estradiol 1 mg tablet, estradiol 2 mg tablet)</i>  | Formulary Low Cost Generics  |                       |
| <i>estradiol valerate</i>   | Formulary High Cost Generics |                       |
| <i>estradiol/norethindrone acetate</i>  | Formulary High Cost Generics |                       |
| FYAVOLV   | Formulary High Cost Generics |                       |
| JINTELI   | Formulary High Cost Generics |                       |
| LYLLANA   | Formulary High Cost Generics |                       |
| MIMVEY  | Formulary High Cost Generics |                       |
| <i>norethindrone acetate-ethinyl estradiol (norethindrone ac-eth estradiol 0.5mg-2.5 tablet, norethindrone ac-eth estradiol 1mg-5mcg tablet)</i>  | Formulary High Cost Generics |                       |
| YUVAFEM   | Formulary High Cost Generics |                       |

| PRODUCT DESCRIPTION   | TIER                         | LIMITS & RESTRICTIONS   |
|---|------------------------------|---|
| EYE, EAR, NOSE AND THROAT (EENT) PREPS.   |                              |   |
| ANTI-INFLAMMATORY AGENTS (EENT)   |                              |   |
| <i>cyclosporine 0.05 % droperette</i>   | Formulary High Cost Generics |   |
| OXERVATE  | Formulary Brands             | <div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="margin-bottom: 2px;"><span style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 1 ML / 1 DAY</div> <div style="margin-bottom: 2px;"><span style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</span></div> <div><span style="background-color: #993333; color: white; padding: 2px 5px; border-radius: 3px;">S</span> Specialty Drug</div> </div> |
| XIIDRA  | Formulary Brands             |   |
| ANTIALLERGIC AGENTS   |                              |   |
| ALOMIDE   | Formulary Brands             | <span style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</span>  |
| <i>azelastine hcl</i>   | Formulary High Cost Generics |   |
| <i>epinastine hcl</i>   | Formulary High Cost Generics |   |
| <i>olopatadine hcl (olopatadine hcl 0.1 % drops, olopatadine hcl 0.6 % spray/pump)</i>  | Formulary High Cost Generics |   |
| <i>olopatadine hcl 0.1% eye drop (rx)</i>   | Formulary High Cost Generics |   |
| ZERVIAE   | Formulary Brands             | <span style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</span>  |
| EENT DRUGS, MISCELLANEOUS   |                              |   |
| <i>ipratropium bromide (ipratropium bromide 21 mcg spray, ipratropium bromide 42 mcg spray)</i>   | Formulary High Cost Generics |   |
| LOCAL ANESTHETICS (EENT)  |                              |   |
| GLYDO   | Formulary High Cost Generics |   |
| <i>lidocaine hcl (lidocaine hcl 2 % jel/pf app, lidocaine hcl 2 % jelly(ml), lidocaine hcl 2 % solution, lidocaine hcl 40 mg/ml solution)</i> | Formulary High Cost Generics |   |
| MACULAR DEGENERATION AGENTS   |                              |   |
| CYSTADROPS  | Formulary Brands             | <div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="margin-bottom: 2px;"><span style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 5 ML / RX</div> <div style="margin-bottom: 2px;"><span style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</span></div> <div><span style="background-color: #993333; color: white; padding: 2px 5px; border-radius: 3px;">S</span> Specialty Drug</div> </div>    |
| CYSTARAN  | Formulary Brands             | <div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="margin-bottom: 2px;"><span style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 15 ML / RX</div> <div style="margin-bottom: 2px;"><span style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</span></div> <div><span style="background-color: #993333; color: white; padding: 2px 5px; border-radius: 3px;">S</span> Specialty Drug</div> </div>   |

| PRODUCT DESCRIPTION   | TIER                         | LIMITS & RESTRICTIONS |
|---|------------------------------|-----------------------|
| <b>MYDRIATICS</b>   |                              |                       |
| <i>atropine sulfate (atropine sulfate 1 % drops, atropine sulfate 1 % oint. (g))</i>  | Formulary High Cost Generics |                       |
| <i>cyclopentolate hcl 1 % drops</i>   | Formulary High Cost Generics |                       |
| <i>homatropine hbr</i>  | Formulary High Cost Generics |                       |
| <i>phenylephrine hcl (phenylephrine hcl 2.5 % drops, phenylephrine hcl 10 % drops)</i>  | Formulary High Cost Generics |                       |
| <b>FIRST GENERATION ANTIHISTAMINES</b>  |                              |                       |
| <b>FIRST GEN. ANTIHIST. DERIVATIVES, MISC.</b>  |                              |                       |
| <i>cyproheptadine hcl</i>   | Formulary High Cost Generics |                       |
| <b>PHENOTHIAZINE DERIVATIVES</b>  |                              |                       |
| <i>promethazine hcl (promethazine hcl 12.5 mg supp.rect, promethazine hcl 12.5 mg tablet, promethazine hcl 25 mg supp.rect, promethazine hcl 25 mg tablet, promethazine hcl 50 mg supp.rect, promethazine hcl 50 mg tablet)</i> | Formulary High Cost Generics |                       |
| <i>promethazine hcl 6.25mg/5ml syrup</i>  | Formulary Low Cost Generics  |                       |
| <b>PROMETHEGAN</b>  | Formulary High Cost Generics |                       |
| <b>GASTROINTESTINAL DRUGS</b>   |                              |                       |
| <b>ANTI-INFLAMMATORY AGENTS (GI DRUGS)</b>  |                              |                       |
| <i>alosetron hcl</i>  | Formulary High Cost Generics | PA                    |
| <i>balsalazide disodium</i>   | Formulary High Cost Generics |                       |
| <b>DIPENTUM</b>   | Formulary Brands             | PA                    |
| <i>mesalamine (mesalamine 0.375g cap er 24h, mesalamine 1.2 g tablet dr, mesalamine 4 g/60 ml enema, mesalamine 400 mg cap(drtab), mesalamine 800 mg tablet dr, mesalamine 1000 mg supp.rect)</i>                               | Formulary High Cost Generics |                       |
| <b>ANTIDIARRHEA AGENTS</b>  |                              |                       |
| <i>diphenoxylate hcl/atropine 2.5-.025/5 liquid</i>   | Formulary High Cost Generics | QL 40 ML / 1 DAY      |
| <i>diphenoxylate hcl/atropine 2.5-.025mg tablet</i>   | Formulary High Cost Generics | QL 8 TABS / 1 DAY     |

| PRODUCT DESCRIPTION   | TIER                         | LIMITS & RESTRICTIONS  |
|---|------------------------------|--|
| <i>loperamide hcl 2 mg capsule</i>  | Formulary High Cost Generics |  |
| XERMELO   | Formulary Brands             | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #A52A2A; color: white; padding: 2px 5px; border-radius: 3px;">S</div> <div style="background-color: #0070C0; color: white; padding: 2px 5px; border-radius: 3px;">OH</div> </div> Specialty Drug<br>OncoHealth       |
| <b>CATHARTICS AND LAXATIVES</b>   |                              |  |
| GAVILYTE-C  | Formulary Low Cost Generics  | <div style="background-color: #333; color: white; padding: 2px 5px; border-radius: 3px;">ACA</div> Affordable Care Act   |
| GAVILYTE-G  | Formulary Low Cost Generics  | <div style="background-color: #333; color: white; padding: 2px 5px; border-radius: 3px;">ACA</div> Affordable Care Act   |
| GAVILYTE-N  | Formulary High Cost Generics | <div style="background-color: #333; color: white; padding: 2px 5px; border-radius: 3px;">ACA</div> Affordable Care Act   |
| <i>peg 3350/sod sulf/sod bicarb/sod chloride/potassium chloride</i>                       | Formulary Low Cost Generics  | <div style="background-color: #333; color: white; padding: 2px 5px; border-radius: 3px;">ACA</div> Affordable Care Act   |
| <i>peg 3350/sodium sulfate/sod chloride/kcl/ascorbate sod/vit c</i>                       | Formulary High Cost Generics | <div style="background-color: #333; color: white; padding: 2px 5px; border-radius: 3px;">ACA</div> Affordable Care Act   |
| <i>sodium chloride/sodium bicarbonate/potassium chloride/peg</i>                          | Formulary High Cost Generics | <div style="background-color: #333; color: white; padding: 2px 5px; border-radius: 3px;">ACA</div> Affordable Care Act   |
| <i>sodium sulfate/potassium sulfate/magnesium sulfate</i>                                 | Formulary High Cost Generics | <div style="background-color: #333; color: white; padding: 2px 5px; border-radius: 3px;">ACA</div> Affordable Care Act   |
| <b>CHOLELITHOLYTIC AGENTS</b>   |                              |  |
| CHOLBAM   | Formulary Brands             | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #A52A2A; color: white; padding: 2px 5px; border-radius: 3px;">S</div> </div> Specialty Drug  |
| <i>ursodiol (ursodiol 250 mg tablet, ursodiol 300 mg capsule, ursodiol 500 mg tablet)</i> | Formulary High Cost Generics |  |
| <b>DIGESTANTS</b>   |                              |  |
| CREON   | Formulary Brands             |  |
| ZENPEP  | Formulary Brands             |  |
| <b>GI DRUGS, MISCELLANEOUS</b>  |                              |  |
| <i>dronabinol (dronabinol 2.5 mg capsule, dronabinol 5 mg capsule)</i>                    | Formulary High Cost Generics | <div style="background-color: #0070C0; color: white; padding: 2px 5px; border-radius: 3px;">OH</div> OncoHealth  |
| <i>dronabinol 10 mg capsule</i>   | Formulary Low Cost Generics  | <div style="background-color: #0070C0; color: white; padding: 2px 5px; border-radius: 3px;">OH</div> OncoHealth  |
| VOWST   | Formulary Brands             | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6A329F; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #A52A2A; color: white; padding: 2px 5px; border-radius: 3px;">S</div> </div> 12 CAPS / 3 DAYS<br>Specialty Drug |

| PRODUCT DESCRIPTION  | TIER                         | LIMITS & RESTRICTIONS                          |
|--|------------------------------|--|
| <b>PROKINETIC AGENTS</b>   |                              |  |
| GIMOTI   | Formulary Brands             | PA   |
| <i>metoclopramide hcl (metoclopramide hcl 5 mg tablet, metoclopramide hcl 5 mg/5 ml solution, metoclopramide hcl 10 mg tablet, metoclopramide hcl 10 mg/10ml solution)</i>     | Formulary Low Cost Generics  |  |
| <i>metoclopramide hcl 5 mg tab rapidis</i>   | Formulary High Cost Generics | PA   |
| <b>GENITOURINARY SMOOTH MUSCLE RELAXANTS</b>   |                              |  |
| <b>ANTIMUSCARINICS</b>   |                              |  |
| <i>darifenacin hydrobromide</i>  | Formulary High Cost Generics | PA   |
| <i>flavoxate hcl</i>   | Formulary High Cost Generics | PA   |
| <i>oxybutynin chloride (oxybutynin chloride 5 mg tab er 24, oxybutynin chloride 5 mg/5 ml syrup, oxybutynin chloride 10 mg tab er 24, oxybutynin chloride 15 mg tab er 24)</i> | Formulary High Cost Generics |  |
| <i>oxybutynin chloride 5 mg tablet</i>   | Formulary Low Cost Generics  |  |
| <i>solifenacin succinate</i>   | Formulary High Cost Generics |  |
| <i>tolterodine tartrate (tolterodine tartrate 1 mg tablet, tolterodine tartrate 2 mg cap er 24h, tolterodine tartrate 2 mg tablet, tolterodine tartrate 4 mg cap er 24h)</i>   | Formulary High Cost Generics |  |
| <i>tropium chloride 20 mg tablet</i>   | Formulary Low Cost Generics  |  |
| <b>GOLD COMPOUNDS</b>  |                              |  |
| RIDAURA  | Formulary Brands             |  |
| <b>GONADOTROPINS AND ANTIGONADOTROPINS</b>   |                              |  |
| <b>ANTIGONADTROPINS</b>  |                              |  |
| <i>cetorelix acetate</i>   | Formulary High Cost Generics | INF Infertility                                |
| FYREMADEL  | Formulary High Cost Generics | INF Infertility                                |
| <i>ganirelix acetate</i>   | Formulary High Cost Generics | INF Infertility                                |
| MYFEMBREE  | Formulary Brands             | QL 28 TABS / 28 DAYS<br>PA<br>S Specialty Drug |



| PRODUCT DESCRIPTION   | TIER                         | LIMITS & RESTRICTIONS  |
|---|------------------------------|--|
| ORGOVYX   | Formulary Brands             | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8B4513; color: white; padding: 2px;">PA</div> <div style="background-color: #8B4513; color: white; padding: 2px;">S</div> Specialty Drug           <div style="background-color: #0070C0; color: white; padding: 2px;">ONC</div> Oncology           <div style="background-color: #0070C0; color: white; padding: 2px;">OH</div> OncoHealth         </div> |
| ORIAHNN   | Formulary Brands             | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #4B0082; color: white; padding: 2px;">QL</div> 2 CAPS / 1 DAY           <div style="background-color: #8B4513; color: white; padding: 2px;">PA</div> <div style="background-color: #8B4513; color: white; padding: 2px;">S</div> Specialty Drug         </div>  |
| ORILISSA 150 MG TABLET  | Formulary Brands             | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #4B0082; color: white; padding: 2px;">QL</div> 1 TAB / 1 DAY           <div style="background-color: #8B4513; color: white; padding: 2px;">PA</div> <div style="background-color: #8B4513; color: white; padding: 2px;">S</div> Specialty Drug         </div>   |
| ORILISSA 200 MG TABLET  | Formulary Brands             | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #4B0082; color: white; padding: 2px;">QL</div> 56 TABS / 28 DAYS           <div style="background-color: #8B4513; color: white; padding: 2px;">PA</div> <div style="background-color: #8B4513; color: white; padding: 2px;">S</div> Specialty Drug         </div>   |
| <b>GONADOTROPINS</b>  |                              |  |
| <i>chorionic gonadotropin, human 10000 unit vial</i>  | Formulary Brands             | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #0070C0; color: white; padding: 2px;">INF</div> Infertility         </div>  |
| <i>chorionic gonadotropin, human 6000 unit vial</i>   | Formulary High Cost Generics | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #0070C0; color: white; padding: 2px;">INF</div> Infertility         </div>  |
| ELIGARD   | Formulary Brands             | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8B4513; color: white; padding: 2px;">PA</div> <div style="background-color: #8B4513; color: white; padding: 2px;">S</div> Specialty Drug           <div style="background-color: #0070C0; color: white; padding: 2px;">OH</div> OncoHealth         </div>  |
| FOLLISTIM AQ  | Formulary Brands             | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #0070C0; color: white; padding: 2px;">INF</div> Infertility         </div>  |
| <i>leuprolide acetate (leuprolide acetate 1 mg/0.2ml vial, leuprolide acetate 22.5 mg vial)</i> | Formulary High Cost Generics | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8B4513; color: white; padding: 2px;">PA</div> <div style="background-color: #8B4513; color: white; padding: 2px;">S</div> Specialty Drug           <div style="background-color: #0070C0; color: white; padding: 2px;">OH</div> OncoHealth         </div>  |
| <i>leuprolide acetate 1 mg/0.2ml kit</i>  | Formulary High Cost Generics | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #0070C0; color: white; padding: 2px;">INF</div> Infertility         </div>  |
| LUPRON DEPOT  | Formulary Brands             | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8B4513; color: white; padding: 2px;">PA</div> <div style="background-color: #8B4513; color: white; padding: 2px;">S</div> Specialty Drug           <div style="background-color: #0070C0; color: white; padding: 2px;">OH</div> OncoHealth         </div>  |
| LUPRON DEPOT-PED  | Formulary Brands             | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8B4513; color: white; padding: 2px;">PA</div> <div style="background-color: #8B4513; color: white; padding: 2px;">S</div> Specialty Drug           <div style="background-color: #0070C0; color: white; padding: 2px;">OH</div> OncoHealth         </div>  |

| PRODUCT DESCRIPTION  | TIER                         | LIMITS & RESTRICTIONS  |
|--|------------------------------|------------------------|
| MENOPUR  | Formulary Brands             | INF Infertility        |
| NOVAREL  | Formulary Brands             | INF Infertility        |
| OVIDREL  | Formulary Brands             | INF Infertility        |
| PREGNYL  | Formulary Brands             | INF Infertility        |
| HCV ANTIVIRALS   |                              |                        |
| HCV POLYMERASE INHIBITOR ANTIVIRALS  |                              |                        |
| EPCLUSA (EPCLUSA 150-37.5 MG PELLET PKT, EPCLUSA 200 MG-50 MG TABLET, EPCLUSA 200-50 MG PELLET PACK) | Formulary Brands             | PA<br>S Specialty Drug |
| HARVONI (HARVONI 33.75-150 MG PELLET PK, HARVONI 45-200 MG PELLET PACKT, HARVONI 45-200 MG TABLET)   | Formulary Brands             | PA<br>S Specialty Drug |
| <i>ledipasvir/sofosbuvir</i>   | Formulary High Cost Generics | PA<br>S Specialty Drug |
| <i>sofosbuvir/velpatasvir</i>  | Formulary High Cost Generics | PA<br>S Specialty Drug |
| SOVALDI (SOVALDI 150 MG PELLET PACKET, SOVALDI 200 MG PELLET PACKET, SOVALDI 200 MG TABLET)          | Formulary Brands             | PA<br>S Specialty Drug |
| VOSEVI   | Formulary Brands             | PA<br>S Specialty Drug |
| HCV PROTEASE INHIBITOR ANTIVIRALS  |                              |                        |
| MAVYRET  | Formulary Brands             | PA<br>S Specialty Drug |
| HEAVY METAL ANTAGONISTS  |                              |                        |
| CHEMET   | Formulary Brands             |                        |
| D-PENAMINE   | Formulary High Cost Generics | PA<br>S Specialty Drug |

| PRODUCT DESCRIPTION   | TIER                         | LIMITS & RESTRICTIONS   |
|---|------------------------------|---|
| <i>deferiasirox (deferiasirox 90 mg tablet, deferiasirox 125 mg tab disper, deferiasirox 180 mg tablet, deferiasirox 250 mg tab disper, deferiasirox 360 mg tablet, deferiasirox 500 mg tab disper)</i> | Formulary High Cost Generics | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #A52A2A; color: white; padding: 2px 5px; border-radius: 3px;">S</div> Specialty Drug           <div style="background-color: #0070C0; color: white; padding: 2px 5px; border-radius: 3px;">TD</div> Trial Drug         </div> |
| <i>deferiprone (deferiprone 500 mg tablet, deferiprone 1000 mg tablet)</i>  | Formulary High Cost Generics | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #A52A2A; color: white; padding: 2px 5px; border-radius: 3px;">S</div> Specialty Drug         </div>   |
| FERRIPROX 100 MG/ML SOLUTION  | Formulary Brands             | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #A52A2A; color: white; padding: 2px 5px; border-radius: 3px;">S</div> Specialty Drug         </div>   |
| <i>penicillamine 250 mg tablet</i>  | Formulary High Cost Generics | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #A52A2A; color: white; padding: 2px 5px; border-radius: 3px;">S</div> Specialty Drug         </div>   |
| HORMONES AND SYNTHETIC SUBSTITUTES  |                              |   |
| ADRENALS  |                              |   |
| ARNUITY ELLIPTA   | Formulary Brands             |   |
| ASMANEX   | Formulary Brands             |   |
| ASMANEX HFA   | Formulary Brands             |   |
| <i>budesonide (budesonide 0.25mg/2ml ampul-neb, budesonide 0.5 mg/2ml ampul-neb, budesonide 1 mg/2 ml ampul-neb, budesonide 3 mg capdr - er)</i>  | Formulary High Cost Generics |   |
| <i>dexamethasone (dexamethasone 0.5 mg tablet, dexamethasone 0.75 mg tablet, dexamethasone 1 mg tablet, dexamethasone 1.5 mg tablet, dexamethasone 4 mg tablet, dexamethasone 6 mg tablet)</i>          | Formulary Low Cost Generics  |   |
| <i>dexamethasone (dexamethasone 0.5 mg/5ml elixir, dexamethasone 0.5 mg/5ml solution, dexamethasone 2 mg tablet)</i>  | Formulary High Cost Generics |   |
| DEXAMETHASONE INTENSOL  | Formulary Brands             |   |
| <i>dexamethasone sodium phosp/pf 10 mg/ml vial</i>  | Formulary High Cost Generics |   |
| <i>dexamethasone sodium phosp/pf 4 mg/ml vial</i>   | Formulary Low Cost Generics  |   |
| <i>dexamethasone sodium phosphate 10 mg/ml vial</i>   | Formulary High Cost Generics |   |

| PRODUCT DESCRIPTION  | TIER                         | LIMITS & RESTRICTIONS |
|--|------------------------------|-----------------------|
| <i>dexamethasone sodium phosphate 4 mg/ml vial</i>   | Formulary Low Cost Generics  |                       |
| <i>fludrocortisone acetate</i>   | Formulary High Cost Generics |                       |
| <i>fluticasone propionate (fluticasone propionate 44 mcg aer w/adap, fluticasone propionate 50 mcg blst w/dev, fluticasone propionate 100 mcg blst w/dev, fluticasone propionate 110 mcg aer w/adap, fluticasone propionate 220 mcg aer w/adap, fluticasone propionate 250 mcg blst w/dev)</i> | Formulary High Cost Generics |                       |
| <i>hydrocortisone (hydrocortisone 5 mg tablet, hydrocortisone 10 mg tablet, hydrocortisone 20 mg tablet)</i>   | Formulary High Cost Generics |                       |
| <i>hydrocortisone sodium succinate</i>   | Formulary High Cost Generics |                       |
| MEDROL 2 MG TABLET   | Formulary Brands             |                       |
| <i>methylprednisolone</i>  | Formulary High Cost Generics |                       |
| <i>prednisolone</i>  | Formulary Low Cost Generics  |                       |
| <i>prednisolone sodium phosphate (prednisolone sodium phosphate 5 mg/5 ml solution, prednisolone sodium phosphate 15 mg/5 ml solution, prednisolone sodium phosphate 25 mg/5 ml solution)</i>  | Formulary Low Cost Generics  |                       |
| <i>prednisone (prednisone 1 mg tablet, prednisone 2.5 mg tablet, prednisone 5 mg tab ds pk, prednisone 5 mg tablet, prednisone 10 mg tab ds pk, prednisone 10 mg tablet, prednisone 20 mg tablet, prednisone 50 mg tablet)</i>   | Formulary Low Cost Generics  |                       |
| <i>prednisone 5 mg/5 ml solution</i>   | Formulary High Cost Generics |                       |
| PREDNISONE INTENSOL  | Formulary Brands             |                       |
| PULMICORT FLEXHALER  | Formulary Brands             | PA                    |
| QVAR REDIHALER   | Formulary Brands             |                       |
| SOLU-CORTEF (SOLU-CORTEF 100 MG ACT-O-VIAL, SOLU-CORTEF 100 MG VIAL, SOLU-CORTEF 250 MG ACT-O-VIAL, SOLU-CORTEF 500 MG ACT-O-VIAL)   | Formulary Brands             |                       |

| PRODUCT DESCRIPTION  | TIER                         | LIMITS & RESTRICTIONS   |
|--|------------------------------|---|
| <b>ANDROGENS</b>   |                              |   |
| <i>danazol</i>   | Formulary High Cost Generics |   |
| <i>methyltestosterone</i>  | Formulary High Cost Generics | <span>QL</span> 5 CAPS / 1 DAY<br><span>PA</span>                   |
| <i>oxandrolone</i>   | Formulary High Cost Generics | <span>PA</span>   |
| <i>testosterone (testosterone 1.25g-1.62 gel packet, testosterone 2.5g-1.62% gel packet, testosterone 10 mg (2%) gel md pmp, testosterone 12.5/1.25g gel md pmp, testosterone 20.25/1.25 gel md pmp, testosterone 25mg(1%) gel packet, testosterone 50 mg (1%) gel (gram), testosterone 50 mg (1%) gel packet)</i> | Formulary High Cost Generics | <span>PA</span>   |
| <i>testosterone cypionate (testosterone cypionate 100 mg/ml vial, testosterone cypionate 200 mg/ml vial)</i>   | Formulary High Cost Generics | <span>PA</span>   |
| <i>testosterone enanthate 200 mg/ml vial</i>   | Formulary High Cost Generics | <span>PA</span>   |
| <b>CONTRACEPTIVES</b>  |                              |   |
| AFIRMELLE  | Formulary High Cost Generics | <span>ACA</span> Affordable Care Act                                |
| AFTER PILL   | Formulary High Cost Generics | <span>QL</span> 3 TABS / RX<br><span>ACA</span> Affordable Care Act |
| ALTAVERA   | Formulary High Cost Generics | <span>ACA</span> Affordable Care Act                                |
| ALYACEN  | Formulary High Cost Generics | <span>ACA</span> Affordable Care Act                                |
| AMETHIA  | Formulary High Cost Generics | <span>ACA</span> Affordable Care Act                                |
| AMETHYST   | Formulary High Cost Generics | <span>ACA</span> Affordable Care Act                                |
| APRI   | Formulary High Cost Generics | <span>ACA</span> Affordable Care Act                                |
| ARANELLE   | Formulary High Cost Generics | <span>ACA</span> Affordable Care Act                                |
| ASHLYNA  | Formulary High Cost Generics | <span>ACA</span> Affordable Care Act                                |
| AUBRA  | Formulary High Cost Generics | <span>ACA</span> Affordable Care Act                                |
| AUBRA EQ   | Formulary High Cost Generics | <span>ACA</span> Affordable Care Act                                |
| AUROVELA   | Formulary High Cost Generics | <span>ACA</span> Affordable Care Act                                |

| PRODUCT DESCRIPTION                                    | TIER                         | LIMITS & RESTRICTIONS                     |
|--|------------------------------|---|
| AUROVELA 24 FE   | Formulary High Cost Generics | ACA Affordable Care Act                   |
| AUROVELA FE  | Formulary High Cost Generics | ACA Affordable Care Act                   |
| AVIANE   | Formulary High Cost Generics | ACA Affordable Care Act                   |
| AYUNA  | Formulary High Cost Generics | ACA Affordable Care Act                   |
| AZURETTE   | Formulary High Cost Generics | ACA Affordable Care Act                   |
| BALZIVA  | Formulary High Cost Generics | ACA Affordable Care Act                   |
| BLISOVI 24 FE  | Formulary High Cost Generics | ACA Affordable Care Act                   |
| BLISOVI FE   | Formulary High Cost Generics | ACA Affordable Care Act                   |
| BRIELLYN   | Formulary High Cost Generics | ACA Affordable Care Act                   |
| CAMILA   | Formulary High Cost Generics | ACA Affordable Care Act                   |
| CAMRESE  | Formulary High Cost Generics | ACA Affordable Care Act                   |
| CAMRESE LO   | Formulary High Cost Generics | ACA Affordable Care Act                   |
| CAZIANT  | Formulary High Cost Generics | ACA Affordable Care Act                   |
| CHATEAL  | Formulary High Cost Generics | ACA Affordable Care Act                   |
| CHATEAL EQ   | Formulary High Cost Generics | ACA Affordable Care Act                   |
| CRYSSELLE  | Formulary High Cost Generics | ACA Affordable Care Act                   |
| CYRED  | Formulary High Cost Generics | ACA Affordable Care Act                   |
| CYRED EQ   | Formulary High Cost Generics | ACA Affordable Care Act                   |
| DASETTA  | Formulary High Cost Generics | ACA Affordable Care Act                   |
| DAYSEE   | Formulary High Cost Generics | ACA Affordable Care Act                   |
| DEBLITANE  | Formulary High Cost Generics | ACA Affordable Care Act                   |
| <i>desogestrel-ethinyl estradiol</i>                   | Formulary High Cost Generics | ACA Affordable Care Act                   |
| <i>desogestrel-ethinyl estradiol/ethinyl estradiol</i> | Formulary High Cost Generics | ACA Affordable Care Act                   |
| DOLISHALE  | Formulary High Cost Generics | ACA Affordable Care Act                   |
| ECONTRA ONE-STEP                                       | Formulary High Cost Generics | QL 3 TABS / RX<br>ACA Affordable Care Act |

| PRODUCT DESCRIPTION                           | TIER                         | LIMITS & RESTRICTIONS                     |
|---|------------------------------|---|
| ELINEST                                       | Formulary High Cost Generics | ACA Affordable Care Act                   |
| ELLA  | Formulary Brands             | QL 3 TABS / RX<br>ACA Affordable Care Act |
| ELURYNG                                       | Formulary High Cost Generics | ACA Affordable Care Act                   |
| EMOQUETTE                                     | Formulary High Cost Generics | ACA Affordable Care Act                   |
| EMZAHH  | Formulary High Cost Generics | ACA Affordable Care Act                   |
| ENILLORING                                    | Formulary High Cost Generics | ACA Affordable Care Act                   |
| ENPRESSE                                      | Formulary High Cost Generics | ACA Affordable Care Act                   |
| ENSKYCE                                       | Formulary High Cost Generics | ACA Affordable Care Act                   |
| ERRIN   | Formulary High Cost Generics | ACA Affordable Care Act                   |
| ESTARYLLA                                     | Formulary High Cost Generics | ACA Affordable Care Act                   |
| <i>ethinyl estradiol/drospirenone</i>         | Formulary High Cost Generics | ACA Affordable Care Act                   |
| <i>ethynodiol diacetate-ethinyl estradiol</i> | Formulary High Cost Generics | ACA Affordable Care Act                   |
| <i>etonogestrel/ethinyl estradiol</i>         | Formulary High Cost Generics | ACA Affordable Care Act                   |
| FALMINA                                       | Formulary High Cost Generics | ACA Affordable Care Act                   |
| FEMYNOR                                       | Formulary High Cost Generics | ACA Affordable Care Act                   |
| HAILEY  | Formulary High Cost Generics | ACA Affordable Care Act                   |
| HAILEY 24 FE                                  | Formulary High Cost Generics | ACA Affordable Care Act                   |
| HAILEY FE                                     | Formulary High Cost Generics | ACA Affordable Care Act                   |
| HALOETTE                                      | Formulary High Cost Generics | ACA Affordable Care Act                   |
| HEATHER                                       | Formulary High Cost Generics | ACA Affordable Care Act                   |
| HER STYLE                                     | Formulary High Cost Generics | QL 3 TABS / RX<br>ACA Affordable Care Act |
| ICLEVIA                                       | Formulary High Cost Generics | ACA Affordable Care Act                   |
| INCASSIA                                      | Formulary High Cost Generics | ACA Affordable Care Act                   |
| INTROVALE                                     | Formulary High Cost Generics | ACA Affordable Care Act                   |

| PRODUCT DESCRIPTION                     | TIER                         | LIMITS & RESTRICTIONS                     |
|---|------------------------------|---|
| ISIBLOOM                                | Formulary High Cost Generics | ACA Affordable Care Act                   |
| JAIMIESS                                | Formulary High Cost Generics | ACA Affordable Care Act                   |
| JASMIEL                                 | Formulary High Cost Generics | ACA Affordable Care Act                   |
| JENCYCLA                                | Formulary High Cost Generics | ACA Affordable Care Act                   |
| JOLESSA                                 | Formulary High Cost Generics | ACA Affordable Care Act                   |
| JULEBER                                 | Formulary High Cost Generics | ACA Affordable Care Act                   |
| JULIE                                   | Formulary High Cost Generics | QL 3 TABS / RX<br>ACA Affordable Care Act |
| JUNEL                                   | Formulary High Cost Generics | ACA Affordable Care Act                   |
| JUNEL FE                                | Formulary High Cost Generics | ACA Affordable Care Act                   |
| JUNEL FE 24                             | Formulary High Cost Generics | ACA Affordable Care Act                   |
| KALLIGA                                 | Formulary High Cost Generics | ACA Affordable Care Act                   |
| KARIVA                                  | Formulary High Cost Generics | ACA Affordable Care Act                   |
| KELNOR 1-35                             | Formulary High Cost Generics | ACA Affordable Care Act                   |
| KELNOR 1-50                             | Formulary High Cost Generics | ACA Affordable Care Act                   |
| KURVELO                                 | Formulary High Cost Generics | ACA Affordable Care Act                   |
| LARIN                                   | Formulary High Cost Generics | ACA Affordable Care Act                   |
| LARIN 24 FE                             | Formulary High Cost Generics | ACA Affordable Care Act                   |
| LARIN FE                                | Formulary High Cost Generics | ACA Affordable Care Act                   |
| LEENA                                   | Formulary High Cost Generics | ACA Affordable Care Act                   |
| LESSINA                                 | Formulary High Cost Generics | ACA Affordable Care Act                   |
| LEVONEST                                | Formulary High Cost Generics | ACA Affordable Care Act                   |
| <i>levonorgestrel</i>                   | Formulary High Cost Generics | QL 3 TABS / RX<br>ACA Affordable Care Act |
| <i>levonorgestrel/ethinyl estradiol</i> | Formulary High Cost Generics | ACA Affordable Care Act                   |



| PRODUCT DESCRIPTION  | TIER                         | LIMITS & RESTRICTIONS                     |
|--|------------------------------|---|
| <i>levonorgestrel/ethinyl estradiol and ethinyl estradiol (l-norgest/e.estradiol-e.estrad 100-20(84) tbdspk 3mo, l-norgest/e.estradiol-e.estrad 150-30(84) tbdspk 3mo)</i> | Formulary High Cost Generics | ACA Affordable Care Act                   |
| LEVORA-28  | Formulary High Cost Generics | ACA Affordable Care Act                   |
| LO-ZUMANDIMINE   | Formulary High Cost Generics | ACA Affordable Care Act                   |
| LOJAIMIESS   | Formulary High Cost Generics | ACA Affordable Care Act                   |
| LORYNA   | Formulary High Cost Generics | ACA Affordable Care Act                   |
| LOW-OGESTREL   | Formulary High Cost Generics | ACA Affordable Care Act                   |
| LUTERA   | Formulary High Cost Generics | ACA Affordable Care Act                   |
| LYLEQ  | Formulary High Cost Generics | ACA Affordable Care Act                   |
| LYZA   | Formulary High Cost Generics | ACA Affordable Care Act                   |
| MARLISSA   | Formulary High Cost Generics | ACA Affordable Care Act                   |
| MICROGESTIN  | Formulary High Cost Generics | ACA Affordable Care Act                   |
| MICROGESTIN 24 FE  | Formulary High Cost Generics | ACA Affordable Care Act                   |
| MICROGESTIN FE   | Formulary High Cost Generics | ACA Affordable Care Act                   |
| MILI   | Formulary High Cost Generics | ACA Affordable Care Act                   |
| MONO-LINYAH  | Formulary High Cost Generics | ACA Affordable Care Act                   |
| MY WAY   | Formulary High Cost Generics | QL 3 TABS / RX<br>ACA Affordable Care Act |
| NECON  | Formulary High Cost Generics | ACA Affordable Care Act                   |
| NIKKI  | Formulary High Cost Generics | ACA Affordable Care Act                   |
| NORA-BE  | Formulary High Cost Generics | ACA Affordable Care Act                   |
| <i>norelgestromin/ethinyl estradiol</i>  | Formulary High Cost Generics | ACA Affordable Care Act                   |
| <i>norethindrone</i>   | Formulary High Cost Generics | ACA Affordable Care Act                   |

| PRODUCT DESCRIPTION   | TIER                         | LIMITS & RESTRICTIONS   |
|---|------------------------------|-------------------------|
| <i>norethindrone acetate-ethinyl estradiol (norethindrone ac-eth estradiol 1mg-20mcg tablet, norethindrone ac-eth estradiol 1.5-0.03mg tablet)</i>  | Formulary High Cost Generics | ACA Affordable Care Act |
| <i>norethindrone acetate-ethinyl estradiol/ferrous fumarate (norethindrone-e.estradiol-iron 1.5-30(21) tablet, norethindrone-e.estradiol-iron 1mg-20(21) tablet, norethindrone-e.estradiol-iron 1mg-20(24) tablet, norethindrone-e.estradiol-iron 5-7-9-7 tablet)</i> | Formulary High Cost Generics | ACA Affordable Care Act |
| <i>norgestimate-ethinyl estradiol (norgestimate-ethinyl estradiol 0.25-0.035 tablet, norgestimate-ethinyl estradiol 7daysx3 28 tablet, norgestimate-ethinyl estradiol 7daysx3 lo tablet)</i>  | Formulary High Cost Generics | ACA Affordable Care Act |
| <i>norgestrel-ethinyl estradiol</i>   | Formulary High Cost Generics | ACA Affordable Care Act |
| NORTREL   | Formulary High Cost Generics | ACA Affordable Care Act |
| NYLIA   | Formulary High Cost Generics | ACA Affordable Care Act |
| NYMYO   | Formulary High Cost Generics | ACA Affordable Care Act |
| OCELLA  | Formulary High Cost Generics | ACA Affordable Care Act |
| PHILITH   | Formulary High Cost Generics | ACA Affordable Care Act |
| PIMTREA   | Formulary High Cost Generics | ACA Affordable Care Act |
| PIRMELLA  | Formulary High Cost Generics | ACA Affordable Care Act |
| PORTIA  | Formulary High Cost Generics | ACA Affordable Care Act |
| RECLIPSEN   | Formulary High Cost Generics | ACA Affordable Care Act |
| SETLAKIN  | Formulary High Cost Generics | ACA Affordable Care Act |
| SHAROBEL  | Formulary High Cost Generics | ACA Affordable Care Act |
| SIMLIYA   | Formulary High Cost Generics | ACA Affordable Care Act |
| SIMPESSE  | Formulary High Cost Generics | ACA Affordable Care Act |
| SPRINTEC  | Formulary High Cost Generics | ACA Affordable Care Act |

| PRODUCT DESCRIPTION | TIER                         | LIMITS & RESTRICTIONS   |
|---------------------|------------------------------|-------------------------|
| SRONYX              | Formulary High Cost Generics | ACA Affordable Care Act |
| SYEDA               | Formulary High Cost Generics | ACA Affordable Care Act |
| TARINA 24 FE        | Formulary High Cost Generics | ACA Affordable Care Act |
| TARINA FE           | Formulary High Cost Generics | ACA Affordable Care Act |
| TARINA FE 1-20 EQ   | Formulary High Cost Generics | ACA Affordable Care Act |
| TILIA FE            | Formulary High Cost Generics | ACA Affordable Care Act |
| TRI FEMYNOR         | Formulary High Cost Generics | ACA Affordable Care Act |
| TRI-ESTARYLLA       | Formulary High Cost Generics | ACA Affordable Care Act |
| TRI-LEGEST FE       | Formulary High Cost Generics | ACA Affordable Care Act |
| TRI-LINYAH          | Formulary High Cost Generics | ACA Affordable Care Act |
| TRI-LO-ESTARYLLA    | Formulary High Cost Generics | ACA Affordable Care Act |
| TRI-LO-MARZIA       | Formulary High Cost Generics | ACA Affordable Care Act |
| TRI-LO-MILI         | Formulary High Cost Generics | ACA Affordable Care Act |
| TRI-LO-SPRINTEC     | Formulary High Cost Generics | ACA Affordable Care Act |
| TRI-MILI            | Formulary High Cost Generics | ACA Affordable Care Act |
| TRI-NYMYO           | Formulary High Cost Generics | ACA Affordable Care Act |
| TRI-SPRINTEC        | Formulary High Cost Generics | ACA Affordable Care Act |
| TRI-VYLIBRA         | Formulary High Cost Generics | ACA Affordable Care Act |
| TRI-VYLIBRA LO      | Formulary High Cost Generics | ACA Affordable Care Act |
| TRIVORA-28          | Formulary High Cost Generics | ACA Affordable Care Act |
| TULANA              | Formulary High Cost Generics | ACA Affordable Care Act |
| TURQOZ              | Formulary High Cost Generics | ACA Affordable Care Act |
| TYBLUME             | Formulary High Cost Generics | ACA Affordable Care Act |
| VELIVET             | Formulary High Cost Generics | ACA Affordable Care Act |
| VESTURA             | Formulary High Cost Generics | ACA Affordable Care Act |

| PRODUCT DESCRIPTION  | TIER                         | LIMITS & RESTRICTIONS   |
|--|------------------------------|-------------------------|
| VIENVA   | Formulary High Cost Generics | ACA Affordable Care Act |
| VIORELE  | Formulary High Cost Generics | ACA Affordable Care Act |
| VOLNEA   | Formulary High Cost Generics | ACA Affordable Care Act |
| VYFEMLA  | Formulary High Cost Generics | ACA Affordable Care Act |
| VYLIBRA  | Formulary High Cost Generics | ACA Affordable Care Act |
| WERA   | Formulary High Cost Generics | ACA Affordable Care Act |
| XULANE   | Formulary High Cost Generics | ACA Affordable Care Act |
| ZAFEMY   | Formulary High Cost Generics | ACA Affordable Care Act |
| ZARAH  | Formulary High Cost Generics | ACA Affordable Care Act |
| ZOVIA 1-35   | Formulary High Cost Generics | ACA Affordable Care Act |
| ZUMANDIMINE  | Formulary High Cost Generics | ACA Affordable Care Act |
| <b>PITUITARY</b>   |                              |                         |
| <i>desmopressin acetate (desmopressin acetate 0.1 mg tablet, desmopressin acetate 0.2 mg tablet)</i>                           | Formulary High Cost Generics | AL1 At least 8 yrs old  |
| <i>desmopressin acetate (non-refrigerated)</i>   | Formulary High Cost Generics | PA                      |
| <i>desmopressin acetate 10/spray spray/pump</i>  | Formulary High Cost Generics | PA                      |
| GENOTROPIN   | Covered                      | PA<br>GH Growth Hormone |
| NORDITROPIN FLEXPRO  | Covered                      | PA<br>GH Growth Hormone |
| SEROSTIM   | Formulary Brands             | PA<br>S Specialty Drug  |
| <b>PROGESTINS</b>  |                              |                         |
| DEPO-SUBQ PROVERA 104  | Formulary Brands             | ACA Affordable Care Act |
| <i>medroxyprogesterone acetate (medroxyprogesterone acetate 150 mg/ml syringe, medroxyprogesterone acetate 150 mg/ml vial)</i> | Formulary High Cost Generics | ACA Affordable Care Act |

| PRODUCT DESCRIPTION   | TIER                         | LIMITS & RESTRICTIONS                |
|---|------------------------------|--------------------------------------|
| <i>medroxyprogesterone acetate (medroxyprogesterone acetate 2.5 mg tablet, medroxyprogesterone acetate 5 mg tablet, medroxyprogesterone acetate 10 mg tablet)</i> | Formulary Low Cost Generics  |                                      |
| <i>megestrol acetate (megestrol acetate 20 mg tablet, megestrol acetate 40 mg tablet, megestrol acetate 400mg/10ml oral susp)</i>                                 | Formulary High Cost Generics | <b>OH</b> OncoHealth                 |
| <i>norethindrone acetate</i>  | Formulary High Cost Generics |                                      |
| <i>progesterone</i>   | Formulary High Cost Generics | <b>PA</b>                            |
| <i>progesterone, micronized</i>   | Formulary High Cost Generics |                                      |
| IMMUNOMODULATORY AGENTS (90:00)   |                              |                                      |
| COMPLEMENT INHIBITOR AGENTS (90:20)   |                              |                                      |
| TAVNEOS   | Formulary Brands             | <b>PA</b><br><b>S</b> Specialty Drug |
| <i>everolimus (everolimus 0.25 mg tablet, everolimus 0.5 mg tablet, everolimus 0.75 mg tablet, everolimus 1 mg tablet)</i>  | Formulary High Cost Generics | <b>PA</b>                            |
| INSULINS  |                              |                                      |
| INTERMEDIATE-ACTING INSULINS  |                              |                                      |
| HUMULIN 70-30   | Formulary Brands             |                                      |
| HUMULIN 70/30 KWIKPEN   | Formulary Brands             |                                      |
| HUMULIN N   | Formulary Brands             |                                      |
| HUMULIN N KWIKPEN   | Formulary Brands             |                                      |
| <i>insulin nph hum/reg insulin hm 70-30/ml insuln pen</i>   | Formulary Brands             |                                      |
| <i>relion novolin 70-30 vial</i>  | Formulary Brands             |                                      |
| <i>relion novolin n 100 unit/ml</i>   | Formulary Brands             |                                      |
| <i>relion novolin n u-100 flexpen</i>   | Formulary Brands             |                                      |

| PRODUCT DESCRIPTION  | TIER                         | LIMITS & RESTRICTIONS |
|--|------------------------------|-----------------------|
| <b>LONG-ACTING INSULINS</b>  |                              |                       |
| <i>insulin glargine, human recombinant analog (insulin glargine, hum.rec.anlog 100/ml (3) insuln pen, insulin glargine, hum.rec.anlog 100/ml vial, insulin glargine, hum.rec.anlog 300/ml (3) insuln pen, insulin glargine, hum.rec.anlog 300/ml insuln pen)</i> | Formulary High Cost Generics |                       |
| LANTUS   | Formulary Brands             |                       |
| LANTUS SOLOSTAR  | Formulary Brands             |                       |
| LEVEMIR  | Formulary Brands             | PA                    |
| LEVEMIR FLEXPEN  | Formulary Brands             | PA                    |
| LEVEMIR FLEXTOUCH  | Formulary Brands             | PA                    |
| SOLIQUA 100-33   | Formulary Brands             |                       |
| TOUJEO MAX SOLOSTAR  | Formulary Brands             |                       |
| TOUJEO SOLOSTAR  | Formulary Brands             |                       |
| XULTOPHY 100-3.6   | Formulary Brands             |                       |
| <b>RAPID-ACTING INSULINS</b>   |                              |                       |
| HUMALOG 100 UNIT/ML CARTRIDGE  | Formulary Brands             |                       |
| HUMALOG KWIKPEN U-200  | Formulary Brands             |                       |
| HUMALOG MIX 50-50  | Formulary Brands             |                       |
| HUMALOG MIX 50-50 KWIKPEN  | Formulary Brands             |                       |
| HUMALOG MIX 75-25  | Formulary Brands             |                       |
| HUMALOG TEMPO PEN U-100  | Formulary Brands             |                       |
| <i>insulin aspart (insulin aspart 100/ml (3) insuln pen, insulin aspart 100/ml cartridge, insulin aspart 100/ml vial)</i>  | Formulary High Cost Generics | PA                    |
| <i>insulin lispro (insulin lispro 100/ml ins pen hf, insulin lispro 100/ml insuln pen, insulin lispro 100/ml vial)</i>   | Formulary High Cost Generics |                       |
| <i>insulin lispro protamine and insulin lispro</i>   | Formulary High Cost Generics |                       |
| <b>SHORT-ACTING INSULINS</b>   |                              |                       |
| HUMULIN R  | Formulary Brands             |                       |

| PRODUCT DESCRIPTION                   | TIER             | LIMITS & RESTRICTIONS   |
|---------------------------------------|------------------|---|
| HUMULIN R U-500                       | Formulary Brands |   |
| HUMULIN R U-500 KWIKPEN               | Formulary Brands |   |
| <i>relion novolin r 100 unit/ml</i>   | Formulary Brands |   |
| <i>relion novolin r u-100 flexpen</i> | Formulary Brands |   |
| INTERLEUKIN-MEDIATED AGENTS           |                  |   |
| INTERLEUKIN-MEDIATED AGENTS, MISC     |                  |   |
| ACTEMRA 162 MG/0.9 ML SYRINGE         | Formulary Brands | <p>QL 4 SYRINGES / 28 DAYS</p> <p>PA</p> <p>S Specialty Drug</p>  |
| ACTEMRA ACTPEN                        | Formulary Brands | <p>QL 4 PENS / 28 DAYS</p> <p>PA</p> <p>S Specialty Drug</p>      |
| COSENTYX (2 SYRINGES)                 | Formulary Brands | <p>QL 2 SYRINGES / 28 DAYS</p> <p>PA</p> <p>S Specialty Drug</p>  |
| COSENTYX SENSOREADY (2 PENS)          | Formulary Brands | <p>QL 2 PENS / 28 DAYS</p> <p>PA</p> <p>S Specialty Drug</p>      |
| COSENTYX SENSOREADY PEN               | Formulary Brands | <p>QL 1 PEN / 28 DAYS</p> <p>PA</p> <p>S Specialty Drug</p>       |
| COSENTYX SYRINGE                      | Formulary Brands | <p>QL 1 SYRINGE / 28 DAYS</p> <p>PA</p> <p>S Specialty Drug</p>   |
| COSENTYX UNOREADY PEN                 | Formulary Brands | <p>QL 1 SYRINGE / 28 DAYS</p> <p>PA</p> <p>S Specialty Drug</p>   |
| KINERET                               | Formulary Brands | <p>QL 28 SYRINGES / 28 DAYS</p> <p>PA</p> <p>S Specialty Drug</p> |

| PRODUCT DESCRIPTION  | TIER                         | LIMITS & RESTRICTIONS   |
|--|------------------------------|---|
| STELARA (STELARA 45 MG/0.5 ML SYRINGE, STELARA 90 MG/ML SYRINGE) | Formulary Brands             | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <span style="background-color: #6a3d9a; color: white; border-radius: 50%; padding: 2px 5px;">QL</span> 1 SYRINGE / 84 DAYS         </div> <div style="display: flex; align-items: center;"> <span style="background-color: #8b572a; color: white; border-radius: 50%; padding: 2px 5px;">PA</span> </div> <div style="display: flex; align-items: center;"> <span style="background-color: #a52a2a; color: white; border-radius: 50%; padding: 2px 5px;">S</span> Specialty Drug         </div> </div> |
| STELARA 45 MG/0.5 ML VIAL  | Formulary Brands             | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <span style="background-color: #6a3d9a; color: white; border-radius: 50%; padding: 2px 5px;">QL</span> 1 VIAL / 84 DAYS         </div> <div style="display: flex; align-items: center;"> <span style="background-color: #8b572a; color: white; border-radius: 50%; padding: 2px 5px;">PA</span> </div> <div style="display: flex; align-items: center;"> <span style="background-color: #a52a2a; color: white; border-radius: 50%; padding: 2px 5px;">S</span> Specialty Drug         </div> </div>    |
| ION-REMOVING AGENTS  |                              |   |
| PHOSPHATE-REMOVING AGENTS  |                              |   |
| <i>calcium acetate</i>   | Formulary High Cost Generics |   |
| <i>lanthanum carbonate</i>                                       | Formulary High Cost Generics | <div style="display: flex; align-items: center;"> <span style="background-color: #8b572a; color: white; border-radius: 50%; padding: 2px 5px;">PA</span> </div>   |
| PHOSLYRA   | Formulary Brands             |   |
| <i>sevelamer carbonate</i>                                       | Formulary High Cost Generics |   |
| VELPHORO   | Formulary Brands             | <div style="display: flex; align-items: center;"> <span style="background-color: #8b572a; color: white; border-radius: 50%; padding: 2px 5px;">PA</span> </div>   |
| POTASSIUM-REMOVING AGENTS  |                              |   |
| KIONEX   | Formulary High Cost Generics |   |
| LOKELMA  | Formulary Brands             |   |
| <i>sodium polystyrene sulfonate</i>                              | Formulary High Cost Generics |   |
| SPS 15 GM/60 ML SUSPENSION                                       | Formulary High Cost Generics |   |
| JANUS KINASE INHIBITORS (90:24)                                  |                              |   |
| JANUS KINASE INHIBITORS, MISCELLANEOUS                           |                              |   |
| OLUMIANT   | Formulary Brands             | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <span style="background-color: #6a3d9a; color: white; border-radius: 50%; padding: 2px 5px;">QL</span> 1 TAB / 1 DAY         </div> <div style="display: flex; align-items: center;"> <span style="background-color: #8b572a; color: white; border-radius: 50%; padding: 2px 5px;">PA</span> </div> <div style="display: flex; align-items: center;"> <span style="background-color: #a52a2a; color: white; border-radius: 50%; padding: 2px 5px;">S</span> Specialty Drug         </div> </div>       |
| RINVOQ   | Formulary Brands             | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <span style="background-color: #6a3d9a; color: white; border-radius: 50%; padding: 2px 5px;">QL</span> 1 TAB / 1 DAY         </div> <div style="display: flex; align-items: center;"> <span style="background-color: #8b572a; color: white; border-radius: 50%; padding: 2px 5px;">PA</span> </div> <div style="display: flex; align-items: center;"> <span style="background-color: #a52a2a; color: white; border-radius: 50%; padding: 2px 5px;">S</span> Specialty Drug         </div> </div>       |
| RINVOQ LQ  | Formulary Brands             | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <span style="background-color: #6a3d9a; color: white; border-radius: 50%; padding: 2px 5px;">QL</span> 12 ML / 1 DAY         </div> <div style="display: flex; align-items: center;"> <span style="background-color: #8b572a; color: white; border-radius: 50%; padding: 2px 5px;">PA</span> </div> <div style="display: flex; align-items: center;"> <span style="background-color: #a52a2a; color: white; border-radius: 50%; padding: 2px 5px;">S</span> Specialty Drug         </div> </div>       |



| PRODUCT DESCRIPTION  | TIER                         | LIMITS & RESTRICTIONS                       |
|--|------------------------------|---|
| <b>KALLIKREIN-KININ SYSTEM INHIBITORS</b>  |                              |   |
| <b>KALLIKREIN</b>  |                              |   |
| KALBITOR   | Formulary Brands             | PA<br>S Specialty Drug                      |
| ORLADEYO   | Formulary Brands             | QL 1 CAP / 1 DAY<br>PA<br>S Specialty Drug  |
| TAKHZYRO   | Formulary Brands             | QL 2 ML / 28 DAYS<br>PA<br>S Specialty Drug |
| <b>MACROLIDE ANTIBIOTICS</b>   |                              |   |
| <b>ERYTHROMYCIN ANTIBIOTICS</b>  |                              |   |
| <i>erythromycin base 500 mg tablet</i>   | Formulary High Cost Generics | PA  |
| <b>OTHER MACROLIDE ANTIBIOTICS</b>   |                              |   |
| <i>azithromycin (azithromycin 100 mg/5ml susp recon, azithromycin 200 mg/5ml susp recon)</i>                   | Formulary High Cost Generics |   |
| <i>azithromycin (azithromycin 250 mg tablet, azithromycin 500 mg tablet, azithromycin 600 mg tablet)</i>       | Formulary Low Cost Generics  |   |
| <i>clarithromycin (clarithromycin 125 mg/5ml susp recon, clarithromycin 250 mg/5ml susp recon)</i>             | Formulary High Cost Generics | AL1 Up to 12 yrs old                        |
| <i>clarithromycin (clarithromycin 250 mg tablet, clarithromycin 500 mg tablet)</i>                             | Formulary High Cost Generics |   |
| DIFICID (DIFICID 40 MG/ML SUSPENSION, DIFICID 200 MG TABLET)   | Formulary Brands             | PA  |
| <b>MINERALOCORTICOID (ALDOSTERONE) ANTAGNTS</b>  |                              |   |
| <b>STEROIDAL MINERALOCORTICOID RECEPTOR ANT</b>  |                              |   |
| <i>spironolactone (spironolactone 25 mg tablet, spironolactone 50 mg tablet, spironolactone 100 mg tablet)</i> | Formulary High Cost Generics |   |

| PRODUCT DESCRIPTION  | TIER                         | LIMITS & RESTRICTIONS  |
|--|------------------------------|------------------------|
| MISC. BETA-LACTAM ANTIBIOTICS  |                              |                        |
| MONOBACTAM ANTIBIOTICS   |                              |                        |
| CAYSTON  | Formulary Brands             | PA<br>S Specialty Drug |
| MISCELLANEOUS THERAPEUTIC AGENTS   |                              |                        |
| 5-ALPHA-REDUCTASE INHIBITORS (92:04)   |                              |                        |
| <i>dutasteride</i>   | Formulary High Cost Generics |                        |
| <i>dutasteride/tamsulosin hcl</i>  | Formulary High Cost Generics | PA                     |
| <i>finasteride 5 mg tablet</i>   | Formulary Low Cost Generics  |                        |
| ANTIGOUT AGENTS  |                              |                        |
| <i>allopurinol (allopurinol 100 mg tablet, allopurinol 300 mg tablet)</i>  | Formulary Low Cost Generics  |                        |
| <i>febuxostat</i>  | Formulary High Cost Generics |                        |
| BONE RESORPTION INHIBITORS   |                              |                        |
| <i>alendronate sodium (alendronate sodium 5 mg tablet, alendronate sodium 10 mg tablet, alendronate sodium 35 mg tablet, alendronate sodium 70 mg tablet)</i>  | Formulary Low Cost Generics  |                        |
| <i>ibandronate sodium 150 mg tablet</i>  | Formulary High Cost Generics |                        |
| <i>risedronate sodium (risedronate sodium 5 mg tablet, risedronate sodium 30 mg tablet, risedronate sodium 35 mg tablet, risedronate sodium 150 mg tablet)</i> | Formulary High Cost Generics |                        |
| COMPLEMENT INHIBITORS (92:32)  |                              |                        |
| BERINERT   | Formulary Brands             | PA<br>S Specialty Drug |
| CINRYZE  | Formulary Brands             | PA<br>S Specialty Drug |
| HAEGARDA   | Formulary Brands             | PA<br>S Specialty Drug |

| PRODUCT DESCRIPTION                                  | TIER                         | LIMITS & RESTRICTIONS   |
|--|------------------------------|---|
| <b>IMMUNOMODULATORY AGENTS</b>                       |                              |   |
| ACTIMMUNE  | Formulary Brands             | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #A52A2A; color: white; padding: 2px 5px; border-radius: 3px;">S</div> Specialty Drug           <div style="background-color: #0070C0; color: white; padding: 2px 5px; border-radius: 3px;">OH</div> OncoHealth         </div>                     |
| REDITREX   | Formulary Brands             | <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div>  |
| THALOMID   | Formulary Brands             | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #A52A2A; color: white; padding: 2px 5px; border-radius: 3px;">S</div> Specialty Drug           <div style="background-color: #0070C0; color: white; padding: 2px 5px; border-radius: 3px;">ONC</div> Oncology           <div style="background-color: #0070C0; color: white; padding: 2px 5px; border-radius: 3px;">OH</div> OncoHealth         </div> |
| <b>OTHER MISCELLANEOUS THERAPEUTIC AGENTS</b>        |                              |   |
| CARNITOR SF  | Formulary Brands             |   |
| CYSTAGON   | Formulary Brands             |   |
| ENDARI   | Formulary Brands             | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #A52A2A; color: white; padding: 2px 5px; border-radius: 3px;">S</div> Specialty Drug         </div>   |
| EVRYSDI  | Formulary Brands             | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #A52A2A; color: white; padding: 2px 5px; border-radius: 3px;">S</div> Specialty Drug         </div>   |
| <i>glutamine 5 g powd pack</i>                       | Formulary High Cost Generics | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #A52A2A; color: white; padding: 2px 5px; border-radius: 3px;">S</div> Specialty Drug         </div>   |
| <i>levocarnitine (with sugar) 100 mg/ml solution</i> | Formulary High Cost Generics |   |
| <i>levocarnitine 100 mg/ml solution</i>              | Formulary High Cost Generics |   |
| <i>levocarnitine 330 mg tablet</i>                   | Formulary Low Cost Generics  |   |
| REZUROCK   | Formulary Brands             | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #483D8B; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> 1 TAB / 1 DAY           <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #A52A2A; color: white; padding: 2px 5px; border-radius: 3px;">S</div> Specialty Drug         </div>                  |
| THIOLA EC  | Formulary Brands             | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #A52A2A; color: white; padding: 2px 5px; border-radius: 3px;">S</div> Specialty Drug         </div>   |
| <i>tiopronin</i>                                     | Formulary High Cost Generics | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #A52A2A; color: white; padding: 2px 5px; border-radius: 3px;">S</div> Specialty Drug         </div>   |
| VOXZOGO  | Formulary Brands             | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #A52A2A; color: white; padding: 2px 5px; border-radius: 3px;">S</div> Specialty Drug         </div>   |

| PRODUCT DESCRIPTION  | TIER                         | LIMITS & RESTRICTIONS  |
|--|------------------------------|--|
| <b>PROTECTIVE AGENTS</b>   |                              |  |
| <i>dalfampridine</i>   | Formulary High Cost Generics | <span>QL</span> 2 TABS / 1 DAY<br><span>PA</span><br><span>S</span> Specialty Drug |
| <b>MTOR INHIBITORS</b>   |                              |  |
| <b>MTOR INHIBITORS, MISCELLANEOUS</b>  |                              |  |
| <i>sirolimus (sirolimus 0.5 mg tablet, sirolimus 1 mg tablet, sirolimus 1 mg/ml solution, sirolimus 2 mg tablet)</i> | Formulary High Cost Generics |  |
| <b>MULTIPLE SCLEROSIS AGENTS</b>   |                              |  |
| <b>AMINO ACID POLYMERS</b>   |                              |  |
| <i>glatiramer acetate 20 mg/ml syringe</i>   | Formulary High Cost Generics | <span>QL</span> 30 ML / 30 DAYS<br><span>S</span> Specialty Drug                   |
| <i>glatiramer acetate 40 mg/ml syringe</i>   | Formulary High Cost Generics | <span>QL</span> 12 ML / 28 DAYS<br><span>S</span> Specialty Drug                   |
| GLATOPA 20 MG/ML SYRINGE   | Formulary High Cost Generics | <span>QL</span> 30 ML / 30 DAYS<br><span>S</span> Specialty Drug                   |
| GLATOPA 40 MG/ML SYRINGE   | Formulary High Cost Generics | <span>QL</span> 12 ML / 28 DAYS<br><span>S</span> Specialty Drug                   |
| <b>ANTIMETABOLITES</b>   |                              |  |
| MAVENCLAD  | Formulary Brands             | <span>PA</span><br><span>S</span> Specialty Drug                                   |
| <i>teriflunomide</i>   | Formulary High Cost Generics | <span>QL</span> 1 TAB / 1 DAY<br><span>S</span> Specialty Drug                     |
| <b>FUMARATES</b>   |                              |  |
| BAFIERTAM  | Formulary Brands             | <span>QL</span> 4 CAPS / 1 DAY<br><span>PA</span><br><span>S</span> Specialty Drug |
| <i>dimethyl fumarate</i>   | Formulary High Cost Generics | <span>QL</span> 2 CAPS / 1 DAY<br><span>S</span> Specialty Drug                    |

| PRODUCT DESCRIPTION   | TIER             | LIMITS & RESTRICTIONS  |
|---|------------------|--|
| VUMERITY  | Formulary Brands | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; border-radius: 5px; padding: 2px 5px;">QL</div> <div>4 CAPS / 1 DAY</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #a52a2a; color: white; border-radius: 5px; padding: 2px 5px;">S</div> <div>Specialty Drug</div> </div> </div>   |
| <b>INTERFERONS</b>  |                  |  |
| AVONEX 30 MCG/0.5 ML SYRINGE  | Formulary Brands | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; border-radius: 5px; padding: 2px 5px;">QL</div> <div>4 SYRINGES / 28 DAYS</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #a52a2a; color: white; border-radius: 5px; padding: 2px 5px;">S</div> <div>Specialty Drug</div> </div> </div>   |
| AVONEX PEN  | Formulary Brands | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; border-radius: 5px; padding: 2px 5px;">QL</div> <div>1 KIT / 28 DAYS</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #a52a2a; color: white; border-radius: 5px; padding: 2px 5px;">S</div> <div>Specialty Drug</div> </div> </div>  |
| AVONEX PREFILLED SYR 30 MCG KT  | Formulary Brands | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; border-radius: 5px; padding: 2px 5px;">QL</div> <div>1 KIT / 28 DAYS</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #a52a2a; color: white; border-radius: 5px; padding: 2px 5px;">S</div> <div>Specialty Drug</div> </div> </div>  |
| BETASERON   | Formulary Brands | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; border-radius: 5px; padding: 2px 5px;">QL</div> <div>15 ML / 30 DAYS</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #a52a2a; color: white; border-radius: 5px; padding: 2px 5px;">S</div> <div>Specialty Drug</div> </div> </div>  |
| PLEGRIDY  | Formulary Brands | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; border-radius: 5px; padding: 2px 5px;">QL</div> <div>1 ML / 28 DAYS</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #a52a2a; color: white; border-radius: 5px; padding: 2px 5px;">S</div> <div>Specialty Drug</div> </div> </div>   |
| PLEGRIDY PEN  | Formulary Brands | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; border-radius: 5px; padding: 2px 5px;">QL</div> <div>1 ML / 28 DAYS</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #a52a2a; color: white; border-radius: 5px; padding: 2px 5px;">S</div> <div>Specialty Drug</div> </div> </div>   |
| REBIF (REBIF 22 MCG/0.5 ML SYRINGE, REBIF 44 MCG/0.5 ML SYRINGE)            | Formulary Brands | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; border-radius: 5px; padding: 2px 5px;">QL</div> <div>6 ML / 28 DAYS</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #8b4513; color: white; border-radius: 5px; padding: 2px 5px;">PA</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #a52a2a; color: white; border-radius: 5px; padding: 2px 5px;">S</div> <div>Specialty Drug</div> </div> </div>   |
| REBIF REBIDOSE (REBIF REBIDOSE 22 MCG/0.5 ML, REBIF REBIDOSE 44 MCG/0.5 ML) | Formulary Brands | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; border-radius: 5px; padding: 2px 5px;">QL</div> <div>6 ML / 28 DAYS</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #8b4513; color: white; border-radius: 5px; padding: 2px 5px;">PA</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #a52a2a; color: white; border-radius: 5px; padding: 2px 5px;">S</div> <div>Specialty Drug</div> </div> </div>   |
| REBIF REBIDOSE TITRATION PACK   | Formulary Brands | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; border-radius: 5px; padding: 2px 5px;">QL</div> <div>4.2 ML / 28 DAYS</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #8b4513; color: white; border-radius: 5px; padding: 2px 5px;">PA</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #a52a2a; color: white; border-radius: 5px; padding: 2px 5px;">S</div> <div>Specialty Drug</div> </div> </div> |
| REBIF TITRATION PACK  | Formulary Brands | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; border-radius: 5px; padding: 2px 5px;">QL</div> <div>4.2 ML / 28 DAYS</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #8b4513; color: white; border-radius: 5px; padding: 2px 5px;">PA</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #a52a2a; color: white; border-radius: 5px; padding: 2px 5px;">S</div> <div>Specialty Drug</div> </div> </div> |
| <b>MONOCLONAL ANTIBODIES (90:04)</b>  |                  |  |
| KESIMPTA PEN  | Formulary Brands | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; border-radius: 5px; padding: 2px 5px;">QL</div> <div>1 PEN / 28 DAYS</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #8b4513; color: white; border-radius: 5px; padding: 2px 5px;">PA</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #a52a2a; color: white; border-radius: 5px; padding: 2px 5px;">S</div> <div>Specialty Drug</div> </div> </div>  |

| PRODUCT DESCRIPTION                                | TIER                         | LIMITS & RESTRICTIONS  |
|--|------------------------------|--|
| SPHINGOSINE 1-PHOSPHATE (S1P) AGENTS               |                              |  |
| <i>fingolimod hcl</i>                              | Formulary High Cost Generics | <span>QL</span> 1 CAP / 1 DAY<br><span>S</span> Specialty Drug                         |
| MAYZENT (MAYZENT 1 MG TABLET, MAYZENT 2 MG TABLET) | Formulary Brands             | <span>QL</span> 1 TAB / 1 DAY<br><span>S</span> Specialty Drug                         |
| MAYZENT 0.25 MG TABLET                             | Formulary Brands             | <span>QL</span> 4 TABS / 1 DAY<br><span>S</span> Specialty Drug                        |
| MAYZENT 0.25MG START-1MG MAINT                     | Formulary Brands             | <span>QL</span> 7 TABS / 4 DAYS<br><span>S</span> Specialty Drug                       |
| MAYZENT 0.25MG START-2MG MAINT                     | Formulary Brands             | <span>QL</span> 12 TABS / 5 DAYS<br><span>S</span> Specialty Drug                      |
| ZEPOSIA 0.92 MG CAPSULE                            | Formulary Brands             | <span>QL</span> 1 CAP / 1 DAY<br><span>PA</span><br><span>S</span> Specialty Drug      |
| ZEPOSIA STARTER KIT (28-DAY)                       | Formulary Brands             | <span>QL</span> 28 CAPS / 180 DAYS<br><span>PA</span><br><span>S</span> Specialty Drug |
| ZEPOSIA STARTER KIT (37-DAY)                       | Formulary Brands             | <span>QL</span> 37 CAPS / 180 DAYS<br><span>PA</span><br><span>S</span> Specialty Drug |
| ZEPOSIA STARTER PACK (7-DAY)                       | Formulary Brands             | <span>QL</span> 7 CAPS / 180 DAYS<br><span>PA</span><br><span>S</span> Specialty Drug  |
| NEUROMYELITIS OPTICA SPECTR DIS AGENTS             |                              |  |
| MONOCLONAL ANTIBODIES (90:12)                      |                              |  |
| ENSPRYNG   | Formulary Brands             | <span>PA</span><br><span>S</span> Specialty Drug                                       |
| NONHORMONAL CONTRACEPTIVES                         |                              |  |
| CAYA CONTOURED                                     | Covered                      | <span>ACA</span> Affordable Care Act   |

| PRODUCT DESCRIPTION        | TIER                         | LIMITS & RESTRICTIONS   |
|----------------------------|------------------------------|---|
| DUREX AIR                  | Covered                      | <div style="display: flex; flex-direction: column; gap: 5px;"> <div><span style="background-color: #4a4a8a; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 60 CONDOMS / RX</div> <div><span style="background-color: #333; color: white; padding: 2px 5px; border-radius: 3px;">ACA</span> Affordable Care Act</div> </div> |
| DUREX EXTRA SENSITIVE      | Covered                      | <div style="display: flex; flex-direction: column; gap: 5px;"> <div><span style="background-color: #4a4a8a; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 60 CONDOMS / RX</div> <div><span style="background-color: #333; color: white; padding: 2px 5px; border-radius: 3px;">ACA</span> Affordable Care Act</div> </div> |
| DUREX TROPICAL             | Covered                      | <div style="display: flex; flex-direction: column; gap: 5px;"> <div><span style="background-color: #4a4a8a; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 60 CONDOMS / RX</div> <div><span style="background-color: #333; color: white; padding: 2px 5px; border-radius: 3px;">ACA</span> Affordable Care Act</div> </div> |
| FC2 FEMALE CONDOM          | Covered                      | <div style="display: flex; flex-direction: column; gap: 5px;"> <div><span style="background-color: #333; color: white; padding: 2px 5px; border-radius: 3px;">ACA</span> Affordable Care Act</div> </div>   |
| FEMCAP                     | Covered                      | <div style="display: flex; flex-direction: column; gap: 5px;"> <div><span style="background-color: #333; color: white; padding: 2px 5px; border-radius: 3px;">ACA</span> Affordable Care Act</div> </div>   |
| KIMONO                     | Covered                      | <div style="display: flex; flex-direction: column; gap: 5px;"> <div><span style="background-color: #4a4a8a; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 60 CONDOMS / RX</div> <div><span style="background-color: #333; color: white; padding: 2px 5px; border-radius: 3px;">ACA</span> Affordable Care Act</div> </div> |
| <i>nonoxynol 9</i>         | Formulary High Cost Generics | <div style="display: flex; flex-direction: column; gap: 5px;"> <div><span style="background-color: #333; color: white; padding: 2px 5px; border-radius: 3px;">ACA</span> Affordable Care Act</div> </div>   |
| OMNIFLEX DIAPHRAGM         | Covered                      | <div style="display: flex; flex-direction: column; gap: 5px;"> <div><span style="background-color: #333; color: white; padding: 2px 5px; border-radius: 3px;">ACA</span> Affordable Care Act</div> </div>   |
| TODAY CONTRACEPTIVE SPONGE | Formulary Brands             | <div style="display: flex; flex-direction: column; gap: 5px;"> <div><span style="background-color: #333; color: white; padding: 2px 5px; border-radius: 3px;">ACA</span> Affordable Care Act</div> </div>   |
| TROJAN BARESKIN            | Covered                      | <div style="display: flex; flex-direction: column; gap: 5px;"> <div><span style="background-color: #4a4a8a; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 60 CONDOMS / RX</div> <div><span style="background-color: #333; color: white; padding: 2px 5px; border-radius: 3px;">ACA</span> Affordable Care Act</div> </div> |
| TROJAN EXTENDED PLEASURE   | Covered                      | <div style="display: flex; flex-direction: column; gap: 5px;"> <div><span style="background-color: #4a4a8a; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 60 CONDOMS / RX</div> <div><span style="background-color: #333; color: white; padding: 2px 5px; border-radius: 3px;">ACA</span> Affordable Care Act</div> </div> |
| TROJAN PLEASURE PACK       | Covered                      | <div style="display: flex; flex-direction: column; gap: 5px;"> <div><span style="background-color: #4a4a8a; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 60 CONDOMS / RX</div> <div><span style="background-color: #333; color: white; padding: 2px 5px; border-radius: 3px;">ACA</span> Affordable Care Act</div> </div> |
| TROJAN ULTRA RIBBED        | Covered                      | <div style="display: flex; flex-direction: column; gap: 5px;"> <div><span style="background-color: #4a4a8a; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 60 CONDOMS / RX</div> <div><span style="background-color: #333; color: white; padding: 2px 5px; border-radius: 3px;">ACA</span> Affordable Care Act</div> </div> |
| TROJAN ULTRA THIN          | Covered                      | <div style="display: flex; flex-direction: column; gap: 5px;"> <div><span style="background-color: #4a4a8a; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 60 CONDOMS / RX</div> <div><span style="background-color: #333; color: white; padding: 2px 5px; border-radius: 3px;">ACA</span> Affordable Care Act</div> </div> |
| TRUE COVER                 | Covered                      | <div style="display: flex; flex-direction: column; gap: 5px;"> <div><span style="background-color: #4a4a8a; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 60 CONDOMS / RX</div> <div><span style="background-color: #333; color: white; padding: 2px 5px; border-radius: 3px;">ACA</span> Affordable Care Act</div> </div> |
| WIDE SEAL DIAPHRAGM        | Covered                      | <div style="display: flex; flex-direction: column; gap: 5px;"> <div><span style="background-color: #333; color: white; padding: 2px 5px; border-radius: 3px;">ACA</span> Affordable Care Act</div> </div>   |

| PRODUCT DESCRIPTION   | TIER                         | LIMITS & RESTRICTIONS |
|---|------------------------------|-----------------------|
| NONSTEROIDAL ANTI-INFLAMMATORY AGENTS   |                              |                       |
| CYCLOOXYGENASE-2 (COX-2) INHIBITORS   |                              |                       |
| <i>celecoxib</i>  | Formulary High Cost Generics |                       |
| NONSTEROIDAL ANTI-INFLAMM. AGENTS, MISC   |                              |                       |
| <i>ibuprofen/famotidine</i>   | Formulary High Cost Generics | PA                    |
| <i>tolmetin sodium</i>  | Formulary High Cost Generics | PA                    |
| REVERSIBLE COX-1/COX-2 INHIBITORS   |                              |                       |
| <i>diclofenac potassium 50 mg tablet</i>  | Formulary High Cost Generics |                       |
| <i>diclofenac sodium (diclofenac sodium 1 % gel (gram), diclofenac sodium 25 mg tablet dr, diclofenac sodium 50 mg tablet dr, diclofenac sodium 75 mg tablet dr, diclofenac sodium 100 mg tab er 24h)</i> | Formulary High Cost Generics |                       |
| <i>diclofenac sodium/misoprostol</i>  | Formulary High Cost Generics | PA                    |
| <i>diflunisal</i>   | Formulary High Cost Generics | PA                    |
| <i>etodolac (etodolac 200 mg capsule, etodolac 300 mg capsule)</i>  | Formulary Low Cost Generics  |                       |
| <i>etodolac (etodolac 400 mg tab er 24h, etodolac 400 mg tablet, etodolac 500 mg tab er 24h, etodolac 500 mg tablet, etodolac 600 mg tab er 24h)</i>  | Formulary High Cost Generics |                       |
| <i>flurbiprofen</i>   | Formulary High Cost Generics |                       |
| IBU   | Formulary Low Cost Generics  |                       |
| <i>ibuprofen (ibuprofen 400 mg tablet, ibuprofen 600 mg tablet, ibuprofen 800 mg tablet)</i>  | Formulary Low Cost Generics  |                       |
| <i>indomethacin (indomethacin 25 mg capsule, indomethacin 50 mg capsule)</i>  | Formulary Low Cost Generics  |                       |
| <i>indomethacin 75 mg capsule er</i>  | Formulary High Cost Generics |                       |
| <i>ketoprofen (ketoprofen 25 mg capsule, ketoprofen 50 mg capsule, ketoprofen 75 mg capsule)</i>  | Formulary High Cost Generics | PA                    |
| <i>ketorolac tromethamine 10 mg tablet</i>  | Formulary High Cost Generics | QL 20 TABS / RX       |
| <i>meclofenamate sodium</i>   | Formulary High Cost Generics | PA                    |



| PRODUCT DESCRIPTION  | TIER                         | LIMITS & RESTRICTIONS   |
|--|------------------------------|-------------------------|
| <i>mefenamic acid</i>  | Formulary High Cost Generics | PA                      |
| <i>meloxicam (meloxicam 7.5 mg tablet, meloxicam 7.5 mg/5ml oral susp, meloxicam 15 mg tablet)</i> | Formulary Low Cost Generics  |                         |
| <i>nabumetone</i>  | Formulary High Cost Generics |                         |
| <i>naproxen (naproxen 250 mg tablet, naproxen 375 mg tablet, naproxen 500 mg tablet)</i>           | Formulary Low Cost Generics  |                         |
| <i>naproxen (naproxen 375 mg tablet dr, naproxen 500 mg tablet dr)</i>                             | Formulary High Cost Generics |                         |
| <i>naproxen/esomeprazole magnesium</i>   | Formulary High Cost Generics | PA                      |
| <i>oxaprozin</i>   | Formulary High Cost Generics | PA                      |
| <i>piroxicam</i>   | Formulary Low Cost Generics  |                         |
| <i>sulindac</i>  | Formulary High Cost Generics |                         |
| <b>SALICYLATES</b>   |                              |                         |
| <i>aspirin (aspirin 81 mg tab chew, aspirin 81 mg tablet dr)</i>                                   | Formulary Low Cost Generics  | ACA Affordable Care Act |
| <i>aspirin/dipyridamole</i>  | Formulary High Cost Generics |                         |
| <i>aspirin/omeprazole</i>  | Formulary High Cost Generics | PA                      |
| <b>BAYER CHEWABLE ASPIRIN</b>  | Formulary Brands             | ACA Affordable Care Act |
| <i>butalbital/aspirin/caffeine 50-325-40 capsule</i>   | Formulary Low Cost Generics  | QL 6 CAPS / 1 DAY       |
| <i>butalbital/aspirin/caffeine 50-325-40 tablet</i>  | Formulary High Cost Generics | QL 6 TABS / 1 DAY       |
| <i>salsalate</i>   | Formulary High Cost Generics |                         |
| <b>OXYTOCICS</b>   |                              |                         |
| <i>methylergonovine maleate 0.2 mg tablet</i>  | Formulary High Cost Generics |                         |
| <i>mifepristone 200 mg tablet</i>  | Formulary High Cost Generics | PA                      |
| <b>PARATHYROID AND ANTIPARATHYROID AGENTS</b>  |                              |                         |
| <b>ANTIPARATHYROID AGENTS</b>  |                              |                         |
| <i>calcitonin, salmon, synthetic 200/spray spray/pump</i>  | Formulary High Cost Generics |                         |

| PRODUCT DESCRIPTION   | TIER                         | LIMITS & RESTRICTIONS   |
|---|------------------------------|---|
| <i>cinacalcet hcl</i>   | Formulary High Cost Generics |   |
| PARATHYROID AGENTS  |                              |   |
| <i>teriparatide</i>   | Formulary High Cost Generics | <div style="display: flex; align-items: center;"> <div style="background-color: #8B4513; color: white; border-radius: 50%; padding: 2px 5px; margin-right: 5px;">PA</div> <div style="background-color: #8B4513; color: white; border-radius: 50%; padding: 2px 5px; margin-right: 5px;">S</div> <div>Specialty Drug</div> </div> |
| TYMLOS  | Formulary Brands             | <div style="display: flex; align-items: center;"> <div style="background-color: #8B4513; color: white; border-radius: 50%; padding: 2px 5px; margin-right: 5px;">PA</div> <div style="background-color: #8B4513; color: white; border-radius: 50%; padding: 2px 5px; margin-right: 5px;">S</div> <div>Specialty Drug</div> </div> |
| PENICILLIN ANTIBIOTICS  |                              |   |
| AMINOPENICILLIN ANTIBIOTICS   |                              |   |
| <i>amoxicillin (amoxicillin 125 mg tab chew, amoxicillin 125 mg/5ml susp recon, amoxicillin 200 mg/5ml susp recon, amoxicillin 250 mg capsule, amoxicillin 250 mg tab chew, amoxicillin 250 mg/5ml susp recon, amoxicillin 400 mg/5ml susp recon, amoxicillin 500 mg capsule, amoxicillin 500 mg tablet, amoxicillin 875 mg tablet)</i>   | Formulary Low Cost Generics  |   |
| <i>amoxicillin/potassium clavulanate (amoxicillin/potassium clav 200-28.5/5 susp recon, amoxicillin/potassium clav 200-28.5mg tab chew, amoxicillin/potassium clav 250-125 mg tablet, amoxicillin/potassium clav 250-62.5/5 susp recon, amoxicillin/potassium clav 400-57mg tab chew, amoxicillin/potassium clav 400-57mg/5 susp recon, amoxicillin/potassium clav 500-125 mg tablet, amoxicillin/potassium clav 600-42.9/5 susp recon, amoxicillin/potassium clav 875-125 mg tablet)</i> | Formulary High Cost Generics |   |
| <i>ampicillin trihydrate</i>  | Formulary Low Cost Generics  |   |
| NATURAL PENICILLIN ANTIBIOTICS  |                              |   |
| <i>penicillin v potassium (penicillin v potassium 125 mg/5ml soln recon, penicillin v potassium 250 mg/5ml soln recon)</i>  | Formulary High Cost Generics |   |
| <i>penicillin v potassium (penicillin v potassium 250 mg tablet, penicillin v potassium 500 mg tablet)</i>  | Formulary Low Cost Generics  |   |

| PRODUCT DESCRIPTION   | TIER                         | LIMITS & RESTRICTIONS   |
|---|------------------------------|---|
| PENICILLINASE-RESISTANT PENICILLINS                                     |                              |   |
| <i>dicloxacillin sodium</i>   | Formulary High Cost Generics |   |
| PHARMACEUTICAL AIDS   |                              |   |
| DILUENT FOR ELIGARD   | Formulary Brands             | <b>S</b> Specialty Drug   |
| <i>diluent for epoprostenol sodium (glycine)</i>                        | Formulary High Cost Generics | <b>S</b> Specialty Drug   |
| DILUENT FOR HIBERIX   | Formulary Brands             | <b>ACA</b> Affordable Care Act                                      |
| DILUENT FOR NOVOSEVEN RT  | Formulary Brands             | <b>S</b> Specialty Drug   |
| DILUENT-MERCK LIVE VIRUS VACC   | Formulary Brands             | <b>ACA</b> Affordable Care Act                                      |
| PH 12 DILUENT FOR FLOLAN  | Formulary Brands             | <b>S</b> Specialty Drug   |
| SHINGRIX ADJUVANT COMPONENT   | Formulary Brands             | <b>QL</b> 1 KIT / RX<br><b>ACA</b> Affordable Care Act              |
| STERILE WATER DILUENT-PRIORIX   | Formulary Brands             | <b>ACA</b> Affordable Care Act                                      |
| PHOSPHODIESTERASE-4 INHIBITORS (90:24)                                  |                              |   |
| PHOSPHODIESTERASE-4 INHIBITORS, MISC                                    |                              |   |
| OTEZLA (OTEZLA 10-20 MG STARTER 28 DAY, OTEZLA 10-20-30MG START 28 DAY) | Formulary Brands             | <b>QL</b> 55 TABS / 28 DAYS<br><b>PA</b><br><b>S</b> Specialty Drug |
| OTEZLA (OTEZLA 20 MG TABLET, OTEZLA 30 MG TABLET)                       | Formulary Brands             | <b>QL</b> 2 TABS / 1 DAY<br><b>PA</b><br><b>S</b> Specialty Drug    |
| OTEZLA 10-20-30MG START 14 DAY  | Formulary Brands             | <b>QL</b> 2 PACKS / 28 DAYS<br><b>PA</b><br><b>S</b> Specialty Drug |
| RENIN-ANGIOTENSIN-ALDOSTERONE SYS. INHIB                                |                              |   |
| ANGIOTENSIN II RECEPTOR ANTAGONIST/NEPROLYS                             |                              |   |
| ENTRESTO  | Formulary Brands             |   |
| ENTRESTO SPRINKLE   | Formulary Brands             |   |

| PRODUCT DESCRIPTION   | TIER                         | LIMITS & RESTRICTIONS |
|---|------------------------------|-----------------------|
| <b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>  |                              |                       |
| <i>candesartan cilexetil</i>  | Formulary High Cost Generics |                       |
| <i>irbesartan</i>   | Formulary Low Cost Generics  |                       |
| <i>irbesartan/hydrochlorothiazide</i>   | Formulary High Cost Generics |                       |
| <i>losartan potassium</i>   | Formulary Low Cost Generics  |                       |
| <i>losartan potassium/hydrochlorothiazide</i>   | Formulary Low Cost Generics  |                       |
| <i>olmesartan medoxomil</i>   | Formulary High Cost Generics |                       |
| <i>olmesartan medoxomil/hydrochlorothiazide</i>   | Formulary High Cost Generics |                       |
| <i>telmisartan</i>  | Formulary High Cost Generics |                       |
| <i>telmisartan/hydrochlorothiazide</i>  | Formulary High Cost Generics |                       |
| <i>valsartan (valsartan 40 mg tablet, valsartan 80 mg tablet, valsartan 160 mg tablet, valsartan 320 mg tablet)</i>                                       | Formulary High Cost Generics |                       |
| <i>valsartan/hydrochlorothiazide</i>  | Formulary High Cost Generics |                       |
| <b>ANGIOTENSIN-CONVERTING ENZYME INHIBITORS</b>   |                              |                       |
| <i>benazepril hcl</i>   | Formulary Low Cost Generics  |                       |
| <i>benazepril hcl/hydrochlorothiazide</i>   | Formulary High Cost Generics |                       |
| <i>captopril</i>  | Formulary High Cost Generics |                       |
| <i>captopril/hydrochlorothiazide</i>  | Formulary High Cost Generics |                       |
| <i>enalapril maleate (enalapril maleate 2.5 mg tablet, enalapril maleate 5 mg tablet, enalapril maleate 10 mg tablet, enalapril maleate 20 mg tablet)</i> | Formulary High Cost Generics |                       |
| <i>enalapril maleate/hydrochlorothiazide</i>  | Formulary Low Cost Generics  |                       |
| <i>fosinopril sodium</i>  | Formulary Low Cost Generics  |                       |
| <i>fosinopril sodium/hydrochlorothiazide</i>  | Formulary High Cost Generics |                       |
| <i>lisinopril</i>   | Formulary Low Cost Generics  |                       |
| <i>lisinopril/hydrochlorothiazide</i>   | Formulary Low Cost Generics  |                       |
| <i>moexipril hcl</i>  | Formulary High Cost Generics |                       |
| <i>perindopril erbumine</i>   | Formulary High Cost Generics |                       |
| <i>quinapril hcl</i>  | Formulary Low Cost Generics  |                       |
| <i>quinapril hcl/hydrochlorothiazide</i>  | Formulary High Cost Generics |                       |

| PRODUCT DESCRIPTION  | TIER                         | LIMITS & RESTRICTIONS  |
|--|------------------------------|--|
| <i>ramipril</i>  | Formulary Low Cost Generics  |  |
| <i>trandolapril</i>  | Formulary High Cost Generics |  |
| MINERALOCORTICOID (ALDOSTERONE) ANTAGNTS   |                              |  |
| <i>eplerenone</i>  | Formulary High Cost Generics |  |
| <i>spironolactone/hydrochlorothiazide</i>  | Formulary High Cost Generics |  |
| RESPIRATORY TRACT AGENTS   |                              |  |
| ANTITUSSIVES   |                              |  |
| <i>benzonatate</i>   | Formulary High Cost Generics |  |
| <i>codeine phosphate/guaifenesin (codeine phosphate/guaifenesin 10-100mg/5 liquid, codeine phosphate/guaifenesin 20-200/10 liquid)</i> | Formulary High Cost Generics | <span>QL</span> 60 ML / 1 DAY<br><span>AL1</span> At least 12 yrs old                |
| <i>hydrocodone polistirex/chlorpheniramine polistirex</i>  | Formulary High Cost Generics | <span>QL</span> 10 ML / 1 DAY<br><span>AL1</span> At least 18 yrs old                |
| <i>promethazine hcl/dextromethorphan hbr</i>   | Formulary Low Cost Generics  |  |
| MUCOLYTIC AGENTS   |                              |  |
| PULMOZYME  | Formulary Brands             | <span>QL</span> 150 ML / 30 DAYS<br><span>PA</span><br><span>S</span> Specialty Drug |
| PHOSPHODIESTERASE TYPE 4 INHIBITORS  |                              |  |
| <i>roflumilast</i>   | Formulary High Cost Generics |  |
| VASODILATING AGENTS (RESPIRATORY TRACT)  |                              |  |
| ADEMPAS  | Formulary Brands             | <span>PA</span><br><span>S</span> Specialty Drug                                     |
| <i>ambrisentan</i>   | Formulary High Cost Generics | <span>PA</span><br><span>S</span> Specialty Drug                                     |
| <i>bosentan</i>  | Formulary High Cost Generics | <span>PA</span><br><span>S</span> Specialty Drug                                     |
| <i>epoprostenol sodium</i>   | Formulary High Cost Generics | <span>PA</span><br><span>S</span> Specialty Drug                                     |
| <i>epoprostenol sodium (glycine)</i>   | Formulary High Cost Generics | <span>PA</span><br><span>S</span> Specialty Drug                                     |

| PRODUCT DESCRIPTION  | TIER                         | LIMITS & RESTRICTIONS   |
|--|------------------------------|-------------------------|
| FLOLAN   | Formulary Brands             | PA<br>S Specialty Drug  |
| OPSUMIT  | Formulary Brands             | PA<br>S Specialty Drug  |
| OPSYNVI  | Formulary Brands             | PA<br>S Specialty Drug  |
| <i>treprostinil sodium</i>   | Formulary High Cost Generics | PA<br>S Specialty Drug  |
| TYVASO   | Formulary Brands             | PA<br>S Specialty Drug  |
| TYVASO DPI   | Formulary Brands             | PA<br>S Specialty Drug  |
| TYVASO REFILL KIT  | Formulary Brands             | PA<br>S Specialty Drug  |
| TYVASO STARTER KIT   | Formulary Brands             | PA<br>S Specialty Drug  |
| UPTRAVI (UPTRAVI 200 MCG TABLET, UPTRAVI 200-800 TITRATION PACK, UPTRAVI 400 MCG TABLET, UPTRAVI 600 MCG TABLET, UPTRAVI 800 MCG TABLET, UPTRAVI 1,000 MCG TABLET, UPTRAVI 1,200 MCG TABLET, UPTRAVI 1,400 MCG TABLET, UPTRAVI 1,600 MCG TABLET) | Formulary Brands             | PA<br>S Specialty Drug  |
| SKELETAL MUSCLE RELAXANTS  |                              |                         |
| CENTRALLY ACTING SKELETAL MUSCLE RELAXNT   |                              |                         |
| <i>carisoprodol 250 mg tablet</i>  | Formulary High Cost Generics | QL 4 TABS / 1 DAY<br>PA |
| <i>carisoprodol 350 mg tablet</i>  | Formulary High Cost Generics | QL 4 TABS / 1 DAY       |
| <i>carisoprodol/aspirin/codeine phosphate</i>  | Formulary High Cost Generics | QL 8 TABS / 1 DAY<br>PA |

| PRODUCT DESCRIPTION   | TIER                         | LIMITS & RESTRICTIONS                   |
|---|------------------------------|---|
| <i>chlorzoxazone 500 mg tablet</i>  | Formulary High Cost Generics |   |
| <i>cyclobenzaprine hcl (cyclobenzaprine hcl 5 mg tablet, cyclobenzaprine hcl 10 mg tablet)</i>                                | Formulary Low Cost Generics  |   |
| <i>metaxalone</i>   | Formulary High Cost Generics | PA                                      |
| <i>methocarbamol (methocarbamol 500 mg tablet, methocarbamol 750 mg tablet)</i>   | Formulary High Cost Generics |   |
| <i>tizanidine hcl (tizanidine hcl 2 mg tablet, tizanidine hcl 4 mg tablet)</i>  | Formulary High Cost Generics |   |
| DIRECT-ACTING SKELETAL MUSCLE RELAXANTS   |                              |   |
| <i>dantrolene sodium (dantrolene sodium 25 mg capsule, dantrolene sodium 50 mg capsule, dantrolene sodium 100 mg capsule)</i> | Formulary High Cost Generics |   |
| GABA-DERIVATIVE SKELETAL MUSCLE RELAXANT  |                              |   |
| <i>baclofen (baclofen 5 mg tablet, baclofen 10 mg tablet, baclofen 20 mg tablet)</i>  | Formulary High Cost Generics |   |
| SKIN AND MUCOUS MEMBRANE AGENTS   |                              |   |
| ANTIPROLIFERANTS  |                              |   |
| <i>bexarotene 1 % gel (gram)</i>  | Formulary High Cost Generics | PA<br>S Specialty Drug<br>OH OncoHealth |
| <i>fluorouracil (fluorouracil 2 % solution, fluorouracil 5 % cream (g), fluorouracil 5 % solution)</i>                        | Formulary High Cost Generics |   |
| <i>imiquimod 5 % cream pack</i>   | Formulary High Cost Generics |   |
| VALCHLOR  | Formulary Brands             | PA<br>S Specialty Drug<br>OH OncoHealth |
| ANTIPRURITICS AND LOCAL ANESTHETICS   |                              |   |
| <i>doxepin hcl 5 % cream (g)</i>  | Formulary High Cost Generics | QL 45 GM / 1 FILL<br>PA                 |
| <i>lidocaine 5 % adh. patch</i>   | Formulary High Cost Generics | QL 1 PATCH / 1 DAY<br>PA                |

| PRODUCT DESCRIPTION   | TIER                         | LIMITS & RESTRICTIONS |
|---|------------------------------|-----------------------|
| <i>lidocaine 5 % oint. (g)</i>  | Formulary High Cost Generics |                       |
| <i>lidocaine/prilocaine (lidocaine/prilocaine 2.5 %-2.5% cream (g), lidocaine/prilocaine 2.5 %-2.5% kit)</i>  | Formulary High Cost Generics | QL 60 GM / 1 FILL     |
| <i>lidocaine/tetracaine</i>   | Formulary High Cost Generics | PA                    |
| <i>phenazopyridine hcl (phenazopyridine hcl 100 mg tablet, phenazopyridine hcl 200 mg tablet)</i>   | Formulary Low Cost Generics  |                       |
| ASTRINGENTS (84:12)   |                              |                       |
| DRYSOL  | Formulary Brands             |                       |
| CELL STIMULANTS AND PROLIFERANTS  |                              |                       |
| AVITA   | Formulary High Cost Generics |                       |
| <i>tretinoin (tretinoin 0.01 % gel (gram), tretinoin 0.025 % cream (g), tretinoin 0.025 % gel (gram), tretinoin 0.05 % cream (g), tretinoin 0.1 % cream (g))</i>                    | Formulary High Cost Generics |                       |
| KERATOLYTIC AGENTS  |                              |                       |
| ACCUTANE  | Formulary High Cost Generics |                       |
| <i>acitretin</i>  | Formulary High Cost Generics |                       |
| <i>adapalene (adapalene 0.1 % cream (g), adapalene 0.3 % gel (gram), adapalene 0.3 % gel w/pump)</i>  | Formulary High Cost Generics | PA                    |
| <i>adapalene 0.1 % gel (gram)</i>   | Formulary High Cost Generics |                       |
| AMNESTEEM   | Formulary High Cost Generics |                       |
| CLARAVIS  | Formulary High Cost Generics |                       |
| DIFFERIN 0.1% GEL   | Formulary Brands             |                       |
| <i>isotretinoin (isotretinoin 10 mg capsule, isotretinoin 20 mg capsule, isotretinoin 30 mg capsule, isotretinoin 40 mg capsule)</i>  | Formulary High Cost Generics |                       |
| MYORISAN  | Formulary High Cost Generics |                       |
| <i>podofilox 0.5 % solution</i>   | Formulary High Cost Generics |                       |
| <i>sulfacetamide sodium/sulfur (sulfacetamide sodium/sulfur 10-5%(w/v) lotion, sulfacetamide sodium/sulfur 10-5%(w/w) cream (g), sulfacetamide sodium/sulfur 10-5%(w/w) lotion)</i> | Formulary High Cost Generics |                       |



| PRODUCT DESCRIPTION  | TIER                         | LIMITS & RESTRICTIONS                             |
|--|------------------------------|---|
| <i>sulfacetamide sodium/sulfur 10-5%(w/w) cleanser</i>   | Formulary High Cost Generics | QL 12 ML / 1 DAY                                  |
| <i>tazarotene (tazarotene 0.05 % cream (g), tazarotene 0.05 % gel (gram), tazarotene 0.1 % gel (gram))</i>   | Formulary High Cost Generics | QL 30 GM / 30 DAYS<br>PA                          |
| <i>tazarotene 0.1 % cream (g)</i>  | Formulary High Cost Generics | QL 30 GM / 30 DAYS                                |
| TAZORAC 0.05% CREAM  | Formulary Brands             | QL 30 GM / 30 DAYS<br>PA                          |
| <i>urea 40 % cream (g)</i>   | Formulary High Cost Generics |   |
| ZENATANE   | Formulary High Cost Generics |   |
| SKIN AND MUCOUS MEMBRANE AGENTS, MISC.   |                              |   |
| <i>calcitriol 3 mcg/g oint. (g)</i>  | Formulary High Cost Generics | PA  |
| <i>dapsone 5 % gel (gram)</i>  | Formulary High Cost Generics |   |
| DUPIXENT PEN   | Formulary Brands             | QL 2 PENS / 28 DAYS<br>PA<br>S Specialty Drug     |
| DUPIXENT SYRINGE   | Formulary Brands             | QL 2 SYRINGES / 28 DAYS<br>PA<br>S Specialty Drug |
| TRI-CHLOR  | Formulary Brands             |   |
| <i>trichloroacetic acid</i>  | Formulary Brands             |   |
| SMOOTH MUSCLE RELAXANTS  |                              |   |
| RESPIRATORY SMOOTH MUSCLE RELAXANTS  |                              |   |
| <i>theophylline anhydrous (theophylline anhydrous 100 mg tab er 12h, theophylline anhydrous 200 mg tab er 12h, theophylline anhydrous 300 mg tab er 12h, theophylline anhydrous 400 mg tab er 24h, theophylline anhydrous 450 mg tab er 12h, theophylline anhydrous 600 mg tab er 24h)</i> | Formulary High Cost Generics |   |

| PRODUCT DESCRIPTION   | TIER                         | LIMITS & RESTRICTIONS                                       |
|---|------------------------------|---|
| <b>SOMATOSTATIN AGONISTS AND ANTAGONISTS</b>  |                              |   |
| <b>SOMATOSTATIN AGONISTS</b>  |                              |   |
| <i>octreotide acetate (octreotide acetate 50 mcg/ml ampul, octreotide acetate 50 mcg/ml syringe, octreotide acetate 50 mcg/ml vial, octreotide acetate 100 mcg/ml ampul, octreotide acetate 100 mcg/ml syringe, octreotide acetate 100 mcg/ml vial, octreotide acetate 200 mcg/ml vial, octreotide acetate 500 mcg/ml ampul, octreotide acetate 500 mcg/ml syringe, octreotide acetate 500 mcg/ml vial, octreotide acetate 1000mcg/ml vial)</i> | Formulary High Cost Generics | <span>S</span> Specialty Drug<br><span>OH</span> OncoHealth |
| <i>octreotide acetate, microspheres</i>   | Formulary High Cost Generics | <span>S</span> Specialty Drug<br><span>OH</span> OncoHealth |
| SIGNIFOR  | Formulary Brands             | <span>PA</span><br><span>S</span> Specialty Drug            |
| <b>SYMPATHOMIMETIC (ADRENERGIC) AGENTS</b>  |                              |   |
| <b>ALPHA- AND BETA-ADRENERGIC AGONISTS</b>  |                              |   |
| <i>epinephrine 0.15 mg auto-inject (teva)</i>   | Formulary High Cost Generics |   |
| <i>epinephrine 0.15 mg auto-inject (generic for adrenaclick)</i>  | Formulary High Cost Generics |   |
| <i>epinephrine 0.15 mg auto-inject (generic for epi-pen jr / mylan)</i>   | Formulary High Cost Generics |   |
| <i>epinephrine 0.15/0.15 auto inject</i>  | Formulary High Cost Generics |   |
| <i>epinephrine 0.3 mg auto-inject (generic for adrenaclick)</i>   | Formulary High Cost Generics |   |
| <i>epinephrine 0.3 mg auto-inject (generic for epi-pen / mylan)</i>   | Formulary High Cost Generics |   |
| <i>epinephrine 0.3 mg auto-inject (teva)</i>  | Formulary High Cost Generics |   |
| SYMJEPI   | Formulary Brands             |   |
| <b>ALPHA-ADRENERGIC AGONISTS</b>  |                              |   |
| <i>midodrine hcl</i>  | Formulary High Cost Generics |   |

| PRODUCT DESCRIPTION  | TIER                         | LIMITS & RESTRICTIONS                                     |
|--|------------------------------|---|
| TETRACYCLINE ANTIBIOTICS   |                              |   |
| AMINOMETHYLCYCLINES  |                              |   |
| NUZYRA 150 MG TABLET   | Formulary Brands             | PA  |
| THYROID AND ANTITHYROID AGENTS   |                              |   |
| ANTITHYROID AGENTS   |                              |   |
| <i>methimazole</i>   | Formulary Low Cost Generics  |   |
| <i>propylthiouracil</i>  | Formulary High Cost Generics |   |
| THYROID AGENTS   |                              |   |
| EUTHYROX   | Formulary High Cost Generics |   |
| <i>levothyroxine sodium (levothyroxine sodium 25 mcg tablet, levothyroxine sodium 50 mcg tablet, levothyroxine sodium 75 mcg tablet, levothyroxine sodium 88 mcg tablet, levothyroxine sodium 100 mcg tablet, levothyroxine sodium 112 mcg tablet, levothyroxine sodium 125 mcg tablet, levothyroxine sodium 137 mcg tablet, levothyroxine sodium 150 mcg tablet, levothyroxine sodium 175 mcg tablet, levothyroxine sodium 200 mcg tablet, levothyroxine sodium 300 mcg tablet)</i> | Formulary High Cost Generics |   |
| <i>liothyronine sodium (liothyronine sodium 5 mcg tablet, liothyronine sodium 25 mcg tablet, liothyronine sodium 50 mcg tablet)</i>  | Formulary High Cost Generics |   |
| SYNTHROID  | Formulary Brands             |   |
| TUMOR NECROSIS FACTOR INHIBITORS   |                              |   |
| TUMOR NECROSIS FACTOR INHIBITORS, MISC   |                              |   |
| CIMZIA (CIMZIA 2X200 MG/ML SYRINGE KIT, CIMZIA 2X200 MG/ML(X3)START KT)  | Formulary Brands             | QL 1 KIT = 2 SYRINGES / 28 DAYS<br>PA<br>S Specialty Drug |
| CIMZIA 200 MG/ML SYRINGE KIT   | Formulary Brands             | QL 1 KIT = 1 SYRINGE / 28 DAYS<br>PA<br>S Specialty Drug  |

| PRODUCT DESCRIPTION  | TIER             | LIMITS & RESTRICTIONS   |
|--|------------------|---|
| ENBREL (ENBREL 25 MG/0.5 ML SYRINGE, ENBREL 25 MG/0.5 ML VIAL) | Formulary Brands | <p>QL 4 ML (8 DOSES) / 28 DAYS</p> <p>PA</p> <p>S Specialty Drug</p>  |
| ENBREL 25 MG KIT   | Formulary Brands | <p>QL 8 VIALS (8 ML) / 28 DAYS</p> <p>PA</p> <p>S Specialty Drug</p>  |
| ENBREL 50 MG/ML SYRINGE  | Formulary Brands | <p>QL 4 ML (4 DOSES) / 28 DAYS</p> <p>PA</p> <p>S Specialty Drug</p>  |
| ENBREL MINI  | Formulary Brands | <p>QL 4 ML (4 DOSES) / 28 DAYS</p> <p>PA</p> <p>S Specialty Drug</p>  |
| ENBREL SURECLICK   | Formulary Brands | <p>QL 4 ML (4 DOSES) / 28 DAYS</p> <p>PA</p> <p>S Specialty Drug</p>  |
| HADLIMA  | Formulary Brands | <p>QL 2 SYRINGES / 28 DAYS</p> <p>PA</p> <p>S Specialty Drug</p>      |
| HADLIMA PUSHTOUCH  | Formulary Brands | <p>QL 2 AUTOINJECTORS / 28 DAYS</p> <p>PA</p> <p>S Specialty Drug</p> |
| HADLIMA(CF)  | Formulary Brands | <p>QL 2 SYRINGES / 28 DAYS</p> <p>PA</p> <p>S Specialty Drug</p>      |
| HADLIMA(CF) PUSHTOUCH  | Formulary Brands | <p>QL 2 AUTOINJECTORS / 28 DAYS</p> <p>PA</p> <p>S Specialty Drug</p> |
| HUMIRA   | Formulary Brands | <p>QL 2 SYRINGES / 28 DAYS</p> <p>PA</p> <p>S Specialty Drug</p>      |

| PRODUCT DESCRIPTION            | TIER             | LIMITS & RESTRICTIONS  |
|--------------------------------|------------------|--|
| HUMIRA PEN                     | Formulary Brands | <p>QL 2 PENS / 28 DAYS</p> <p>PA</p> <p>S Specialty Drug</p>     |
| HUMIRA PEN CROHN'S-UC-HS       | Formulary Brands | <p>QL 1 KIT / 365 DAYS</p> <p>PA</p> <p>S Specialty Drug</p>     |
| HUMIRA PEN PSOR-UVEITS-ADOL HS | Formulary Brands | <p>QL 1 KIT / 365 DAYS</p> <p>PA</p> <p>S Specialty Drug</p>     |
| HUMIRA(CF)                     | Formulary Brands | <p>QL 2 SYRINGES / 28 DAYS</p> <p>PA</p> <p>S Specialty Drug</p> |
| HUMIRA(CF) PEDIATRIC CROHN'S   | Formulary Brands | <p>QL 1 KIT / 365 DAYS</p> <p>PA</p> <p>S Specialty Drug</p>     |
| HUMIRA(CF) PEN                 | Formulary Brands | <p>QL 2 PENS / 28 DAYS</p> <p>PA</p> <p>S Specialty Drug</p>     |
| HUMIRA(CF) PEN CROHN'S-UC-HS   | Formulary Brands | <p>QL 1 KIT / 365 DAYS</p> <p>PA</p> <p>S Specialty Drug</p>     |
| HUMIRA(CF) PEN PEDIATRIC UC    | Formulary Brands | <p>QL 1 KIT / 365 DAYS</p> <p>PA</p> <p>S Specialty Drug</p>     |
| HUMIRA(CF) PEN PSOR-UV-ADOL HS | Formulary Brands | <p>QL 1 KIT / 365 DAYS</p> <p>PA</p> <p>S Specialty Drug</p>     |

| PRODUCT DESCRIPTION   | TIER                         | LIMITS & RESTRICTIONS       |
|---|------------------------------|-----------------------------|
| URINE AND FECES CONTENTS  |                              |                             |
| KETONES   |                              |                             |
| KETONE TEST STRIP   | Covered                      | <b>DS</b> Diabetic Supplies |
| KETOSTIX REAGENT  | Covered                      | <b>DS</b> Diabetic Supplies |
| TRUEPLUS KETONE TEST STRIP  | Covered                      | <b>DS</b> Diabetic Supplies |
| PROTEIN   |                              |                             |
| ALBUSTIX REAGENT  | Covered                      |                             |
| CHEMSTRIP MICRAL  | Covered                      |                             |
| SUGAR   |                              |                             |
| DIASTIX REAGENT   | Covered                      | <b>DS</b> Diabetic Supplies |
| Uncategorized   |                              |                             |
| Unclassified  |                              |                             |
| <i>heparin sod,porcine/0.9 % nacl 10 unit/ml kit</i>  | Covered                      |                             |
| VASODILATING AGENTS   |                              |                             |
| CGMP SYNTHESIS AGENT  |                              |                             |
| VERQUVO   | Formulary Brands             | <b>PA</b>                   |
| DIRECT VASODILATORS   |                              |                             |
| <i>hydralazine hcl (hydralazine hcl 10 mg tablet, hydralazine hcl 25 mg tablet, hydralazine hcl 50 mg tablet, hydralazine hcl 100 mg tablet)</i>                        | Formulary High Cost Generics |                             |
| <i>minoxidil (minoxidil 2.5 mg tablet, minoxidil 10 mg tablet)</i>  | Formulary High Cost Generics |                             |
| NITRATES AND NITRITES   |                              |                             |
| <i>isosorbide dinitrate (isosorbide dinitrate 5 mg tablet, isosorbide dinitrate 10 mg tablet, isosorbide dinitrate 20 mg tablet, isosorbide dinitrate 30 mg tablet)</i> | Formulary High Cost Generics |                             |

| PRODUCT DESCRIPTION  | TIER                         | LIMITS & RESTRICTIONS   |
|--|------------------------------|-------------------------|
| <i>isosorbide mononitrate (isosorbide mononitrate 10 mg tablet, isosorbide mononitrate 20 mg tablet, isosorbide mononitrate 30 mg tab er 24h, isosorbide mononitrate 60 mg tab er 24h, isosorbide mononitrate 120 mg tab er 24h)</i>                           | Formulary High Cost Generics |                         |
| NITRO-BID  | Formulary Brands             |                         |
| <i>nitroglycerin (nitroglycerin 0.1mg/hr patch td24, nitroglycerin 0.2mg/hr patch td24, nitroglycerin 0.3 mg tab subl, nitroglycerin 0.4 mg tab subl, nitroglycerin 0.4mg/hr patch td24, nitroglycerin 0.6 mg tab subl, nitroglycerin 0.6mg/hr patch td24)</i> | Formulary High Cost Generics |                         |
| PHOSPHODIESTERASE TYPE 5 INHIBITORS  |                              |                         |
| <i>sildenafil 20 mg tablet (generic for revatio)</i>   | Formulary High Cost Generics | QL 1 TAB / 1 DAY        |
| <i>sildenafil citrate (sildenafil citrate 25 mg tablet, sildenafil citrate 50 mg tablet, sildenafil citrate 100 mg tablet)</i>   | Formulary High Cost Generics |                         |
| <i>tadalafil (tadalafil 10 mg tablet, tadalafil 20 mg tablet)</i>  | Formulary High Cost Generics |                         |
| <i>tadalafil (tadalafil 2.5 mg tablet, tadalafil 5 mg tablet)</i>  | Formulary High Cost Generics | QL 1 TAB / 1 DAY        |
| VASODILATING AGENTS (RESPIRATORY TRACT)  |                              |                         |
| PHOSPHODIESTERASE-5 INHIBITORS (RESPIR)  |                              |                         |
| <i>tadalafil 20 mg tablet (generic for adcirca)</i>  | Formulary High Cost Generics | QL 2 TABS / 1 DAY<br>PA |
| PROSTACYCLIN & PROSTACYCLIN DERIVATIVES  |                              |                         |
| VENTAVIS   | Formulary Brands             | PA<br>S Specialty Drug  |
| VITAMINS   |                              |                         |
| MULTIVITAMIN PREPARATIONS  |                              |                         |
| PRENATABS FA   | Formulary Low Cost Generics  |                         |
| <i>prenatal vit/iron fum/folic ac 65 mg-1 mg tablet</i>  | Formulary Low Cost Generics  |                         |

| PRODUCT DESCRIPTION   | TIER                         | LIMITS & RESTRICTIONS |
|---|------------------------------|-----------------------|
| <i>prenatal vitamin 27 with calcium/ferrous fumarate/folic acid</i>                                       | Formulary Brands             |                       |
| <i>prenatal vits with calcium no.72/ferrous fumarate/folic acid</i>                                       | Formulary Low Cost Generics  |                       |
| VITAMIN B COMPLEX   |                              |                       |
| <i>cyanocobalamin (vitamin b-12) 1000mcg/ml vial</i>  | Formulary Low Cost Generics  |                       |
| DODEX   | Formulary Low Cost Generics  |                       |
| <i>folic acid (folic acid 0.4 mg tablet, folic acid 0.8 mg tablet, folic acid 1 mg tablet)</i>            | Formulary Low Cost Generics  |                       |
| VITAMIN D   |                              |                       |
| <i>calcitriol (calcitriol 0.25 mcg capsule, calcitriol 0.5 mcg capsule, calcitriol 1 mcg/ml solution)</i> | Formulary High Cost Generics |                       |
| <i>ergocalciferol (vitamin d2) 1250 mcg capsule</i>   | Formulary Low Cost Generics  |                       |
| VITAMIN K ACTIVITY  |                              |                       |
| <i>phytonadione (vit k1) 5 mg tablet</i>  | Formulary High Cost Generics | QL 3 TABS / 1 FILL    |



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| lidocaine hcl . . . . .  | 113     | lurasidone hcl . . . . .                         | 63   |
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| LYNPARZA . . . . .                      | 55      | MESNEX . . . . .  | 38    |
| LYSODREN . . . . .                      | 55      | METADATE ER . . . . .   | 11    |
| LYTGOBI . . . . .                       | 55      | metaxalone . . . . .  | 147   |
| LYZA . . . . .                          | 125     | metformin hcl . . . . .   | 35    |
| <b>M</b>                                |         | metformin hcl 1,000 mg tablet (generic for<br>glucophage) . . . . . | 35    |
| M-M-R II VACCINE . . . . .              | 72      | metformin hcl 500 mg tablet (generic for<br>glucophage) . . . . .   | 35    |
| mafenide acetate . . . . .              | 15      | methadone hcl . . . . .   | 4     |
| malathion . . . . .                     | 16      | METHADONE INTENSOL . . . . .  | 4     |
| maraviroc . . . . .                     | 66      | METHADOSE . . . . .   | 4     |
| MARLISSA . . . . .                      | 125     | methazolamide . . . . .   | 42    |
| MASK SET WITH Y-PIECE . . . . .         | 98      | methenamine hippurate . . . . .                                     | 13    |
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| MAVYRET . . . . .                       | 118     | methotrexate sodium . . . . .                                       | 56    |
| MAXICOMFORT II PEN NEEDLE . . . . .     | 98      | methotrexate sodium/pf . . . . .                                    | 56    |
| MAXICOMFORT SAFETY PEN NEEDLE . . . . . | 98      | methoxsalen . . . . .   | 91    |
| MAYZENT . . . . .                       | 138     | methscopolamine bromide . . . . .                                   | 26    |
| meclizine 25 mg tablet (rx) . . . . .   | 38      | methsuximide . . . . .  | 32    |
| meclizine hcl . . . . .                 | 38      | methyl dopa . . . . .   | 87    |
| meclofenamate sodium . . . . .          | 140     | methylergonovine maleate . . . . .                                  | 141   |
| MEDROL . . . . .                        | 120     | methylphenidate er 10 mg cap (authorized generic) . . . . .         | 11    |
| medroxyprogesterone acetate . . . . .   | 128,129 | methylphenidate er 15 mg cap (authorized generic) . . . . .         | 11    |
| MEDTRONIC EXT INFUSION SET . . . . .    | 98      | methylphenidate er 20 mg cap (authorized generic) . . . . .         | 11    |
| mefenamic acid . . . . .                | 141     | methylphenidate er 30 mg cap (authorized generic) . . . . .         | 11    |
| mefloquine hcl . . . . .                | 61      | methylphenidate er 40 mg cap (authorized generic) . . . . .         | 11    |
| megestrol acetate . . . . .             | 129     | methylphenidate er 50 mg cap (authorized generic) . . . . .         | 11    |
| MEKINIST . . . . .                      | 56      | methylphenidate er 60 mg cap (authorized generic) . . . . .         | 11    |
| meloxicam . . . . .                     | 141     | methylphenidate hcl . . . . .                                       | 11,12 |
| melphalan . . . . .                     | 56      | methylprednisolone . . . . .  | 120   |
| memantine hcl . . . . .                 | 87      | methyltestosterone . . . . .  | 121   |
| MENACTRA . . . . .                      | 72      | metoclopramide hcl . . . . .  | 116   |
| MENOPUR . . . . .                       | 118     | metolazone . . . . .  | 107   |
| MENQUADFI . . . . .                     | 72      | metoprolol succinate . . . . .                                      | 86    |
| MENTAX . . . . .                        | 40      | metoprolol tartrate . . . . .                                       | 86    |
| MENVEO A-C-Y-W-135-DIP . . . . .        | 72      | metoprolol tartrate/hydrochlorothiazide . . . . .                   | 86    |
| MENVEO MENA COMPONENT . . . . .         | 72      | metronidazole . . . . .   | 62    |
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| MICROGESTIN . . . . .                    | 125 | MONOJECT TB SYRINGE . . . . .                   | 99  |
| MICROGESTIN 24 FE . . . . .              | 125 | MONOJECT TUBERCULIN SYRINGE . . . . .           | 99  |
| MICROGESTIN FE . . . . .                 | 125 | MONONINE . . . . .                              | 44  |
| MICROLET . . . . .                       | 99  | montelukast sodium . . . . .                    | 18  |
| MICROSPACER . . . . .                    | 99  | morphine sulfate . . . . .                      | 4   |
| midodrine hcl . . . . .                  | 150 | MORPHINE SULFATE IR 15 MG TAB (BRAND) . . . . . | 4   |
| mifepristone . . . . .                   | 141 | MORPHINE SULFATE IR 30 MG TAB (BRAND) . . . . . | 5   |
| miglitol . . . . .                       | 35  | MOUNJARO . . . . .                              | 35  |
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| MILI . . . . .                           | 125 | MOVANTIK . . . . .                              | 90  |
| MIMVEY . . . . .                         | 112 | moxifloxacin hcl . . . . .                      | 14  |
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| molindone hcl . . . . .                  | 65  | naloxone hcl 4 mg nasal spray (rx) . . . . .    | 88  |
| mometasone furoate . . . . .             | 20  | naltrexone hcl . . . . .                        | 88  |
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| OMNIPOD 5 G6-G7 PODS (GEN 5) . . . . .             | 100 | oxycodone hcl . . . . .               | 5   |
| OMNIPOD 5 INTRO(G6/LIBRE2PLUS) . . . . .           | 100 | oxycodone hcl/acetaminophen . . . . . | 6   |
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