



# HealthPartners<sup>®</sup> GenericsAdvantageRx

2020 Formulary

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(List of covered drugs)



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

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## What's the GenericsAdvantageRx 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 manages the list. This team of experts is focused 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 on the drug list 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** can be used to determine how much a medicine will cost you. For exact cost information,

- Find the status for your medicine.
  - Review your Summary of Plan Benefits or contract for the copay or coinsurance for that Status. Or,
  - Log on to your *myHealthPartners* account to check your pharmacy benefits.
- 
- |                                     |                         |
|-------------------------------------|-------------------------|
| • T1 – Formulary Low Cost Generics  | • T3 – Formulary Brands |
| • T2 – Formulary High Cost Generics |                         |

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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.

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## 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 | • SC - Smoking Cessation Benefit |
| • ST - Step Therapy Required        | • WL - Weight Loss Benefit       |
| • AL1 - Age Limit                   | • ONC - Oncology Benefit         |
| • AQ1 – Age Quantity Limit          | • TD - Trial Drug Program        |
| • QL - Quantity Limit               | • S – Specialty                  |

## **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 Edit (AE)?**

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 a Gender Edit (GE)?**

A gender edit means some medicines are covered for males or females only. If you're not in the approved gender group, 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 days supply listed in your contract or Summary Plan Description.

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

The trial drug program is for new prescriptions for certain medicines that may not be well tolerated 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 regular generic or brand pharmacy copay or coinsurance.

| TIER | DESCRIPTION                  |                                                                                                                                                                                                                    |
|------|------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1    | Formulary Low Cost Generics  |                                                                                                                                                                                                                    |
| 2    | Formulary High Cost Generics |                                                                                                                                                                                                                    |
| 3    | Formulary Brands             |                                                                                                                                                                                                                    |
| 4    | Covered                      |                                                                                                                                                                                                                    |
| TYPE | DESCRIPTION                  |                                                                                                                                                                                                                    |
| QL   | Quantity Limit               | There is a limit on the amount of this drug that is covered per prescription, or within a specific time frame.                                                                                                     |
| PA   | Prior Authorization          | You (or your physician) are required to get prior authorization before you fill your prescription for this drug. Without prior approval, we may not cover this drug.                                               |
| ST   | Step Therapy                 | In some cases, you may be required to first try certain drugs to treat your medical condition before we will cover another drug for that condition.                                                                |
| AL1  | Age Limit                    | This prescription drug may only be covered if you meet the minimum or maximum age limit.                                                                                                                           |
| S    | Specialty Drug               | Specialty drugs are high-cost drugs used to treat complex or rare conditions, such as multiple sclerosis, rheumatoid arthritis, hepatitis C, and hemophilia.                                                       |
| AQ1  | Age Quantity Limit           | There is a limit on the amount of drug covered per prescription, or within a specific time frame. Must also fall into the specified age range.                                                                     |
| ACA  | Affordable Care Act          | This product is covered under the Affordable Care Act.                                                                                                                                                             |
| PREV | Preventive Drug              | Preventive drugs are used to help avoid disease and maintain health. Some insurance plans have a benefit that allows you to buy preventive drugs at a copay. Log on to your secure account to check your benefits. |
| WL   | Weight Loss                  | Medicines marked with this symbol are used for weight loss. Certain plans don't cover these medicines. Log on to your secure account to check your benefits for weight loss.                                       |

|     |                    |                                                                                                                                                                                                                                                                                                                                                                 |
|-----|--------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SC  | Smoking Cessation  | Medicines marked with this symbol are used to for smoking cessation.                                                                                                                                                                                                                                                                                            |
| ONC | Oncology           | Oncology (cancer) medicines must be filled at a specialty pharmacy, but your regular generic or brand pharmacy copay or coinsurance will apply.                                                                                                                                                                                                                 |
| GH  | Growth Hormone     | Growth Hormone may not be covered under all contracts. Log on to your secure account to check your benefits and medical coverage criteria for growth hormone.                                                                                                                                                                                                   |
| DS  | Diabetic Supplies  | Glucose testing supplies are covered under your durable medical equipment (DME) benefit.                                                                                                                                                                                                                                                                        |
| MED | Medical Drug       | Medicines marked with this symbol are not on the formulary, but may be covered under your medical benefit. Go to <a href="https://www.healthpartners.com/public/coverage-criteria/">https://www.healthpartners.com/public/coverage-criteria/</a> for criteria or log on to your secure account.                                                                 |
| TD  | Trial Drug         | Medicines marked with this symbol are in a trial drug program. The first 6 fills may be limited to less than a month supply. If tolerated and effective you will receive the remainder of the supply and pay no more than one copay for each full month supply.                                                                                                 |
| OP  | Opioid Program     | New users will be limited to a 7 days supply for their first fill, and a total of 14 days supply for each episode. Longer therapy requires prior authorization: Provider attestation, that therapy for this patient is being managed per standard opioid prescribing guidelines, including assessment and documentation of risk factors for chronic opioid use. |
| EXD | Excluded Drug List | The Excluded Drug List includes selected drugs within a therapy class that are not eligible for coverage on contracts excluding coverage for drugs on the Excluded Drug List. For more information on your benefits, call Member Services at the number on the back of your member ID card.                                                                     |
| SD  | Sexual Dysfunction | Products to treat sexual dysfunction may not be covered under all contracts. Log on to your secure account to check your benefits for coverage details.                                                                                                                                                                                                         |

## LIST OF COVERED PRESCRIPTION MEDICATIONS

| PRODUCT DESCRIPTION                                                                                   | TIER | LIMITS & RESTRICTIONS                                          |
|-------------------------------------------------------------------------------------------------------|------|----------------------------------------------------------------|
| ALPHA-ADRENERGIC BLOCKING AGENT(SYMPATH)<br>NON-SEL.ALPHA-ADRENERGIC BLOCKING AGENTS                  |      |                                                                |
| <i>ergoloid mesylates</i>                                                                             | 2    | PA                                                             |
| <i>phenoxybenzamine hcl</i>                                                                           | 2    | PA                                                             |
| SELECTIVE ALPHA-1-ADRENERGIC BLOCK.AGENT                                                              |      |                                                                |
| <i>alfuzosin hcl</i>                                                                                  | 2    |                                                                |
| <i>tamsulosin hcl</i>                                                                                 | 1    |                                                                |
| ANALGESICS AND ANTIPYRETICS<br>ANALGESICS AND ANTIPYRETICS, MISC.                                     |      |                                                                |
| <i>butalb/acetaminophen/caffeine 50-325-40 capsule</i>                                                | 2    | QL 6 CAPS / 1 DAY                                              |
| <i>butalb/acetaminophen/caffeine 50-325-40 tablet</i>                                                 | 2    | QL 6 TABS / 1 DAY                                              |
| <i>butalbital/acetaminophen 50mg-325mg tablet</i>                                                     | 2    | QL 6 TABS / 1 DAY                                              |
| TENCON                                                                                                | 2    | QL 6 TABS / 1 DAY                                              |
| ZEBUTAL                                                                                               | 2    | QL 6 CAPS / 1 DAY                                              |
| OPIATE AGONISTS                                                                                       |      |                                                                |
| <i>acetaminophen with codeine 120-12mg/5 solution</i>                                                 | 1    | AQ1 At least 12 yrs old;<br>60 / 1 day(s)<br>OP Opioid Program |
| <i>acetaminophen with codeine 300mg/12.5 solution</i>                                                 | 2    | AQ1 At least 12 yrs old;<br>60 / 1 DAY<br>OP Opioid Program    |
| <i>acetaminophen with codeine phosphate (300mg-15mg tablet, 300mg-30mg tablet, 300mg-60mg tablet)</i> | 2    | AQ1 At least 12 yrs old; 8<br>/ 1 DAY<br>OP Opioid Program     |
| <i>codeine sulfate</i>                                                                                | 2    | AQ1 At least 12 yrs old; 8<br>/ 1 DAY<br>OP Opioid Program     |
| ENDOCET 10-325 MG TABLET                                                                              | 2    | QL 5 TABS / 1 DAY<br>OP Opioid Program                         |
| ENDOCET 5-325 TABLET                                                                                  | 2    | QL 8 TABS / 1 DAY<br>OP Opioid Program                         |

| PRODUCT DESCRIPTION                                                                                                                                                                      | TIER | LIMITS & RESTRICTIONS                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-----------------------------------------------------------|
| ENDOCET 7.5-325 MG TABLET                                                                                                                                                                | 2    | <div>QL 7 TABS / 1 DAY</div> <div>OP Opioid Program</div> |
| <i>fentanyl (12 mcg/hr patch td72, 25 mcg/hr patch td72, 50mcg/hr patch td72)</i>                                                                                                        | 2    | <div>QL 10 PATCHES / 30 DAYS</div> <div>PA</div>          |
| <i>fentanyl (75mcg/hr patch td72, 100 mcg/hr patch td72)</i>                                                                                                                             | 2    | <div>PA</div>                                             |
| <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> | 2    | <div>QL 120 ML / 1 DAY</div> <div>OP Opioid Program</div> |
| <i>hydrocodone bitartrate/acetaminophen (hydrocodone/acetaminophen 5 mg-325mg tablet, hydrocodone/acetaminophen 7.5-325 mg tablet, hydrocodone/acetaminophen 10mg-325mg tablet)</i>      | 2    | <div>QL 8 TABS / 1 DAY</div> <div>OP Opioid Program</div> |
| <i>hydrocodone/ibuprofen 7.5-200 mg tablet</i>                                                                                                                                           | 2    | <div>QL 8 TABS / 1 DAY</div> <div>OP Opioid Program</div> |
| <i>hydromorphone hcl 1 mg/ml liquid</i>                                                                                                                                                  | 2    | <div>QL 20 ML / 1 DAY</div> <div>OP Opioid Program</div>  |
| <i>hydromorphone hcl 2 mg tablet</i>                                                                                                                                                     | 2    | <div>QL 8 TABS / 1 DAY</div> <div>OP Opioid Program</div> |
| <i>hydromorphone hcl 3 mg supp.rect</i>                                                                                                                                                  | 2    | <div>QL 8 SUPP / 1 DAY</div> <div>OP Opioid Program</div> |
| <i>hydromorphone hcl 4 mg tablet</i>                                                                                                                                                     | 2    | <div>QL 5 TABS / 1 DAY</div> <div>OP Opioid Program</div> |
| <i>hydromorphone hcl 8 mg tablet</i>                                                                                                                                                     | 2    | <div>QL 2 TABS / 1 DAY</div> <div>OP Opioid Program</div> |
| LORCET                                                                                                                                                                                   | 2    | <div>QL 8 TABS / 1 DAY</div> <div>OP Opioid Program</div> |
| LORCET HD                                                                                                                                                                                | 2    | <div>QL 8 TABS / 1 DAY</div> <div>OP Opioid Program</div> |
| LORCET PLUS                                                                                                                                                                              | 2    | <div>QL 8 TABS / 1 DAY</div> <div>OP Opioid Program</div> |

| PRODUCT DESCRIPTION                                                                         | TIER | LIMITS & RESTRICTIONS                  |
|---------------------------------------------------------------------------------------------|------|----------------------------------------|
| <i>methadone hcl 10 mg tablet</i>                                                           | 2    | QL 2 TABS / 1 DAY<br>PA                |
| <i>methadone hcl 10 mg/5 ml solution</i>                                                    | 2    | QL 10 ML / 1 DAY<br>PA                 |
| <i>methadone hcl 10 mg/ml oral conc</i>                                                     | 2    | QL 2 ML / 1 DAY<br>PA                  |
| <i>methadone hcl 40 mg tablet sol</i>                                                       | 2    | PA                                     |
| <i>methadone hcl 5 mg tablet</i>                                                            | 2    | QL 4 TABS / 1 DAY<br>PA                |
| <i>methadone hcl 5 mg/5 ml solution</i>                                                     | 2    | QL 20 ML / 1 DAY<br>PA                 |
| METHADONE INTENSOL                                                                          | 2    | QL 2 ML / 1 DAY<br>PA                  |
| METHADOSE 40 MG TABLET DISPR                                                                | 2    | PA                                     |
| <i>morphine sulfate (5 mg supp.rect, 10 mg supp.rect, 20 mg supp.rect, 30 mg supp.rect)</i> | 2    | QL 8 SUPP / 1 DAY<br>OP Opioid Program |
| <i>morphine sulfate (60 mg tablet er, 100 mg tablet er, 200 mg tablet er)</i>               | 2    | PA                                     |
| <i>morphine sulfate 10 mg/5 ml solution</i>                                                 | 2    | QL 30 ML / 1 DAY<br>OP Opioid Program  |
| <i>morphine sulfate 100 mg/5ml solution</i>                                                 | 2    | QL 4 ML / 1 DAY<br>OP Opioid Program   |
| <i>morphine sulfate 15 mg tablet</i>                                                        | 3    | QL 5 TABS / 1 DAY<br>OP Opioid Program |
| <i>morphine sulfate 15 mg tablet er</i>                                                     | 2    | QL 4 TABS / 1 DAY<br>PA                |
| <i>morphine sulfate 20 mg/5 ml solution</i>                                                 | 2    | QL 20 ML / 1 DAY<br>OP Opioid Program  |

| PRODUCT DESCRIPTION                                                                           | TIER | LIMITS & RESTRICTIONS                                                           |
|-----------------------------------------------------------------------------------------------|------|---------------------------------------------------------------------------------|
| <i>morphine sulfate 30 mg tablet</i>                                                          | 3    | <div>QL</div> <div>2 TABS / 1 DAY</div> <div>OP</div> <div>Opioid Program</div> |
| <i>morphine sulfate 30 mg tablet er</i>                                                       | 2    | <div>QL</div> <div>2 TABS / 1 DAY</div> <div>PA</div>                           |
| <i>oxycodone hcl (30 mg tab er 12h, 40 mg tab er 12h, 60 mg tab er 12h, 80 mg tab er 12h)</i> | 1    | <div>PA</div>                                                                   |
| <i>oxycodone hcl 10 mg tab er 12h</i>                                                         | 1    | <div>QL</div> <div>4 TABS / 1 DAY</div> <div>PA</div>                           |
| <i>oxycodone hcl 10 mg tablet</i>                                                             | 2    | <div>QL</div> <div>5 TABS / 1 DAY</div> <div>OP</div> <div>Opioid Program</div> |
| <i>oxycodone hcl 15 mg tab er 12h</i>                                                         | 1    | <div>QL</div> <div>3 TABS / 1 DAY</div> <div>PA</div>                           |
| <i>oxycodone hcl 15 mg tablet</i>                                                             | 2    | <div>QL</div> <div>3 TABS / 1 DAY</div> <div>OP</div> <div>Opioid Program</div> |
| <i>oxycodone hcl 20 mg tab er 12h</i>                                                         | 1    | <div>QL</div> <div>2 TABS / 1 DAY</div> <div>PA</div>                           |
| <i>oxycodone hcl 20 mg tablet</i>                                                             | 2    | <div>QL</div> <div>2 TABS / 1 DAY</div> <div>OP</div> <div>Opioid Program</div> |
| <i>oxycodone hcl 20 mg/ml oral conc</i>                                                       | 2    | <div>QL</div> <div>2 ML / 1 DAY</div> <div>OP</div> <div>Opioid Program</div>   |
| <i>oxycodone hcl 30 mg tablet</i>                                                             | 2    | <div>PA</div> <div>OP</div> <div>Opioid Program</div>                           |
| <i>oxycodone hcl 5 mg capsule</i>                                                             | 2    | <div>QL</div> <div>8 CAPS / 1 DAY</div> <div>OP</div> <div>Opioid Program</div> |
| <i>oxycodone hcl 5 mg tablet</i>                                                              | 2    | <div>QL</div> <div>8 TABS / 1 DAY</div> <div>OP</div> <div>Opioid Program</div> |
| <i>oxycodone hcl 5 mg/5 ml solution</i>                                                       | 1    | <div>QL</div> <div>40 ML / 1 DAY</div> <div>OP</div> <div>Opioid Program</div>  |
| <i>oxycodone hcl/acetaminophen 10mg-325mg tablet</i>                                          | 2    | <div>QL</div> <div>5 TABS / 1 DAY</div> <div>OP</div> <div>Opioid Program</div> |

| PRODUCT DESCRIPTION                                                            | TIER | LIMITS & RESTRICTIONS                                                      |
|--------------------------------------------------------------------------------|------|----------------------------------------------------------------------------|
| <i>oxycodone hcl/acetaminophen 5 mg-325mg tablet</i>                           | 2    | <div>QL 8 TABS / 1 DAY</div> <div>OP Opioid Program</div>                  |
| <i>oxycodone hcl/acetaminophen 7.5-325 mg tablet</i>                           | 2    | <div>QL 7 TABS / 1 DAY</div> <div>OP Opioid Program</div>                  |
| <i>oxycodone hcl/aspirin</i>                                                   | 2    | <div>QL 8 TABS / 1 DAY</div> <div>OP Opioid Program</div>                  |
| OXYCONTIN (ER 30 MG TABLET, ER 40 MG TABLET, ER 60 MG TABLET, ER 80 MG TABLET) | 3    | PA                                                                         |
| OXYCONTIN ER 10 MG TABLET                                                      | 3    | <div>QL 4 TABS / 1 DAY</div> <div>PA</div>                                 |
| OXYCONTIN ER 15 MG TABLET                                                      | 3    | <div>QL 3 TABS / 1 DAY</div> <div>PA</div>                                 |
| OXYCONTIN ER 20 MG TABLET                                                      | 3    | <div>QL 2 TABS / 1 DAY</div> <div>PA</div>                                 |
| <i>tramadol hcl 50 mg tablet</i>                                               | 1    | <div>AQ1 At least 12 yrs old; 8 / 1 DAY</div> <div>OP Opioid Program</div> |
| OPIATE PARTIAL AGONISTS                                                        |      |                                                                            |
| <i>buprenorphine</i>                                                           | 2    | <div>QL 4 PATCHES / 28 DAYS</div> <div>PA</div>                            |
| <i>buprenorphine hcl/naloxone hcl 12 mg-3 mg film</i>                          | 2    | QL 2 FILMS / 1 DAY                                                         |
| <i>buprenorphine hcl/naloxone hcl 2 mg-0.5mg film</i>                          | 2    | QL 12 FILMS / 1 DAY                                                        |
| <i>buprenorphine hcl/naloxone hcl 2 mg-0.5mg tab subl</i>                      | 2    | QL 12 TABS / 1 DAY                                                         |
| <i>buprenorphine hcl/naloxone hcl 4mg-1mg film</i>                             | 2    | QL 6 FILMS / 1 DAY                                                         |
| <i>buprenorphine hcl/naloxone hcl 8 mg-2 mg film</i>                           | 2    | QL 3 FILMS / 1 DAY                                                         |
| <i>buprenorphine hcl/naloxone hcl 8 mg-2 mg tab subl</i>                       | 2    | QL 3 TABS / 1 DAY                                                          |

| PRODUCT DESCRIPTION                                                                                                                                                                                                                                    | TIER | LIMITS & RESTRICTIONS                                                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------------------------------------------------------------------------|
| ANOREXIGENIC AGENTS                                                                                                                                                                                                                                    |      |                                                                                             |
| AMPHETAMINE DERIVATIVES                                                                                                                                                                                                                                |      |                                                                                             |
| LOMAIRA                                                                                                                                                                                                                                                | 2    | <div>QL</div> <div>WL</div> 3 TABS / 1 DAY<br>Weight Loss                                   |
| <i>phentermine hcl (30 mg capsule, 37.5 mg capsule)</i>                                                                                                                                                                                                | 2    | <div>QL</div> <div>PRE</div> <div>WL</div> 1 CAP / 1 DAY<br>Preventive Drug<br>Weight Loss  |
| <i>phentermine hcl 15 mg capsule</i>                                                                                                                                                                                                                   | 2    | <div>QL</div> <div>PRE</div> <div>WL</div> 2 CAPS / 1 DAY<br>Preventive Drug<br>Weight Loss |
| <i>phentermine hcl 37.5 mg tablet</i>                                                                                                                                                                                                                  | 2    | <div>QL</div> <div>PRE</div> <div>WL</div> 1 TAB / 1 DAY<br>Preventive Drug<br>Weight Loss  |
| ANOREXIGENICS; RESPIRATORY, CNS STIMULANTS                                                                                                                                                                                                             |      |                                                                                             |
| AMPHETAMINES                                                                                                                                                                                                                                           |      |                                                                                             |
| ADDERALL XR                                                                                                                                                                                                                                            | 2    | <div>QL</div> 2 CAPS / 1 DAY                                                                |
| <i>dextroamp-amphetamin 15 mg tab (generic adderall)</i>                                                                                                                                                                                               | 2    | <div>QL</div> 3 TABS / 1 DAY                                                                |
| <i>dextroamp-amphetamin 20 mg tab (generic adderall)</i>                                                                                                                                                                                               | 2    | <div>QL</div> 3 TABS / 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> | 2    | <div>QL</div> 3 TABS / 1 DAY                                                                |
| <i>dextroamphetamine sulfate (5 mg capsule er, 10 mg capsule er, 15 mg capsule er)</i>                                                                                                                                                                 | 2    | <div>QL</div> 4 CAPS / 1 DAY                                                                |
| <i>dextroamphetamine sulfate (5 mg tablet, 10 mg tablet)</i>                                                                                                                                                                                           | 2    | <div>QL</div> 4 TABS / 1 DAY                                                                |
| <i>dextroamphetamine/amphetamine 30 mg tablet</i>                                                                                                                                                                                                      | 2    | <div>QL</div> 2 TABS / 1 DAY                                                                |
| VYVANSE (10 MG CAPSULE, 20 MG CAPSULE, 30 MG CAPSULE)                                                                                                                                                                                                  | 3    | <div>QL</div> 2 CAPS / 1 DAY                                                                |
| VYVANSE (10 MG TABLET, 20 MG TABLET, 30 MG TABLET)                                                                                                                                                                                                     | 3    | <div>QL</div> 2 CHEW TABS / 1 DAY                                                           |

| PRODUCT DESCRIPTION                                                                                                                     | TIER | LIMITS & RESTRICTIONS  |
|-----------------------------------------------------------------------------------------------------------------------------------------|------|------------------------|
| VYVANSE (40 MG CAPSULE, 50 MG CAPSULE, 60 MG CAPSULE, 70 MG CAPSULE)                                                                    | 3    | QL 1 CAP / 1 DAY       |
| VYVANSE (40 MG TABLET, 50 MG TABLET, 60 MG TABLET)                                                                                      | 3    | QL 1 CHEW TAB / 1 DAY  |
| RESPIRATORY AND CNS STIMULANTS                                                                                                          |      |                        |
| CONCERTA (ER 18 MG TABLET, ER 27 MG TABLET, ER 36 MG TABLET)                                                                            | 2    | QL 2 TABS / 1 DAY      |
| CONCERTA ER 54 MG TABLET                                                                                                                | 2    | QL 1 TAB / 1 DAY       |
| <i>dexmethylphenidate hcl (2.5 mg tablet, 5 mg tablet, 10 mg tablet)</i>                                                                | 2    | QL 2 TABS / 1 DAY      |
| <i>dexmethylphenidate hcl (25 mg cbbp 50-50, 30 mg cbbp 50-50, 35 mg cbbp 50-50, 40 mg cbbp 50-50)</i>                                  | 2    | QL 1 CAP / 1 DAY       |
| <i>dexmethylphenidate hcl (5 mg cbbp 50-50, 10 mg cbbp 50-50, 15 mg cbbp 50-50, 20 mg cbbp 50-50)</i>                                   | 2    | QL 2 CAPS / 1 DAY      |
| METADATE ER                                                                                                                             | 2    | QL 3 TABS / 1 DAY      |
| <i>methylphenidate hcl (10 mg cbbp 30-70, 10 mg cbbp 50-50, 20 mg cbbp 30-70, 20 mg cbbp 50-50, 30 mg cbbp 30-70, 30 mg cbbp 50-50)</i> | 2    | QL 2 CAPS / 1 DAY      |
| <i>methylphenidate hcl (40 mg cbbp 30-70, 40 mg cbbp 50-50, 50 mg cbbp 30-70, 60 mg cbbp 30-70, 60 mg cbbp 50-50)</i>                   | 2    | QL 1 CAP / 1 DAY       |
| <i>methylphenidate hcl (5 mg tablet, 10 mg tablet, 20 mg tablet, 20 mg tablet er)</i>                                                   | 2    | QL 3 TABS / 1 DAY      |
| <i>methylphenidate hcl 10 mg tablet er</i>                                                                                              | 2    | QL 4 TABS / 1 DAY      |
| QUILLICHEW ER 20 MG CHEW TAB                                                                                                            | 3    | QL 3 CHEW TABS / 1 DAY |
| QUILLICHEW ER 30 MG CHEW TAB                                                                                                            | 3    | QL 2 CHEW TABS / 1 DAY |
| QUILLICHEW ER 40 MG CHEW TAB                                                                                                            | 3    | QL 1 CHEW TAB / 1 DAY  |
| QUILLIVANT XR                                                                                                                           | 3    | QL 1 BOTTLE / 1 FILL   |
| WAKEFULNESS-PROMOTING AGENTS                                                                                                            |      |                        |
| <i>armodafinil (150 mg tablet, 200 mg tablet, 250 mg tablet)</i>                                                                        | 2    | QL 1 TAB / 1 DAY       |
| <i>armodafinil 50 mg tablet</i>                                                                                                         | 2    | QL 2 TABS / 1 DAY      |

| PRODUCT DESCRIPTION                                                | TIER | LIMITS & RESTRICTIONS  |
|--------------------------------------------------------------------|------|------------------------|
| <i>modafinil</i>                                                   | 2    | QL 2 TABS / 1 DAY      |
| SUNOSI                                                             | 3    | QL 1 TAB / 1 DAY<br>PA |
| ANTI-INFECTIVE AGENTS<br>ANTHELMINTICS                             |      |                        |
| <i>albendazole</i>                                                 | 2    | PA                     |
| <i>ivermectin 3 mg tablet</i>                                      | 2    |                        |
| <i>praziquantel</i>                                                | 2    |                        |
| URINARY ANTI-INFECTIVES                                            |      |                        |
| <i>fosfomycin tromethamine</i>                                     | 2    | QL 1 packet / rx       |
| <i>nitrofurantoin</i>                                              | 2    | AL1 Up to 12 yrs old   |
| <i>nitrofurantoin macrocrystal (50 mg capsule, 100 mg capsule)</i> | 2    |                        |
| <i>nitrofurantoin macrocrystal 25 mg capsule</i>                   | 2    | AL1 Up to 12 yrs old   |
| <i>nitrofurantoin monohydrate/macrocrystals</i>                    | 2    |                        |
| <i>trimethoprim</i>                                                | 1    |                        |
| ANTI-INFECTIVES (EENT)<br>ANTIBACTERIALS (EENT)                    |      |                        |
| <i>bacitracin 500 unit/g oint. (g)</i>                             | 2    |                        |
| <i>bacitracin/polymyxin b sulfate</i>                              | 2    |                        |
| BESIVANCE                                                          | 3    | PA                     |
| BLEPHAMIDE S.O.P.                                                  | 3    |                        |
| CILOXAN 0.3% OINTMENT                                              | 3    |                        |
| CIPRO HC                                                           | 3    |                        |
| CIPRODEX                                                           | 3    |                        |
| <i>ciprofloxacin hcl 0.3 % drops</i>                               | 1    |                        |
| <i>ciprofloxacin hcl/dexamethasone</i>                             | 2    |                        |
| <i>doxycycline hyclate 20 mg tablet</i>                            | 1    |                        |

| PRODUCT DESCRIPTION                                                                                                                                     | TIER | LIMITS & RESTRICTIONS |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|------|-----------------------|
| <i>erythromycin base 5 mg/gram oint. (g)</i>                                                                                                            | 2    |                       |
| <i>moxifloxacin hcl 0.5 % drops</i>                                                                                                                     | 1    |                       |
| <i>neomycin sulfate/bacitracin/polymyxin b</i>                                                                                                          | 2    |                       |
| <i>neomycin sulfate/polymyxin b sulfate/gramicidin d</i>                                                                                                | 1    |                       |
| <i>neomycin sulfate/polymyxin b sulfate/hydrocortisone<br/>(neomycin/polymyxin b/hydrocort drops susp,<br/>neomycin/polymyxin b/hydrocort solution)</i> | 2    |                       |
| <i>neomycin/polymyxin b/dexametha 3.5-10k-.1 oint. (g)</i>                                                                                              | 2    |                       |
| <i>ofloxacin 0.3 % drops</i>                                                                                                                            | 2    |                       |
| <i>polymyxin b sulfate/trimethoprim</i>                                                                                                                 | 2    |                       |
| <i>sulfacetamide sodium (10 % drops, 10 % oint. (g))</i>                                                                                                | 2    |                       |
| <i>sulfacetamide sodium/prednisolone sodium phosphate</i>                                                                                               | 2    |                       |
| TOBRADEX EYE OINTMENT                                                                                                                                   | 3    |                       |
| <i>tobramycin 0.3 % drops</i>                                                                                                                           | 2    |                       |
| <i>tobramycin/dexamethasone</i>                                                                                                                         | 2    |                       |
| TOBREX 0.3% EYE OINTMENT                                                                                                                                | 3    |                       |
| ANTIVIRALS (EENT)                                                                                                                                       |      |                       |
| <i>trifluridine</i>                                                                                                                                     | 2    |                       |
| ZIRGAN                                                                                                                                                  | 3    |                       |
| EENT ANTI-INFECTIVES, MISCELLANEOUS                                                                                                                     |      |                       |
| <i>acetic acid 2 % solution</i>                                                                                                                         | 2    |                       |
| <i>chlorhexidine gluconate</i>                                                                                                                          | 1    |                       |
| PAROEX                                                                                                                                                  | 2    |                       |
| PERIOGARD                                                                                                                                               | 2    |                       |
| ANTI-INFECTIVES (SKIN, MUCOUS MEMBRANE)                                                                                                                 |      |                       |
| ANTIBACTERIALS (SKIN, MUCOUS MEMBRANE)                                                                                                                  |      |                       |
| CLEOCIN 100 MG VAGINAL OVULE                                                                                                                            | 3    |                       |
| <i>clindamycin ph 1% gel (generic for cleocin t)</i>                                                                                                    | 2    |                       |
| <i>clindamycin phosphate (1 % lotion, 1 % med. swab, 2 %<br/>cream/appl)</i>                                                                            | 2    |                       |

| PRODUCT DESCRIPTION                                                                                                 | TIER | LIMITS & RESTRICTIONS    |
|---------------------------------------------------------------------------------------------------------------------|------|--------------------------|
| <i>clindamycin phosphate 1 % solution</i>                                                                           | 2    | QL 60 ML / 30 DAYS       |
| <i>clindamycin phosphate/benzoyl peroxide (phos/benzoyl 1 %-5 % gel (gram), phos/benzoyl 1.2(1)%-5% gel (gram))</i> | 2    |                          |
| <i>erythromycin base in ethanol 2 % gel (gram)</i>                                                                  | 2    |                          |
| <i>erythromycin base in ethanol 2 % solution</i>                                                                    | 1    | QL 60 ML / 30 DAYS       |
| <i>gentamicin sulfate 0.1 % cream (g)</i>                                                                           | 2    | QL 30 GM / 30 DAYS       |
| <i>gentamicin sulfate 0.1 % oint. (g)</i>                                                                           | 1    |                          |
| <i>metronidazole (0.75 % cream (g), 0.75 % gel (gram), 0.75 % lotion)</i>                                           | 2    |                          |
| <i>metronidazole 0.75 % gel w/appl</i>                                                                              | 1    |                          |
| <i>mupirocin</i>                                                                                                    | 1    | QL 44 grams / rx         |
| <i>mupirocin calcium</i>                                                                                            | 2    | QL 30 GM / 30 DAYS<br>PA |
| ROSADAN 0.75% CREAM                                                                                                 | 2    |                          |
| LOCAL ANTI-INFECTIVES, MISCELLANEOUS                                                                                |      |                          |
| <i>hydrocortisone/iodoquinol</i>                                                                                    | 2    |                          |
| <i>selenium sulfide 2.5 % lotion</i>                                                                                | 2    |                          |
| <i>silver sulfadiazine</i>                                                                                          | 2    |                          |
| SSD                                                                                                                 | 2    |                          |
| <i>sulfacetamide sod/sulfur/urea 10%-5%-10% cleanser</i>                                                            | 2    |                          |
| <i>sulfacetamide sodium 10 % suspension</i>                                                                         | 2    |                          |
| SCABICIDES AND PEDICULICIDES                                                                                        |      |                          |
| <i>malathion</i>                                                                                                    | 2    |                          |
| <i>permethrin</i>                                                                                                   | 2    |                          |
| ANTI-INFLAMMATORY AGENTS (EENT)<br>CORTICOSTEROIDS (EENT)                                                           |      |                          |
| <i>dexamethasone sodium phosphate 0.1 % drops</i>                                                                   | 2    |                          |
| <i>flunisolide</i>                                                                                                  | 2    |                          |
| <i>fluocinolone acetonide oil</i>                                                                                   | 2    |                          |

| PRODUCT DESCRIPTION                                                      | TIER | LIMITS & RESTRICTIONS                                                 |
|--------------------------------------------------------------------------|------|-----------------------------------------------------------------------|
| <i>fluorometholone</i>                                                   | 2    |                                                                       |
| <i>fluticasone propionate 50 mcg spray susp</i>                          | 1    |                                                                       |
| FML S.O.P.                                                               | 3    |                                                                       |
| <i>prednisolone ac 1% eye drop (generic pred forte)</i>                  | 2    |                                                                       |
| <i>prednisolone sodium phosphate 1 % drops</i>                           | 1    |                                                                       |
| EENT ANTI-INFLAMMATORY AGENTS, MISC.                                     |      |                                                                       |
| RESTASIS                                                                 | 3    |                                                                       |
| RESTASIS MULTIDOSE                                                       | 3    |                                                                       |
| EENT NONSTEROIDAL ANTI-INFLAM. AGENTS                                    |      |                                                                       |
| <i>bromfenac sodium</i>                                                  | 2    |                                                                       |
| <i>diclofenac sodium 0.1 % drops</i>                                     | 1    |                                                                       |
| <i>flurbiprofen sodium</i>                                               | 1    |                                                                       |
| <i>ketorolac tromethamine (0.4 % drops, 0.5 % drops)</i>                 | 2    |                                                                       |
| ANTI-INFLAMMATORY AGENTS (RESPIRATORY)<br>INTERLEUKIN ANTAGONISTS        |      |                                                                       |
| DUPIXENT 200 MG/1.14 ML SYRING                                           | 3    | <div>QL</div> <div>2.28 ML / 28 DAYS</div> <div>PA</div> <div>S</div> |
| FASENRA PEN                                                              | 3    | <div>PA</div> <div>S</div>                                            |
| NUCALA (100 MG/ML AUTO-INJECTOR, 100 MG/ML SYRINGE)                      | 3    | <div>PA</div> <div>S</div>                                            |
| LEUKOTRIENE MODIFIERS                                                    |      |                                                                       |
| <i>montelukast sodium (4 mg gran pack, 4 mg tab chew, 5 mg tab chew)</i> | 2    | <div>PRE</div> <div>Preventive Drug</div>                             |
| <i>montelukast sodium 10 mg tablet</i>                                   | 1    | <div>PRE</div> <div>Preventive Drug</div>                             |
| MAST-CELL STABILIZERS                                                    |      |                                                                       |
| <i>cromolyn sodium 20 mg/2 ml ampul-neb</i>                              | 2    | <div>PA</div>                                                         |
| <i>cromolyn sodium 4 % drops</i>                                         | 2    |                                                                       |

| PRODUCT DESCRIPTION                                                                                                                  | TIER | LIMITS & RESTRICTIONS                                    |
|--------------------------------------------------------------------------------------------------------------------------------------|------|----------------------------------------------------------|
| ANTI-INFLAMMATORY AGENTS (SKIN, MUCOUS)                                                                                              |      |                                                          |
| ANTI-INFLAMMATORY AGENTS, MISC (SKIN)                                                                                                |      |                                                          |
| EUCRISA                                                                                                                              | 3    | <div> <div>QL</div> <div>ST</div> </div> 60 GM / 30 DAYS |
| CORTICOSTEROIDS (SKIN, MUCOUS MEMBRANE)                                                                                              |      |                                                          |
| <i>alclometasone dipropionate</i>                                                                                                    | 2    |                                                          |
| <i>betamethasone dipropionate (0.05 % cream (g), 0.05 % gel (gram), 0.05 % lotion, 0.05 % oint. (g))</i>                             | 2    |                                                          |
| <i>betamethasone dipropionate/propylene glycol (betamethasone/propylene 0.05 % lotion, betamethasone/propylene 0.05 % oint. (g))</i> | 2    |                                                          |
| <i>betamethasone valerate (0.1 % cream (g), 0.1 % lotion, 0.1 % oint. (g))</i>                                                       | 2    |                                                          |
| <i>betamethasone/propylene glycol 0.05 % cream (g)</i>                                                                               | 1    |                                                          |
| <i>clobetasol propionate (0.05 % cream (g), 0.05 % gel (gram), 0.05 % oint. (g), 0.05 % solution)</i>                                | 2    |                                                          |
| <i>clobetasol propionate/emoll 0.05 % cream (g)</i>                                                                                  | 2    |                                                          |
| <i>desonide (0.05 % cream (g), 0.05 % lotion, 0.05 % oint. (g))</i>                                                                  | 2    |                                                          |
| <i>desoximetasone (0.05 % cream (g), 0.05 % gel (gram), 0.25 % cream (g), 0.25 % oint. (g))</i>                                      | 2    |                                                          |
| <i>fluocinolone acetonide (0.01 % cream (g), 0.01 % oil, 0.025 % cream (g), 0.025 % oint. (g))</i>                                   | 2    |                                                          |
| <i>fluocinolone acetonide/shower cap</i>                                                                                             | 2    |                                                          |
| <i>fluocinonide (0.05 % cream (g), 0.05 % gel (gram), 0.05 % oint. (g), 0.05 % solution)</i>                                         | 2    |                                                          |
| <i>fluocinonide/emollient base</i>                                                                                                   | 2    |                                                          |
| <i>fluticasone propionate (0.005 % oint. (g), 0.05 % cream (g))</i>                                                                  | 2    |                                                          |
| <i>hydrocortisone (2.5 % cream (g), 2.5 % cream/pe app, 2.5 % lotion, 100mg/60ml enema)</i>                                          | 2    |                                                          |
| <i>hydrocortisone 2.5 % oint. (g)</i>                                                                                                | 1    |                                                          |
| <i>hydrocortisone acetate 25 mg supp.rect</i>                                                                                        | 2    |                                                          |

| PRODUCT DESCRIPTION                                                                                                                                                                                          | TIER | LIMITS & RESTRICTIONS |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-----------------------|
| <i>hydrocortisone acetate/pramoxine hcl</i><br>( <i>hydrocortisone/pramoxine 1 % cream/appl</i> ,<br><i>hydrocortisone/pramoxine 2.5 % cream (g)</i> ,<br><i>hydrocortisone/pramoxine 2.5 % cream/appl</i> ) | 2    |                       |
| <i>hydrocortisone valerate</i>                                                                                                                                                                               | 2    |                       |
| <i>mometasone furoate (0.1 % cream (g), 0.1 % oint. (g), 0.1 % solution)</i>                                                                                                                                 | 2    |                       |
| PROCTO-MED HC                                                                                                                                                                                                | 2    |                       |
| PROCTOSOL-HC                                                                                                                                                                                                 | 2    |                       |
| PROCTOZONE-HC                                                                                                                                                                                                | 2    |                       |
| <i>triamcinolone acetonide (0.025 % cream (g), 0.025 % lotion, 0.025 % oint. (g), 0.1 % cream (g), 0.1 % lotion, 0.1 % oint. (g), 0.5 % cream (g), 0.5 % oint. (g))</i>                                      | 2    |                       |
| <i>triamcinolone acetonide 0.1 % paste (g)</i>                                                                                                                                                               | 1    |                       |
| TRIDERM                                                                                                                                                                                                      | 2    |                       |
| ANTIARRHYTHMIC AGENTS                                                                                                                                                                                        |      |                       |
| CLASS IA ANTIARRHYTHMICS                                                                                                                                                                                     |      |                       |
| <i>disopyramide phosphate</i>                                                                                                                                                                                | 2    |                       |
| NORPACE CR                                                                                                                                                                                                   | 3    |                       |
| <i>quinidine sulfate</i>                                                                                                                                                                                     | 2    |                       |
| CLASS IB ANTIARRHYTHMICS                                                                                                                                                                                     |      |                       |
| <i>mexiletine hcl</i>                                                                                                                                                                                        | 2    |                       |
| CLASS IC ANTIARRHYTHMICS                                                                                                                                                                                     |      |                       |
| <i>flecainide acetate</i>                                                                                                                                                                                    | 2    |                       |
| <i>propafenone hcl (150 mg tablet, 225 mg tablet, 300 mg tablet)</i>                                                                                                                                         | 2    |                       |
| CLASS III ANTIARRHYTHMICS                                                                                                                                                                                    |      |                       |
| <i>amiodarone hcl (100 mg tablet, 200 mg tablet, 400 mg tablet)</i>                                                                                                                                          | 2    |                       |
| <i>dofetilide</i>                                                                                                                                                                                            | 2    |                       |
| MULTAQ                                                                                                                                                                                                       | 3    | PA                    |
| PACERONE (100 MG TABLET, 400 MG TABLET)                                                                                                                                                                      | 2    |                       |

| PRODUCT DESCRIPTION                                                                                                                           | TIER | LIMITS & RESTRICTIONS |
|-----------------------------------------------------------------------------------------------------------------------------------------------|------|-----------------------|
| <b>ANTIBACTERIALS</b>                                                                                                                         |      |                       |
| <b>AMINOGLYCOSIDE ANTIBIOTICS</b>                                                                                                             |      |                       |
| <i>neomycin sulfate</i>                                                                                                                       | 2    |                       |
| <i>tobramycin in 0.225 % sodium chloride</i>                                                                                                  | 2    | PA<br>S               |
| <b>QUINOLONE ANTIBIOTICS</b>                                                                                                                  |      |                       |
| CIPRO (5% SUSPENSION, 10% SUSPENSION)                                                                                                         | 3    | AL1 Up to 12 yrs old  |
| <i>ciprofloxacin</i>                                                                                                                          | 2    | AL1 Up to 12 yrs old  |
| <i>ciprofloxacin hcl (100 mg tablet, 250 mg tablet, 500 mg tablet, 750 mg tablet)</i>                                                         | 1    |                       |
| <i>levofloxacin (250 mg tablet, 500 mg tablet, 750 mg tablet)</i>                                                                             | 1    |                       |
| <i>levofloxacin 250mg/10ml solution</i>                                                                                                       | 2    | AL1 Up to 12 yrs old  |
| <i>moxifloxacin hcl 400 mg tablet</i>                                                                                                         | 2    |                       |
| <b>SULFONAMIDE ANTIBIOTICS (SYSTEMIC)</b>                                                                                                     |      |                       |
| <i>sulfamethoxazole/trimethoprim (sulfamethoxazole/trimethoprim 200-40mg/5 oral susp, sulfamethoxazole/trimethoprim 800-160/20 oral susp)</i> | 2    |                       |
| <i>sulfamethoxazole/trimethoprim (sulfamethoxazole/trimethoprim 400mg-80mg tablet, sulfamethoxazole/trimethoprim 800-160 mg tablet)</i>       | 1    |                       |
| <i>sulfasalazine (500 mg tablet, 500 mg tablet dr)</i>                                                                                        | 2    |                       |
| SULFATRIM                                                                                                                                     | 2    |                       |
| <b>TETRACYCLINE ANTIBIOTICS</b>                                                                                                               |      |                       |
| <i>demeclocycline hcl</i>                                                                                                                     | 2    |                       |
| <i>doxycycline hyclate (50 mg capsule, 100 mg capsule, 100 mg tablet)</i>                                                                     | 1    |                       |
| <i>doxycycline monohydrate (50 mg capsule, 50 mg tablet, 100 mg capsule, 100 mg tablet)</i>                                                   | 2    |                       |
| <i>doxycycline monohydrate 25 mg/5 ml susp recon</i>                                                                                          | 2    | AL1 Up to 12 yrs old  |
| <i>minocycline hcl (50 mg capsule, 75 mg capsule, 100 mg capsule)</i>                                                                         | 2    |                       |

| PRODUCT DESCRIPTION                                        | TIER | LIMITS & RESTRICTIONS                         |
|------------------------------------------------------------|------|-----------------------------------------------|
| MONDOXYNE NL (NL 50 MG CAPSULE, NL 100 MG CAPSULE)         | 2    |                                               |
| ANTIBACTERIALS, MISCELLANEOUS<br>GLYCOPEPTIDE ANTIBIOTICS  |      |                                               |
| <i>vancomycin hcl 125 mg capsule</i>                       | 2    |                                               |
| <i>vancomycin hcl 250 mg capsule</i>                       | 1    |                                               |
| LINCOMYCIN ANTIBIOTICS                                     |      |                                               |
| <i>clindamycin hcl (150 mg capsule, 300 mg capsule)</i>    | 1    |                                               |
| <i>clindamycin hcl 75 mg capsule</i>                       | 2    |                                               |
| <i>clindamycin palmitate hcl</i>                           | 2    | AL1 Up to 12 yrs old                          |
| OXAZOLIDINONE ANTIBIOTICS                                  |      |                                               |
| <i>linezolid 100 mg/5ml susp recon</i>                     | 2    | PA                                            |
| <i>linezolid 600 mg tablet</i>                             | 2    | QL 28 tablets / rx                            |
| SIVEXTRO 200 MG TABLET                                     | 3    | PA                                            |
| PLEUROMUTILINS                                             |      |                                               |
| XENLETA 600 MG TABLET                                      | 3    | QL 10 tabs / rx<br>PA                         |
| RIFAMYCIN ANTIBIOTICS                                      |      |                                               |
| XIFAXAN                                                    | 3    | PA                                            |
| ANTICHOLINERGIC AGENTS<br>ANTIMUSCARINICS/ANTISPASMODICS   |      |                                               |
| ANORO ELLIPTA                                              | 3    | PRE Preventive Drug                           |
| ATROVENT HFA                                               | 3    | QL 1 INHALER / 25 DAYS<br>PRE Preventive Drug |
| COMBIVENT RESPIMAT                                         | 3    | QL 1 INHALER / 30 DAYS<br>PRE Preventive Drug |
| CUVPOSA                                                    | 3    | PA                                            |
| <i>dicyclomine hcl (10 mg/5 ml solution, 20 mg tablet)</i> | 1    |                                               |

| PRODUCT DESCRIPTION                                                                                                                            | TIER | LIMITS & RESTRICTIONS                       |
|------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------------------------|
| <i>dicyclomine hcl 10 mg capsule</i>                                                                                                           | 2    |                                             |
| <i>glycopyrrolate (1 mg tablet, 2 mg tablet)</i>                                                                                               | 2    |                                             |
| <i>hyoscyamine sulfate (0.125 mg tab rapdis, 0.125 mg tab subl, 0.125 mg tablet, 0.125mg/ml drops, 0.375 mg tab er 12h, 125mcg/5ml elixir)</i> | 2    |                                             |
| INCRUSE ELLIPTA                                                                                                                                | 3    | PRE Preventive Drug                         |
| <i>ipratropium bromide 0.2 mg/ml solution</i>                                                                                                  | 2    | PRE Preventive Drug                         |
| <i>ipratropium bromide/albuterol sulfate</i>                                                                                                   | 2    | PRE Preventive Drug                         |
| <i>propantheline bromide</i>                                                                                                                   | 2    |                                             |
| ANTICOAGULANTS                                                                                                                                 |      |                                             |
| ANTICOAGULANTS, MISCELLANEOUS                                                                                                                  |      |                                             |
| <i>fondaparinux sodium</i>                                                                                                                     | 2    | QL 1 SYRINGE / 1 DAY<br>PA                  |
| COUMARIN DERIVATIVES                                                                                                                           |      |                                             |
| <i>warfarin sodium</i>                                                                                                                         | 1    | PRE Preventive Drug                         |
| DIRECT FACTOR XA INHIBITORS                                                                                                                    |      |                                             |
| ELIQUIS (2.5 MG TABLET, 5 MG TABLET)                                                                                                           | 3    | QL 2 TABS / 1 DAY<br>PRE Preventive Drug    |
| ELIQUIS DVT-PE TREAT START 5MG                                                                                                                 | 3    | QL 1 RX / 30 DAYS<br>PRE Preventive Drug    |
| XARELTO (10 MG TABLET, 20 MG TABLET)                                                                                                           | 3    | QL 1 TAB / 1 DAY<br>PRE Preventive Drug     |
| XARELTO (2.5 MG TABLET, 15 MG TABLET)                                                                                                          | 3    | QL 2 TABS / 1 DAY<br>PRE Preventive Drug    |
| XARELTO DVT-PE TREAT START 30D                                                                                                                 | 3    | QL 51 TABS / 30 DAYS<br>PRE Preventive Drug |
| DIRECT THROMBIN INHIBITORS                                                                                                                     |      |                                             |
| PRADAXA                                                                                                                                        | 3    | PA<br>PRE Preventive Drug                   |

| PRODUCT DESCRIPTION                                                                                                                                                                     | TIER | LIMITS & RESTRICTIONS            |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|----------------------------------|
| <b>HEPARINS</b>                                                                                                                                                                         |      |                                  |
| <i>enoxaparin sodium (30mg/0.3ml syringe, 40mg/0.4ml syringe, 60mg/0.6ml syringe, 80mg/0.8ml syringe, 100 mg/ml syringe, 120mg/.8ml syringe, 150 mg/ml syringe)</i>                     | 2    | QL 2 SYRINGES / 1 DAY            |
| <i>enoxaparin sodium 300mg/3ml vial</i>                                                                                                                                                 | 2    | QL 2 VIALS / 1 DAY               |
| <i>heparin sodium,porcine (1000/ml vial, 5000/ml syringe, 5000/ml vial, 5000/ml(1) cartridge, 10000/ml vial, 20000/ml vial)</i>                                                         | 2    |                                  |
| <i>heparin sodium,porcine/pf 5000/0.5ml cartridge</i>                                                                                                                                   | 2    |                                  |
| <b>ANTICONVULSANTS</b>                                                                                                                                                                  |      |                                  |
| <b>ANTICONVULSANTS, MISCELLANEOUS</b>                                                                                                                                                   |      |                                  |
| APTIOM                                                                                                                                                                                  | 3    | PA                               |
| BANZEL 200 MG TABLET                                                                                                                                                                    | 3    | QL 16 TABS / 1 DAY<br>PA         |
| BANZEL 40 MG/ML SUSPENSION                                                                                                                                                              | 3    | QL 80 ML / 1 DAY<br>PA           |
| BANZEL 400 MG TABLET                                                                                                                                                                    | 3    | QL 8 TABS / 1 DAY<br>PA          |
| BRIVIACT (10 MG TABLET, 10 MG/ML ORAL SOLN, 25 MG TABLET, 50 MG TABLET, 75 MG TABLET, 100 MG TABLET)                                                                                    | 3    | PA                               |
| <i>carbamazepine (100 mg cpm 12hr, 100 mg tab chew, 100 mg tab er 12h, 100 mg/5ml oral susp, 200 mg cpm 12hr, 200 mg tab er 12h, 200 mg tablet, 300 mg cpm 12hr, 400 mg tab er 12h)</i> | 2    |                                  |
| DIACOMIT 250 MG CAPSULE                                                                                                                                                                 | 3    | QL 12 CAPS / 1 DAY<br>PA<br>S    |
| DIACOMIT 250 MG POWDER PACKET                                                                                                                                                           | 3    | QL 12 PACKETS / 1 DAY<br>PA<br>S |
| DIACOMIT 500 MG CAPSULE                                                                                                                                                                 | 3    | QL 180 CAPS / 30 DAYS<br>PA<br>S |

| PRODUCT DESCRIPTION                                                                                               | TIER | LIMITS & RESTRICTIONS                                          |
|-------------------------------------------------------------------------------------------------------------------|------|----------------------------------------------------------------|
| DIACOMIT 500 MG POWDER PACKET                                                                                     | 3    | <div>QL</div> <div>PA</div> <div>S</div> 180 PACKETS / 30 DAYS |
| <i>divalproex sodium (125 mg cap dr spr, 250 mg tab er 24h, 500 mg tab er 24h)</i>                                | 1    |                                                                |
| <i>divalproex sodium (125 mg tablet dr, 250 mg tablet dr, 500 mg tablet dr)</i>                                   | 2    |                                                                |
| EPIDIOLEX                                                                                                         | 3    | <div>QL</div> <div>PA</div> <div>S</div> 20 ML / 1 DAY         |
| <i>felbamate (400 mg tablet, 600 mg tablet, 600 mg/5ml oral susp)</i>                                             | 2    |                                                                |
| FYCOMPA (0.5 MG/ML ORAL SUSP, 2 MG TABLET, 4 MG TABLET, 6 MG TABLET, 8 MG TABLET, 10 MG TABLET, 12 MG TABLET)     | 3    | <div>PA</div>                                                  |
| <i>gabapentin (100 mg capsule, 300 mg capsule)</i>                                                                | 2    | <div>QL</div> 12 CAPS / 1 DAY                                  |
| <i>gabapentin (250 mg/5ml solution, 300 mg/6ml solution)</i>                                                      | 2    | <div>QL</div> 72 ML / 1 DAY                                    |
| <i>gabapentin 400 mg capsule</i>                                                                                  | 2    | <div>QL</div> 9 CAPS / 1 DAY                                   |
| <i>gabapentin 600 mg tablet</i>                                                                                   | 2    | <div>QL</div> 6 TABS / 1 DAY                                   |
| <i>gabapentin 800 mg tablet</i>                                                                                   | 2    | <div>QL</div> 4 TABS / 1 DAY                                   |
| <i>lamotrigine (5 mg tb chw dsp, 25 mg tablet, 25 mg tb chw dsp, 100 mg tablet, 150 mg tablet, 200 mg tablet)</i> | 2    |                                                                |
| <i>levetiracetam (100 mg/ml solution, 250 mg tablet, 500 mg tablet, 750 mg tablet, 1000 mg tablet)</i>            | 2    |                                                                |
| <i>levetiracetam (500 mg tab er 24h, 750 mg tab er 24h)</i>                                                       | 1    |                                                                |
| <i>oxcarbazepine (150 mg tablet, 300 mg tablet, 300 mg/5ml oral susp, 600 mg tablet)</i>                          | 2    |                                                                |
| <i>pregabalin (225 mg capsule, 300 mg capsule)</i>                                                                | 2    | <div>QL</div> 2 CAPS / 1 DAY                                   |
| <i>pregabalin (25 mg capsule, 50 mg capsule, 75 mg capsule, 100 mg capsule, 150 mg capsule, 200 mg capsule)</i>   | 2    | <div>QL</div> 3 CAPS / 1 DAY                                   |
| <i>pregabalin 20 mg/ml solution</i>                                                                               | 2    | <div>QL</div> 30 ML / 1 DAY                                    |

| PRODUCT DESCRIPTION                                                                                              | TIER | LIMITS & RESTRICTIONS   |
|------------------------------------------------------------------------------------------------------------------|------|-------------------------|
| SUBVENITE                                                                                                        | 2    |                         |
| <i>tiagabine hcl</i>                                                                                             | 2    |                         |
| <i>topiramate (15 mg cap sprink, 25 mg cap sprink, 25 mg tablet, 50 mg tablet, 100 mg tablet, 200 mg tablet)</i> | 1    |                         |
| <i>valproic acid</i>                                                                                             | 2    |                         |
| <i>valproic acid (as sodium salt) (valproate sodium) (250 mg/5ml solution, 500mg/10ml solution)</i>              | 2    |                         |
| <i>vigabatrin</i>                                                                                                | 2    | PA<br>S                 |
| VIGADRONE                                                                                                        | 2    | PA<br>S                 |
| VIMPAT (150 MG TABLET, 200 MG TABLET)                                                                            | 3    | QL 2 TABS / 1 DAY       |
| VIMPAT 10 MG/ML SOLUTION                                                                                         | 3    | QL 40 ML / 1 DAY        |
| VIMPAT 100 MG TABLET                                                                                             | 3    | QL 4 TABS / 1 DAY       |
| VIMPAT 50 MG TABLET                                                                                              | 3    | QL 8 TABS / 1 DAY       |
| <i>zonisamide</i>                                                                                                | 1    |                         |
| BARBITURATES (ANTICONVULSANTS)                                                                                   |      |                         |
| <i>primidone</i>                                                                                                 | 2    |                         |
| BENZODIAZEPINES (ANTICONVULSANTS)                                                                                |      |                         |
| <i>clobazam 10 mg tablet</i>                                                                                     | 2    | QL 4 TABS / 1 DAY       |
| <i>clobazam 2.5 mg/ml oral susp</i>                                                                              | 2    | QL 16 ML / 1 DAY        |
| <i>clobazam 20 mg tablet</i>                                                                                     | 2    | QL 2 TABS / 1 DAY       |
| <i>clonazepam (0.125 mg tab rapdis, 0.25 mg tab rapdis, 0.5 mg tab rapdis, 0.5 mg tablet)</i>                    | 1    | QL 6 TABS / 1 DAY       |
| <i>clonazepam (1 mg tab rapdis, 1 mg tablet)</i>                                                                 | 1    | QL 4 TABS / 1 DAY       |
| <i>clonazepam (2 mg tab rapdis, 2 mg tablet)</i>                                                                 | 1    | QL 2 TABS / 1 DAY       |
| NAYZILAM                                                                                                         | 3    | QL 2 bottles / rx<br>PA |

| PRODUCT DESCRIPTION                                                                                                                                                  | TIER | LIMITS & RESTRICTIONS |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-----------------------|
| <b>HYDANTOINS</b>                                                                                                                                                    |      |                       |
| DILANTIN 30 MG CAPSULE                                                                                                                                               | 3    |                       |
| <i>phenytoin (50 mg tab chew, 125 mg/5ml oral susp)</i>                                                                                                              | 2    |                       |
| <i>phenytoin sodium extended</i>                                                                                                                                     | 2    |                       |
| <b>SUCCINIMIDES</b>                                                                                                                                                  |      |                       |
| <i>ethosuximide (250 mg capsule, 250 mg/5ml solution)</i>                                                                                                            | 2    |                       |
| <b>ANTIDEPRESSANTS</b>                                                                                                                                               |      |                       |
| <b>ANTIDEPRESSANTS, MISCELLANEOUS</b>                                                                                                                                |      |                       |
| <i>bupropion hcl (75 mg tablet, 100 mg tab sr 12h, 100 mg tablet, 150 mg tab er 12h, 150 mg tab er 24h, 150 mg tab sr 12h, 200 mg tab sr 12h, 300 mg tab er 24h)</i> | 2    | PRE Preventive Drug   |
| <i>mirtazapine (7.5 mg tablet, 15 mg tablet, 30 mg tablet, 45 mg tablet)</i>                                                                                         | 2    | PRE Preventive Drug   |
| <b>MONOAMINE OXIDASE INHIBITORS</b>                                                                                                                                  |      |                       |
| <i>phenelzine sulfate</i>                                                                                                                                            | 2    | PRE Preventive Drug   |
| <i>tranylcypromine sulfate</i>                                                                                                                                       | 2    | PRE Preventive Drug   |
| <b>SEL.SEROTONIN,NOREPI REUPTAKE INHIBITOR</b>                                                                                                                       |      |                       |
| <i>desvenlafaxine suc er 100 mg tablet (generic for pristiq)</i>                                                                                                     | 1    |                       |
| <i>desvenlafaxine suc er 25 mg tablet (generic for pristiq)</i>                                                                                                      | 1    |                       |
| <i>desvenlafaxine suc er 50 mg tablet (generic for pristiq)</i>                                                                                                      | 1    |                       |
| <i>duloxetine hcl (20 mg capsule dr, 30 mg capsule dr, 60 mg capsule dr)</i>                                                                                         | 2    | PRE Preventive Drug   |
| FETZIMA                                                                                                                                                              | 3    | PA                    |
| <i>venlafaxine hcl (25 mg tablet, 37.5 mg cap er 24h, 37.5 mg tablet, 50 mg tablet, 75 mg cap er 24h, 75 mg tablet, 100 mg tablet, 150 mg cap er 24h)</i>            | 2    | PRE Preventive Drug   |
| <b>SELECTIVE-SEROTONIN REUPTAKE INHIBITORS</b>                                                                                                                       |      |                       |
| <i>citalopram hydrobromide (10 mg tablet, 20 mg tablet, 40 mg tablet)</i>                                                                                            | 1    | PRE Preventive Drug   |
| <i>citalopram hydrobromide (10 mg/5 ml solution, 20 mg/10ml solution)</i>                                                                                            | 2    | PRE Preventive Drug   |
| <i>escitalopram oxalate (5 mg tablet, 10 mg tablet, 20 mg tablet)</i>                                                                                                | 1    | PRE Preventive Drug   |

| PRODUCT DESCRIPTION                                                                                             | TIER | LIMITS & RESTRICTIONS                       |
|-----------------------------------------------------------------------------------------------------------------|------|---------------------------------------------|
| <i>escitalopram oxalate 5 mg/5 ml solution</i>                                                                  | 2    | PRE Preventive Drug                         |
| <i>fluoxetine hcl (10 mg capsule, 20 mg capsule, 40 mg capsule)</i>                                             | 1    | PRE Preventive Drug                         |
| <i>fluoxetine hcl 20 mg/5 ml solution</i>                                                                       | 2    | PRE Preventive Drug                         |
| <i>fluvoxamine maleate (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>                                          | 2    | PRE Preventive Drug                         |
| <i>paroxetine hcl (10 mg tablet, 20 mg tablet, 30 mg tablet, 40 mg tablet)</i>                                  | 1    | PRE Preventive Drug                         |
| PAXIL 10 MG/5 ML SUSPENSION                                                                                     | 3    | PRE Preventive Drug                         |
| <i>sertraline hcl (20 mg/ml oral conc, 25 mg tablet, 50 mg tablet, 100 mg tablet)</i>                           | 1    | PRE Preventive Drug                         |
| SEROTONIN MODULATORS                                                                                            |      |                                             |
| <i>nefazodone hcl</i>                                                                                           | 2    | PRE Preventive Drug                         |
| <i>trazodone hcl</i>                                                                                            | 1    | PRE Preventive Drug                         |
| TRINTELLIX                                                                                                      | 3    | PA                                          |
| VIIBRYD                                                                                                         | 3    | PA                                          |
| TRICYCLICS, OTHER NOREPI-RU INHIBITORS                                                                          |      |                                             |
| <i>amitriptyline hcl</i>                                                                                        | 2    | PRE Preventive Drug                         |
| <i>clomipramine hcl</i>                                                                                         | 2    | AL1 Up to 64 yrs old<br>PRE Preventive Drug |
| <i>desipramine hcl</i>                                                                                          | 2    | PRE Preventive Drug                         |
| <i>doxepin hcl (10 mg capsule, 25 mg capsule, 50 mg capsule, 75 mg capsule, 100 mg capsule, 150 mg capsule)</i> | 2    | PRE Preventive Drug                         |
| <i>doxepin hcl 10 mg/ml oral conc</i>                                                                           | 2    | AL1 Up to 64 yrs old                        |
| <i>imipramine hcl</i>                                                                                           | 2    | PRE Preventive Drug                         |
| <i>nortriptyline hcl (10 mg capsule, 10 mg/5 ml solution, 25 mg capsule, 50 mg capsule, 75 mg capsule)</i>      | 2    | PRE Preventive Drug                         |

| PRODUCT DESCRIPTION                                                        | TIER | LIMITS & RESTRICTIONS                      |
|----------------------------------------------------------------------------|------|--------------------------------------------|
| <b>ANTIDIABETIC AGENTS</b>                                                 |      |                                            |
| <b>ALPHA-GLUCOSIDASE INHIBITORS</b>                                        |      |                                            |
| <i>acarbose</i>                                                            | 1    | PRE Preventive Drug                        |
| <i>miglitol</i>                                                            | 2    | PRE Preventive Drug                        |
| <b>BIGUANIDES</b>                                                          |      |                                            |
| <i>metformin hcl (500 mg tab er 24h, 750 mg tab er 24h, 850 mg tablet)</i> | 1    | PRE Preventive Drug                        |
| <i>metformin hcl 1,000 mg tablet (generic for glucophage)</i>              | 1    | PRE Preventive Drug                        |
| <i>metformin hcl 500 mg tablet (generic for glucophage)</i>                | 1    | PRE Preventive Drug                        |
| <b>DIPEPTIDYL PEPTIDASE-4(DPP-4) INHIBITORS</b>                            |      |                                            |
| JENTADUETO                                                                 | 3    | QL 2 TABS / 1 DAY<br>PRE Preventive Drug   |
| JENTADUETO XR                                                              | 3    | QL 2 TABS / 1 DAY<br>PRE Preventive Drug   |
| TRADJENTA                                                                  | 3    | QL 1 TAB / 1 DAY<br>PRE Preventive Drug    |
| <b>INCRETIN MIMETICS</b>                                                   |      |                                            |
| BYDUREON                                                                   | 3    | QL 4 ML / 28 DAYS<br>PRE Preventive Drug   |
| BYDUREON BCISE                                                             | 3    | QL 3.4 ML / 28 DAYS<br>PRE Preventive Drug |
| BYDUREON PEN                                                               | 3    | QL 4 PEN / 28 DAYS<br>PRE Preventive Drug  |
| BYETTA 10 MCG DOSE PEN INJ                                                 | 3    | QL 2.4 ML / 30 DAYS<br>PRE Preventive Drug |
| BYETTA 5 MCG DOSE PEN INJ                                                  | 3    | QL 1.2 ML / 30 DAYS<br>PRE Preventive Drug |
| OZEMPIC 0.25-0.5 MG DOSE PEN                                               | 3    | QL 1.5 ML / 28 DAYS<br>PRE Preventive Drug |

| PRODUCT DESCRIPTION                                  | TIER | LIMITS & RESTRICTIONS                                              |
|------------------------------------------------------|------|--------------------------------------------------------------------|
| OZEMPIC 1 MG DOSE PEN                                | 3    | <div>QL</div> <div>PRE</div> 3 ML / 28 DAYS<br>Preventive Drug     |
| RYBELSUS                                             | 3    | <div>QL</div> 1 TAB / 1 DAY                                        |
| TRULICITY (0.75 MG/0.5 ML PEN, 1.5 MG/0.5 ML PEN)    | 3    | <div>QL</div> <div>PRE</div> 2 ML / 28 DAYS<br>Preventive Drug     |
| TRULICITY (3 MG/0.5 ML PEN, 4.5 MG/0.5 ML PEN)       | 3    | <div>QL</div> <div>PRE</div> 4 pens / 30 day(s)<br>Preventive Drug |
| VICTOZA 2-PAK                                        | 3    | <div>QL</div> <div>PRE</div> 9 ML / 30 DAYS<br>Preventive Drug     |
| VICTOZA 3-PAK                                        | 3    | <div>QL</div> <div>PRE</div> 9 ML / 30 DAYS<br>Preventive Drug     |
| MEGLITINIDES                                         |      |                                                                    |
| <i>nateglinide</i>                                   | 2    | <div>PRE</div> Preventive Drug                                     |
| <i>repaglinide</i>                                   | 2    | <div>PRE</div> Preventive Drug                                     |
| SODIUM-GLUC COTRANSPORT 2 (SGLT2) INHIB              |      |                                                                    |
| INVOKAMET                                            | 3    | <div>QL</div> <div>PRE</div> 2 TABS / 1 DAY<br>Preventive Drug     |
| INVOKAMET XR                                         | 3    | <div>QL</div> <div>PRE</div> 2 TABS / 1 DAY<br>Preventive Drug     |
| INVOKANA                                             | 3    | <div>QL</div> <div>PRE</div> 1 TAB / 1 DAY<br>Preventive Drug      |
| JARDIANCE                                            | 3    | <div>QL</div> <div>PRE</div> 1 TAB / 1 DAY<br>Preventive Drug      |
| SYNJARDY                                             | 3    | <div>QL</div> <div>PRE</div> 2 TABS / 1 DAY<br>Preventive Drug     |
| SYNJARDY XR (10-1,000 MG TABLET, 25-1,000 MG TABLET) | 3    | <div>QL</div> <div>PRE</div> 1 TAB / 1 DAY<br>Preventive Drug      |
| SYNJARDY XR (5-1,000 MG TABLET, 12.5-1,000 MG TAB)   | 3    | <div>QL</div> <div>PRE</div> 2 TABS / 1 DAY<br>Preventive Drug     |

| PRODUCT DESCRIPTION                                                                             | TIER | LIMITS & RESTRICTIONS                                       |
|-------------------------------------------------------------------------------------------------|------|-------------------------------------------------------------|
| TRIJARDY XR (10-5-1,000 MG TAB, 25-5-1,000 MG TAB)                                              | 3    | <div>QL 1 TAB / 1 DAY</div> <div>PRE Preventive Drug</div>  |
| TRIJARDY XR (5-2.5-1,000 MG TAB, 12.5-2.5-1,000 MG)                                             | 3    | <div>QL 2 TABS / 1 DAY</div> <div>PRE Preventive Drug</div> |
| <b>SULFONYLUREAS</b>                                                                            |      |                                                             |
| <i>glimepiride</i>                                                                              | 1    | PRE Preventive Drug                                         |
| <i>glipizide (2.5 mg tab er 24, 5 mg tab er 24, 5 mg tablet, 10 mg tab er 24, 10 mg tablet)</i> | 1    | PRE Preventive Drug                                         |
| <i>glipizide/metformin hcl</i>                                                                  | 1    | PRE Preventive Drug                                         |
| <i>glyburide</i>                                                                                | 2    | PA                                                          |
| <i>glyburide, micronized</i>                                                                    | 2    | PA                                                          |
| <b>THIAZOLIDINEDIONES</b>                                                                       |      |                                                             |
| <i>pioglitazone hcl</i>                                                                         | 1    | PRE Preventive Drug                                         |
| <i>pioglitazone hcl/glimepiride</i>                                                             | 2    | PRE Preventive Drug                                         |
| <i>pioglitazone hcl/metformin hcl</i>                                                           | 2    | PRE Preventive Drug                                         |
| <b>ANTIEMETICS</b>                                                                              |      |                                                             |
| <b>5-HT3 RECEPTOR ANTAGONISTS</b>                                                               |      |                                                             |
| <i>ondansetron</i>                                                                              | 2    |                                                             |
| <i>ondansetron hcl (4 mg tablet, 8 mg tablet, 24 mg tablet)</i>                                 | 2    |                                                             |
| <i>ondansetron hcl 4 mg/5 ml solution</i>                                                       | 1    |                                                             |
| <b>ANTIEMETICS, MISCELLANEOUS</b>                                                               |      |                                                             |
| <i>dronabinol (2.5 mg capsule, 5 mg capsule)</i>                                                | 2    | QL 6 CAPS / 1 DAY                                           |
| <i>dronabinol 10 mg capsule</i>                                                                 | 1    | QL 4 CAPS / 1 DAY                                           |
| <i>scopolamine</i>                                                                              | 2    |                                                             |
| <b>ANTI-HISTAMINES (GI DRUGS)</b>                                                               |      |                                                             |
| <i>prochlorperazine</i>                                                                         | 2    |                                                             |
| <i>prochlorperazine maleate</i>                                                                 | 1    |                                                             |
| <i>trimethobenzamide hcl</i>                                                                    | 2    |                                                             |

| PRODUCT DESCRIPTION                                                            | TIER | LIMITS & RESTRICTIONS |
|--------------------------------------------------------------------------------|------|-----------------------|
| NEUROKININ-1 RECEPTOR ANTAGONISTS                                              |      |                       |
| <i>aprepitant</i>                                                              | 2    |                       |
| EMEND 125 MG POWDER PACKET                                                     | 3    |                       |
| ANTIFUNGAL (SYSTEMIC)<br>ALLYLAMINE ANTIFUNGALS                                |      |                       |
| <i>terbinafine hcl</i>                                                         | 1    |                       |
| ANTIFUNGALS, MISCELLANEOUS                                                     |      |                       |
| <i>griseofulvin ultramicrosize</i>                                             | 2    |                       |
| <i>griseofulvin, microsize (125 mg/5ml oral susp, 500 mg tablet)</i>           | 2    |                       |
| AZOLE ANTIFUNGALS                                                              |      |                       |
| CRESEMBA 186 MG CAPSULE                                                        | 3    | PA                    |
| <i>fluconazole (10 mg/ml susp recon, 40 mg/ml susp recon)</i>                  | 2    |                       |
| <i>fluconazole (50 mg tablet, 100 mg tablet, 150 mg tablet, 200 mg tablet)</i> | 1    |                       |
| <i>itraconazole 100 mg capsule</i>                                             | 2    | ST                    |
| <i>ketoconazole 200 mg tablet</i>                                              | 1    |                       |
| <i>posaconazole (100 mg tablet dr, 200 mg/5ml oral susp)</i>                   | 2    | PA                    |
| <i>voriconazole (50 mg tablet, 200 mg tablet, 200 mg/5ml susp recon)</i>       | 2    | PA                    |
| POLYENE ANTIFUNGALS                                                            |      |                       |
| <i>nystatin 100000/ml oral susp</i>                                            | 2    | QL 480 ml / rx        |
| <i>nystatin 500k unit tablet</i>                                               | 1    |                       |
| ANTIFUNGALS (SKIN AND MUCOUS MEMBRANE)<br>AZOLES (SKIN AND MUCOUS MEMBRANE)    |      |                       |
| <i>clotrimazole 10 mg troche</i>                                               | 2    |                       |
| <i>econazole nitrate</i>                                                       | 2    | QL 85 GM / 30 DAYS    |
| <i>ketoconazole 2 % cream (g)</i>                                              | 1    | QL 60 GM / 30 DAYS    |
| <i>ketoconazole 2 % shampoo</i>                                                | 2    |                       |
| <i>terconazole (0.4 % cream/appl, 0.8 % cream/appl, 80 mg supp. vag)</i>       | 2    |                       |

| PRODUCT DESCRIPTION                                      | TIER | LIMITS & RESTRICTIONS |
|----------------------------------------------------------|------|-----------------------|
| <b>HYDROXYPYRIDONES (SKIN, MUCOUS MEMBRANE)</b>          |      |                       |
| <i>ciclopirox (0.77 % gel (gram), 8 % solution)</i>      | 2    |                       |
| <i>ciclopirox olamine 0.77 % cream (g)</i>               | 2    |                       |
| <i>ciclopirox olamine 0.77 % suspension</i>              | 2    | QL 60 ML / 30 DAYS    |
| <b>POLYENES (SKIN AND MUCOUS MEMBRANE)</b>               |      |                       |
| <i>nystatin (100000/g cream (g), 100000/g oint. (g))</i> | 2    |                       |
| <i>nystatin 100000/g powder</i>                          | 2    | QL 240 grams / rx     |
| <b>ANTIGLAUCOMA AGENTS</b>                               |      |                       |
| <b>ALPHA-ADRENERGIC AGONISTS (EENT)</b>                  |      |                       |
| <i>brimonidine tartrate</i>                              | 2    |                       |
| <b>BETA-ADRENERGIC BLOCKING AGENTS (EENT)</b>            |      |                       |
| <i>betaxolol hcl 0.5 % drops</i>                         | 2    |                       |
| <i>carteolol hcl</i>                                     | 1    |                       |
| <i>levobunolol hcl</i>                                   | 1    |                       |
| <i>timolol 0.5% eye drops (generic for timoptic)</i>     | 1    |                       |
| <i>timolol maleate (0.25 % sol-gel, 0.5 % sol-gel)</i>   | 2    |                       |
| <i>timolol maleate 0.25 % drops</i>                      | 1    |                       |
| <b>CARBONIC ANHYDRASE INHIBITORS (EENT)</b>              |      |                       |
| <i>acetazolamide (125 mg tablet, 250 mg tablet)</i>      | 1    |                       |
| <i>acetazolamide 500 mg capsule er</i>                   | 2    |                       |
| <i>dorzolamide hcl</i>                                   | 2    |                       |
| <i>dorzolamide hcl/timolol maleate</i>                   | 2    |                       |
| <i>dorzolamide/timolol/pf 2 %-0.5 % dropperette</i>      | 2    |                       |
| <i>methazolamide</i>                                     | 2    |                       |
| <b>MIOTICS</b>                                           |      |                       |
| <i>pilocarpine hcl (1 % drops, 2 % drops, 4 % drops)</i> | 2    |                       |
| <b>PROSTAGLANDIN ANALOGS</b>                             |      |                       |
| <i>bimatoprost 0.03 % drops</i>                          | 2    |                       |
| <i>latanoprost</i>                                       | 2    |                       |

| PRODUCT DESCRIPTION                   | TIER | LIMITS & RESTRICTIONS |
|---------------------------------------|------|-----------------------|
| LUMIGAN                               | 3    |                       |
| <i>travoprost</i>                     | 2    |                       |
| ZIOPTAN                               | 3    | PA                    |
| RHO KINASE INHIBITORS                 |      |                       |
| RHOPRESSA                             | 3    |                       |
| ROCKLATAN                             | 3    |                       |
| ANTIHEMORRHAGIC AGENTS<br>HEMOSTATICS |      |                       |
| ADVATE                                | 3    | PA<br>S               |
| ADYNOVATE                             | 3    | PA<br>S               |
| AFSTYLA                               | 3    | PA<br>S               |
| ALPHANATE                             | 3    | PA<br>S               |
| ALPHANINE SD                          | 3    | PA<br>S               |
| ALPROLIX                              | 3    | PA<br>S               |
| BEBULIN                               | 3    | PA<br>S               |
| BENEFIX                               | 3    | PA<br>S               |
| COAGADEX                              | 3    | PA<br>S               |
| CORIFACT                              | 3    | PA<br>S               |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|---------------------|------|-----------------------|
| ELOCTATE            | 3    | PA<br>S               |
| ESPEROCT            | 3    | PA<br>S               |
| FEIBA NF            | 3    | PA<br>S               |
| HELIXATE FS         | 3    | PA<br>S               |
| HEMLIBRA            | 3    | PA<br>S               |
| HEMOFIL M           | 3    | PA<br>S               |
| HUMATE-P            | 3    | PA<br>S               |
| IDELVION            | 3    | PA<br>S               |
| IXINITY             | 3    | PA<br>S               |
| JIVI                | 3    | PA<br>S               |
| KOATE               | 3    | PA<br>S               |
| KOGENATE FS         | 3    | PA<br>S               |
| KOVALTRY            | 3    | PA<br>S               |
| MONOCLATE-P         | 3    | PA<br>S               |

| PRODUCT DESCRIPTION                  | TIER | LIMITS & RESTRICTIONS |
|--------------------------------------|------|-----------------------|
| NOVOEIGHT                            | 3    | PA<br>S               |
| NOVOSEVEN RT                         | 3    | PA<br>S               |
| NUWIQ                                | 3    | PA<br>S               |
| OBIZUR                               | 3    | PA<br>S               |
| PROFILNINE                           | 3    | PA<br>S               |
| REBINYN                              | 3    | PA<br>S               |
| RECOMBINATE                          | 3    | PA<br>S               |
| RIXUBIS                              | 3    | PA<br>S               |
| SEVENFACT                            | 3    | PA<br>S               |
| <i>tranexamic acid 650 mg tablet</i> | 2    | QL 30 TABS / RX       |
| TRETTEN                              | 3    | PA<br>S               |
| VONVENDI                             | 3    | PA<br>S               |
| WILATE                               | 3    | PA<br>S               |
| XYNTHA                               | 3    | PA<br>S               |
| XYNTHA SOLOFUSE                      | 3    | PA<br>S               |

| PRODUCT DESCRIPTION                                                                                           | TIER | LIMITS & RESTRICTIONS |
|---------------------------------------------------------------------------------------------------------------|------|-----------------------|
| ANTIHYPOGLYCEMIC AGENTS                                                                                       |      |                       |
| GLYCOGENOLYTIC AGENTS                                                                                         |      |                       |
| BAQSIMI                                                                                                       | 3    | PRE Preventive Drug   |
| GLUCAGEN 1 MG HYPOKIT                                                                                         | 3    | PRE Preventive Drug   |
| GLUCAGON EMERGENCY KIT                                                                                        | 3    | PRE Preventive Drug   |
| GVOKE HYPOPEN 1-PACK                                                                                          | 3    | PRE Preventive Drug   |
| GVOKE HYPOPEN 2-PACK                                                                                          | 3    | PRE Preventive Drug   |
| GVOKE PFS 1-PACK SYRINGE                                                                                      | 3    | PRE Preventive Drug   |
| GVOKE PFS 2-PACK SYRINGE                                                                                      | 3    | PRE Preventive Drug   |
| ANTILIPEMIC AGENTS                                                                                            |      |                       |
| ANTILIPEMIC AGENTS, MISCELLANEOUS                                                                             |      |                       |
| JUXTAPID                                                                                                      | 3    | PA<br>S               |
| <i>omega-3 acid ethyl esters</i>                                                                              | 1    | PRE Preventive Drug   |
| TRIKLO                                                                                                        | 1    | PRE Preventive Drug   |
| VASCEPA                                                                                                       | 3    | PA                    |
| BILE ACID SEQUESTRANTS                                                                                        |      |                       |
| <i>cholestyramine (with sugar) (4 g powd pack, 4 g powder)</i>                                                | 2    | PRE Preventive Drug   |
| <i>cholestyramine/aspartame (cholestyramine/aspartame 4 g powd pack, cholestyramine/aspartame 4 g powder)</i> | 2    | PRE Preventive Drug   |
| <i>colestipol hcl 1 g tablet</i>                                                                              | 2    | PRE Preventive Drug   |
| PREVALITE (PACKET, POWDER)                                                                                    | 2    | PRE Preventive Drug   |
| CHOLESTEROL ABSORPTION INHIBITORS                                                                             |      |                       |
| <i>ezetimibe</i>                                                                                              | 1    | PRE Preventive Drug   |
| FIBRIC ACID DERIVATIVES                                                                                       |      |                       |
| <i>fenofibrate (54 mg tablet, 160 mg tablet)</i>                                                              | 2    | PRE Preventive Drug   |
| <i>fenofibrate nanocrystallized (48 mg tablet, 145 mg tablet)</i>                                             | 1    | PRE Preventive Drug   |

| PRODUCT DESCRIPTION                                                            | TIER | LIMITS & RESTRICTIONS                          |
|--------------------------------------------------------------------------------|------|------------------------------------------------|
| <i>fenofibrate, micronized (67 mg capsule, 134 mg capsule, 200 mg capsule)</i> | 1    | PRE Preventive Drug                            |
| <i>gemfibrozil</i>                                                             | 1    | PRE Preventive Drug                            |
| HMG-COA REDUCTASE INHIBITORS                                                   |      |                                                |
| <i>atorvastatin calcium (10 mg tablet, 20 mg tablet)</i>                       | 1    | ACA Affordable Care Act<br>PRE Preventive Drug |
| <i>atorvastatin calcium (40 mg tablet, 80 mg tablet)</i>                       | 1    | PRE Preventive Drug                            |
| <i>lovastatin (20 mg tablet, 40 mg tablet)</i>                                 | 1    | ACA Affordable Care Act<br>PRE Preventive Drug |
| <i>lovastatin 10 mg tablet</i>                                                 | 1    | PRE Preventive Drug                            |
| <i>pravastatin sodium</i>                                                      | 1    | ACA Affordable Care Act<br>PRE Preventive Drug |
| <i>rosuvastatin calcium (20 mg tablet, 40 mg tablet)</i>                       | 1    | PRE Preventive Drug                            |
| <i>rosuvastatin calcium (5 mg tablet, 10 mg tablet)</i>                        | 1    | ACA Affordable Care Act<br>PRE Preventive Drug |
| <i>simvastatin (10 mg tablet, 20 mg tablet, 40 mg tablet)</i>                  | 1    | ACA Affordable Care Act<br>PRE Preventive Drug |
| <i>simvastatin (5 mg tablet, 80 mg tablet)</i>                                 | 1    | PRE Preventive Drug                            |
| PCSK9 INHIBITORS                                                               |      |                                                |
| REPATHA PUSHTRONEX                                                             | 3    | QL 1 pen / 28 day(s)<br>PA                     |
| REPATHA SURECLICK                                                              | 3    | QL 2 pens / 28 day(s)<br>PA                    |
| REPATHA SYRINGE                                                                | 3    | QL 2 pens / 28 day(s)<br>PA                    |

| PRODUCT DESCRIPTION                                                      | TIER | LIMITS & RESTRICTIONS                                     |
|--------------------------------------------------------------------------|------|-----------------------------------------------------------|
| ANTIMIGRAINE AGENTS                                                      |      |                                                           |
| CALCITONIN GENE-RELATED PEPTIDE ANTAG.                                   |      |                                                           |
| AJOVY AUTOINJECTOR                                                       | 3    | <div>QL 1.5 ML / 30 DAYS</div> <div>PA</div> <div>S</div> |
| AJOVY SYRINGE                                                            | 3    | <div>QL 1.5 ML / 30 DAYS</div> <div>PA</div> <div>S</div> |
| EMGALITY 120 MG/ML SYRINGE                                               | 3    | <div>QL 1 ML / 30 DAYS</div> <div>PA</div> <div>S</div>   |
| EMGALITY PEN                                                             | 3    | <div>QL 1 ML / 30 DAYS</div> <div>PA</div> <div>S</div>   |
| EMGALITY SYRINGE (100 MG/ML SYR(1 OF 3), 300 MG (100 MG X3SYR))          | 3    | <div>QL 3 ML / 30 DAYS</div> <div>PA</div> <div>S</div>   |
| NURTEC ODT                                                               | 3    | <div>QL 8 TABS / 30 DAYS</div> <div>PA</div>              |
| SELECTIVE SEROTONIN AGONISTS                                             |      |                                                           |
| <i>eletriptan hydrobromide</i>                                           | 2    | <div>QL 12 TABS / 28 DAYS</div> <div>PA</div>             |
| <i>naratriptan hcl</i>                                                   | 1    | <div>QL 12 TABS / 30 DAYS</div>                           |
| REYVOW                                                                   | 3    | <div>QL 8 TABS / 30 DAYS</div> <div>PA</div>              |
| <i>rizatriptan benzoate</i>                                              | 2    | <div>QL 12 TABS / 28 DAYS</div>                           |
| <i>sumatriptan</i>                                                       | 2    | <div>QL 12 ML / 30 DAYS</div>                             |
| <i>sumatriptan succinate (25 mg tablet, 50 mg tablet, 100 mg tablet)</i> | 2    | <div>QL 12 TABS / 28 DAYS</div>                           |

| PRODUCT DESCRIPTION                                                                                                                                          | TIER | LIMITS & RESTRICTIONS |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-----------------------|
| <i>sumatriptan succinate (4 mg/0.5ml cartridge, 4 mg/0.5ml pen injctr, 6 mg/0.5ml cartridge, 6 mg/0.5ml pen injctr, 6 mg/0.5ml syringe, 6 mg/0.5ml vial)</i> | 2    | QL 5 ML / 30 DAYS     |
| ANTIMYCOBACTERIALS                                                                                                                                           |      |                       |
| ANTIMYCOBACTERIALS, MISCELLANEOUS                                                                                                                            |      |                       |
| <i>dapsone (25 mg tablet, 100 mg tablet)</i>                                                                                                                 | 2    |                       |
| ANTITUBERCULOSIS AGENTS                                                                                                                                      |      |                       |
| <i>cycloserine</i>                                                                                                                                           | 2    | PA                    |
| <i>ethambutol hcl</i>                                                                                                                                        | 1    |                       |
| <i>isoniazid (100 mg tablet, 300 mg tablet)</i>                                                                                                              | 1    |                       |
| <i>isoniazid 50 mg/5 ml solution</i>                                                                                                                         | 2    |                       |
| <i>pretomanid</i>                                                                                                                                            | 2    | PA                    |
| PRIFTIN                                                                                                                                                      | 3    |                       |
| <i>pyrazinamide</i>                                                                                                                                          | 2    |                       |
| <i>rifabutin</i>                                                                                                                                             | 2    |                       |
| <i>rifampin (150 mg capsule, 300 mg capsule)</i>                                                                                                             | 1    |                       |
| SIRTURO                                                                                                                                                      | 3    | PA                    |
| TRECTOR                                                                                                                                                      | 3    | PA                    |
| ANTINEOPLASTIC AGENTS                                                                                                                                        |      |                       |
|                                                                                                                                                              |      | QL 4 TABS / 1 DAY     |
|                                                                                                                                                              |      | PA                    |
| <i>abiraterone acetate</i>                                                                                                                                   | 2    | S                     |
|                                                                                                                                                              |      | TD Trial Drug         |
|                                                                                                                                                              |      | ONC Oncology          |
|                                                                                                                                                              |      | QL 1 TAB / 1 DAY      |
|                                                                                                                                                              |      | PA                    |
| AFINITOR 10 MG TABLET                                                                                                                                        | 3    | S                     |
|                                                                                                                                                              |      | TD Trial Drug         |
|                                                                                                                                                              |      | ONC Oncology          |

| PRODUCT DESCRIPTION                    | TIER | LIMITS & RESTRICTIONS                                                                                                                     |
|----------------------------------------|------|-------------------------------------------------------------------------------------------------------------------------------------------|
| AFINITOR DISPERZ 3 MG TABLET           | 3    | <div>QL</div> <div>PA</div> <div>S</div> <div>TD</div> <div>ONC</div> <div>3 TABS / 1 DAY</div> <div>Trial Drug</div> <div>Oncology</div> |
| ALECENSA                               | 3    | <div>QL</div> <div>PA</div> <div>S</div> <div>ONC</div> <div>240 CAPS / 30 DAYS</div> <div>Oncology</div>                                 |
| <i>anastrozole</i>                     | 1    | <div>ACA</div> <div>Affordable Care Act</div>                                                                                             |
| AYVAKIT                                | 3    | <div>QL</div> <div>PA</div> <div>S</div> <div>ONC</div> <div>1 TAB / 1 DAY</div> <div>Oncology</div>                                      |
| BALVERSA                               | 3    | <div>PA</div> <div>S</div> <div>ONC</div> <div>Oncology</div>                                                                             |
| <i>bicalutamide</i>                    | 1    |                                                                                                                                           |
| BOSULIF (400 MG TABLET, 500 MG TABLET) | 3    | <div>QL</div> <div>PA</div> <div>S</div> <div>TD</div> <div>ONC</div> <div>1 TAB / 1 DAY</div> <div>Trial Drug</div> <div>Oncology</div>  |
| BOSULIF 100 MG TABLET                  | 3    | <div>QL</div> <div>PA</div> <div>S</div> <div>TD</div> <div>ONC</div> <div>4 TABS / 1 DAY</div> <div>Trial Drug</div> <div>Oncology</div> |
| BRAFTOVI 50 MG CAPSULE                 | 3    | <div>QL</div> <div>PA</div> <div>S</div> <div>ONC</div> <div>2 CAPS / 1 DAY</div> <div>Oncology</div>                                     |

| PRODUCT DESCRIPTION                    | TIER | LIMITS & RESTRICTIONS                                                                                       |
|----------------------------------------|------|-------------------------------------------------------------------------------------------------------------|
| BRAFTOVI 75 MG CAPSULE                 | 3    | <div>QL 6 CAPS / 1 DAY</div> <div>PA</div> <div>S</div> <div>ONC Oncology</div>                             |
| BRUKINSA                               | 3    | <div>PA</div> <div>S</div> <div>ONC Oncology</div>                                                          |
| CABOMETYX (40 MG TABLET, 60 MG TABLET) | 3    | <div>QL 30 TABS / 30 DAYS</div> <div>PA</div> <div>S</div> <div>TD Trial Drug</div> <div>ONC Oncology</div> |
| CABOMETYX 20 MG TABLET                 | 3    | <div>QL 1 TAB / 1 DAY</div> <div>PA</div> <div>S</div> <div>TD Trial Drug</div> <div>ONC Oncology</div>     |
| <i>capecitabine</i>                    | 2    | <div>S</div> <div>ONC Oncology</div>                                                                        |
| CAPRELSA 100 MG TABLET                 | 3    | <div>QL 60 TABS / 30 DAYS</div> <div>PA</div> <div>S</div> <div>ONC Oncology</div>                          |
| CAPRELSA 300 MG TABLET                 | 3    | <div>QL 1 TAB / 1 DAY</div> <div>PA</div> <div>S</div> <div>ONC Oncology</div>                              |
| COMETRIQ 100 MG DAILY-DOSE PK          | 3    | <div>QL 2 CAPS / 1 DAY</div> <div>PA</div> <div>S</div> <div>TD Trial Drug</div> <div>ONC Oncology</div>    |

| PRODUCT DESCRIPTION                                    | TIER | LIMITS & RESTRICTIONS                                                                                        |
|--------------------------------------------------------|------|--------------------------------------------------------------------------------------------------------------|
| COMETRIQ 140 MG DAILY-DOSE PK                          | 3    | <div>QL 120 TABS / 30 DAYS</div> <div>PA</div> <div>S</div> <div>TD Trial Drug</div> <div>ONC Oncology</div> |
| COMETRIQ 60 MG DAILY-DOSE PACK                         | 3    | <div>QL 90 TABS / 30 DAYS</div> <div>PA</div> <div>S</div> <div>TD Trial Drug</div> <div>ONC Oncology</div>  |
| COPIKTRA 15 MG CAPSULE                                 | 3    | <div>QL 2 CAPS / 1 DAY</div> <div>PA</div> <div>S</div> <div>TD Trial Drug</div> <div>ONC Oncology</div>     |
| COPIKTRA 25 MG CAPSULE                                 | 3    | <div>QL 60 CAPS / 30 DAYS</div> <div>PA</div> <div>S</div> <div>TD Trial Drug</div> <div>ONC Oncology</div>  |
| COTELLIC                                               | 3    | <div>QL 90 TABS / 30 DAYS</div> <div>PA</div> <div>S</div> <div>ONC Oncology</div>                           |
| <i>cyclophosphamide (25 mg capsule, 50 mg capsule)</i> | 2    |                                                                                                              |
| DAURISMO 100 MG TABLET                                 | 3    | <div>QL 30 TABS / 30 DAYS</div> <div>PA</div> <div>S</div> <div>TD Trial Drug</div> <div>ONC Oncology</div>  |

| PRODUCT DESCRIPTION                                 | TIER | LIMITS & RESTRICTIONS                                                                                            |
|-----------------------------------------------------|------|------------------------------------------------------------------------------------------------------------------|
| EMCYT                                               | 3    | <div>QL</div> <div>PA</div> <div>S</div> <div>TD</div> <div>ONC</div> 30 CAPS / 30 DAYS                          |
| ERIVEDGE                                            | 3    | <div>PA</div> <div>S</div> <div>TD</div> <div>ONC</div> Trial Drug<br>Oncology                                   |
| ERLEADA                                             | 3    | <div>PA</div> <div>S</div> <div>ONC</div> Oncology                                                               |
| <i>erlotinib hcl (100 mg tablet, 150 mg tablet)</i> | 2    | <div>QL</div> <div>PA</div> <div>S</div> <div>TD</div> <div>ONC</div> 1 TAB / 1 DAY<br>Trial Drug<br>Oncology    |
| <i>erlotinib hcl 25 mg tablet</i>                   | 2    | <div>QL</div> <div>PA</div> <div>S</div> <div>TD</div> <div>ONC</div> 3 TABS / 1 DAY<br>Trial Drug<br>Oncology   |
| <i>etoposide 50 mg capsule</i>                      | 2    |                                                                                                                  |
| <i>everolimus (5 mg tablet, 7.5 mg tablet)</i>      | 2    | <div>QL</div> <div>PA</div> <div>S</div> <div>TD</div> <div>ONC</div> 1 TAB / 1 DAY<br>Trial Drug<br>Oncology    |
| <i>everolimus 2.5 mg tablet</i>                     | 2    | <div>QL</div> <div>PA</div> <div>S</div> <div>TD</div> <div>ONC</div> 1 TAB / 1 day(s)<br>Trial Drug<br>Oncology |
| <i>exemestane</i>                                   | 2    | <div>ACA</div> Affordable Care Act                                                                               |

| PRODUCT DESCRIPTION                                             | TIER | LIMITS & RESTRICTIONS                                         |
|-----------------------------------------------------------------|------|---------------------------------------------------------------|
| <i>fluorouracil (2 % solution, 5 % cream (g), 5 % solution)</i> | 2    |                                                               |
| <i>flutamide</i>                                                | 2    |                                                               |
| GILOTRIF                                                        | 3    | QL 1 TAB / 1 DAY<br>PA<br>S<br>ONC Oncology                   |
| GLEOSTINE                                                       | 3    |                                                               |
| HYCAMTIN                                                        | 3    | S<br>ONC Oncology                                             |
| <i>hydroxyurea</i>                                              | 2    |                                                               |
| IBRANCE (75 MG CAPSULE, 100 MG CAPSULE, 125 MG CAPSULE)         | 3    | QL 21 CAPS / 28 DAYS<br>PA<br>S<br>ONC Oncology               |
| IBRANCE (75 MG TABLET, 100 MG TABLET, 125 MG TABLET)            | 3    | QL 21 TABS / 28 DAYS<br>PA<br>S<br>ONC Oncology               |
| ICLUSIG 15 MG TABLET                                            | 3    | QL 2 TABS / 1 DAY<br>PA<br>S<br>TD Trial Drug<br>ONC Oncology |
| ICLUSIG 45 MG TABLET                                            | 3    | QL 1 TAB / 1 DAY<br>PA<br>S<br>TD Trial Drug<br>ONC Oncology  |
| IDHIFA 100 MG TABLET                                            | 3    | QL 30 TABS / 30 DAYS<br>PA<br>S<br>ONC Oncology               |

| PRODUCT DESCRIPTION                      | TIER | LIMITS & RESTRICTIONS                                                                                        |
|------------------------------------------|------|--------------------------------------------------------------------------------------------------------------|
| IDHIFA 50 MG TABLET                      | 3    | <div>QL 1 TAB / 1 DAY</div> <div>PA</div> <div>S</div> <div>ONC Oncology</div>                               |
| <i>imatinib mesylate</i>                 | 2    | <div>S</div> <div>TD Trial Drug</div> <div>ONC Oncology</div>                                                |
| IMBRUVICA (420 MG TABLET, 560 MG TABLET) | 3    | <div>QL 1 TAB / 1 DAY</div> <div>PA</div> <div>S</div> <div>ONC Oncology</div>                               |
| IMBRUVICA 140 MG CAPSULE                 | 3    | <div>QL 4 CAPS / 1 DAY</div> <div>PA</div> <div>S</div> <div>ONC Oncology</div>                              |
| IMBRUVICA 70 MG CAPSULE                  | 3    | <div>QL 1 CAP / 1 DAY</div> <div>PA</div> <div>S</div> <div>ONC Oncology</div>                               |
| INLYTA 1 MG TABLET                       | 3    | <div>QL 180 TABS / 30 DAYS</div> <div>PA</div> <div>S</div> <div>TD Trial Drug</div> <div>ONC Oncology</div> |
| INLYTA 5 MG TABLET                       | 3    | <div>QL 4 TABS / 1 DAY</div> <div>PA</div> <div>S</div> <div>TD Trial Drug</div> <div>ONC Oncology</div>     |
| INREBIC                                  | 3    | <div>PA</div> <div>S</div> <div>ONC Oncology</div>                                                           |

| PRODUCT DESCRIPTION                              | TIER | LIMITS & RESTRICTIONS                                                                                                                        |
|--------------------------------------------------|------|----------------------------------------------------------------------------------------------------------------------------------------------|
| IRESSA                                           | 3    | <div>QL</div> <div>1 TAB / 1 DAY</div> <div>PA</div> <div>S</div> <div>ONC</div> <div>Oncology</div>                                         |
| JAKAFI (10 MG TABLET, 20 MG TABLET)              | 3    | <div>QL</div> <div>60 TABS / 30 DAYS</div> <div>PA</div> <div>S</div> <div>TD</div> <div>Trial Drug</div> <div>ONC</div> <div>Oncology</div> |
| JAKAFI (5 MG TABLET, 15 MG TABLET, 25 MG TABLET) | 3    | <div>QL</div> <div>2 TABS / 1 DAY</div> <div>PA</div> <div>S</div> <div>TD</div> <div>Trial Drug</div> <div>ONC</div> <div>Oncology</div>    |
| KISQALI 200 MG DAILY DOSE                        | 3    | <div>QL</div> <div>21 TABS / 28 DAYS</div> <div>PA</div> <div>S</div> <div>ONC</div> <div>Oncology</div>                                     |
| KISQALI 400 MG DAILY DOSE                        | 3    | <div>QL</div> <div>42 TABS / 28 DAYS</div> <div>PA</div> <div>S</div> <div>ONC</div> <div>Oncology</div>                                     |
| KISQALI 600 MG DAILY DOSE                        | 3    | <div>QL</div> <div>63 TABS / 28 DAYS</div> <div>PA</div> <div>S</div> <div>ONC</div> <div>Oncology</div>                                     |
| KISQALI FEMARA 200 MG CO-PACK                    | 3    | <div>QL</div> <div>49 TABS / 28 DAYS</div> <div>PA</div> <div>S</div> <div>ONC</div> <div>Oncology</div>                                     |
| KISQALI FEMARA 400 MG CO-PACK                    | 3    | <div>QL</div> <div>70 TABS / 28 DAYS</div> <div>PA</div> <div>S</div> <div>ONC</div> <div>Oncology</div>                                     |

| PRODUCT DESCRIPTION           | TIER | LIMITS & RESTRICTIONS                                                                                             |
|-------------------------------|------|-------------------------------------------------------------------------------------------------------------------|
| KISQALI FEMARA 600 MG CO-PACK | 3    | <div>QL</div> <div>PA</div> <div>S</div> <div>ONC</div> 91 TABS / 28 DAYS<br>Oncology                             |
| KOSELUGO 10 MG CAPSULE        | 3    | <div>QL</div> <div>PA</div> <div>S</div> <div>ONC</div> 8 caps / 1 day(s)<br>Oncology                             |
| KOSELUGO 25 MG CAPSULE        | 3    | <div>QL</div> <div>PA</div> <div>S</div> <div>ONC</div> 4 caps / 1 day(s)<br>Oncology                             |
| <i>lapatinib ditosylate</i>   | 2    | <div>QL</div> <div>PA</div> <div>S</div> <div>ONC</div> 6 TABS / DAY<br>Oncology                                  |
| LENVIMA 10 MG DAILY DOSE      | 3    | <div>QL</div> <div>PA</div> <div>S</div> <div>TD</div> <div>ONC</div> 30 TABS / 30 DAYS<br>Trial Drug<br>Oncology |
| <i>letrozole</i>              | 2    | <div>ACA</div> Affordable Care Act                                                                                |
| LEUKERAN                      | 3    |                                                                                                                   |
| LONSURF 15 MG-6.14 MG TABLET  | 3    | <div>QL</div> <div>PA</div> <div>S</div> <div>ONC</div> 60 TABS / 30 DAYS<br>Oncology                             |
| LONSURF 20 MG-8.19 MG TABLET  | 3    | <div>QL</div> <div>PA</div> <div>S</div> <div>ONC</div> 90 TABS / 30 DAYS<br>Oncology                             |

| PRODUCT DESCRIPTION    | TIER | LIMITS & RESTRICTIONS                                                                                                                     |
|------------------------|------|-------------------------------------------------------------------------------------------------------------------------------------------|
| LORBRENA 100 MG TABLET | 3    | <div>QL</div> <div>PA</div> <div>S</div> <div>TD</div> <div>ONC</div> <div>1 TAB / 1 DAY</div> <div>Trial Drug</div> <div>Oncology</div>  |
| LORBRENA 25 MG TABLET  | 3    | <div>QL</div> <div>PA</div> <div>S</div> <div>TD</div> <div>ONC</div> <div>3 TABS / 1 DAY</div> <div>Trial Drug</div> <div>Oncology</div> |
| LYNPARZA               | 3    | <div>QL</div> <div>PA</div> <div>S</div> <div>TD</div> <div>ONC</div> <div>4 TABS / 1 DAY</div> <div>Trial Drug</div> <div>Oncology</div> |
| LYSODREN               | 3    | <div>PA</div> <div>S</div> <div>ONC</div> <div>Oncology</div>                                                                             |
| MATULANE               | 3    | <div>QL</div> <div>PA</div> <div>S</div> <div>ONC</div> <div>60 CAPS / 30 DAYS</div> <div>Oncology</div>                                  |
| MEKINIST 0.5 MG TABLET | 3    | <div>QL</div> <div>PA</div> <div>S</div> <div>ONC</div> <div>90 TABS / 30 DAYS</div> <div>Oncology</div>                                  |
| MEKINIST 2 MG TABLET   | 3    | <div>QL</div> <div>PA</div> <div>S</div> <div>ONC</div> <div>30 TABS / 30 DAYS</div> <div>Oncology</div>                                  |
| MEKTOVI                | 3    | <div>QL</div> <div>PA</div> <div>S</div> <div>ONC</div> <div>6 TABS / 1 DAY</div> <div>Oncology</div>                                     |

| PRODUCT DESCRIPTION                                       | TIER | LIMITS & RESTRICTIONS                                                                                             |
|-----------------------------------------------------------|------|-------------------------------------------------------------------------------------------------------------------|
| <i>melfalan</i>                                           | 2    |                                                                                                                   |
| <i>mercaptopurine</i>                                     | 2    |                                                                                                                   |
| <i>methotrexate sodium (2.5 mg tablet, 25 mg/ml vial)</i> | 2    |                                                                                                                   |
| <i>methotrexate sodium/pf 25 mg/ml vial</i>               | 2    |                                                                                                                   |
| MYLERAN                                                   | 3    |                                                                                                                   |
|                                                           |      | <div>QL</div> <div>PA</div> <div>S</div> <div>TD</div> <div>ONC</div> 6 TABS / 1 DAY<br>Trial Drug<br>Oncology    |
| NERLYNX                                                   | 3    |                                                                                                                   |
|                                                           |      | <div>QL</div> <div>PA</div> <div>S</div> <div>TD</div> <div>ONC</div> 4 TABS / 1 DAY<br>Trial Drug<br>Oncology    |
| NEXAVAR                                                   | 3    |                                                                                                                   |
|                                                           |      | <div>QL</div> <div>PA</div> <div>S</div> <div>TD</div> <div>ONC</div> 30 CAPS / 30 DAYS<br>Oncology               |
| NINLARO                                                   | 3    |                                                                                                                   |
|                                                           |      | <div>PA</div> <div>S</div> <div>ONC</div> Oncology                                                                |
| NUBEQA                                                    | 3    |                                                                                                                   |
|                                                           |      | <div>QL</div> <div>PA</div> <div>S</div> <div>TD</div> <div>ONC</div> 30 CAPS / 30 DAYS<br>Trial Drug<br>Oncology |
| ODOMZO                                                    | 3    |                                                                                                                   |
|                                                           |      | <div>QL</div> <div>PA</div> <div>S</div> <div>ONC</div> 14 tabs / 21 day(s)<br>Oncology                           |
| PEMAZYRE                                                  | 3    |                                                                                                                   |

| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS                           |
|-----------------------|------|-------------------------------------------------|
| PICATO                | 3    | PA                                              |
| POMALYST              | 3    | QL 30 CAPS / 30 DAYS<br>PA<br>S<br>ONC Oncology |
| QINLOCK               | 3    | QL 3 tabs / 1 day(s)<br>PA<br>S<br>ONC Oncology |
| RASUVO                | 3    | PA                                              |
| RETEVMO 40 MG CAPSULE | 3    | QL 6 caps / 1 day(s)<br>PA<br>S<br>ONC Oncology |
| RETEVMO 80 MG CAPSULE | 3    | QL 4 caps / 1 day(s)<br>PA<br>S<br>ONC Oncology |
| REVLIMID              | 3    | QL 30 CAPS / 30 DAYS<br>S<br>ONC Oncology       |
| ROZLYTREK             | 3    | PA<br>S<br>ONC Oncology                         |
| RYDAPT                | 3    | PA<br>S<br>ONC Oncology                         |
| SPRYCEL               | 3    | PA<br>S<br>TD Trial Drug<br>ONC Oncology        |

| PRODUCT DESCRIPTION                     | TIER | LIMITS & RESTRICTIONS                                                                                       |
|-----------------------------------------|------|-------------------------------------------------------------------------------------------------------------|
| STIVARGA                                | 3    | <div>PA</div> <div>S</div> <div>ONC Oncology</div>                                                          |
| SUTENT (12.5 MG CAPSULE, 50 MG CAPSULE) | 3    | <div>QL 30 CAPS / 30 DAYS</div> <div>PA</div> <div>S</div> <div>TD Trial Drug</div> <div>ONC Oncology</div> |
| SUTENT (25 MG CAPSULE, 37.5 MG CAPSULE) | 3    | <div>QL 1 CAP / 1 DAY</div> <div>PA</div> <div>S</div> <div>TD Trial Drug</div> <div>ONC Oncology</div>     |
| TABLOID                                 | 3    |                                                                                                             |
| TABRECTA                                | 3    | <div>QL 4 tabs / 1 day(s)</div> <div>PA</div> <div>S</div> <div>ONC Oncology</div>                          |
| TAFINLAR 50 MG CAPSULE                  | 3    | <div>QL 120 CAPS / 30 DAYS</div> <div>PA</div> <div>S</div> <div>ONC Oncology</div>                         |
| TAFINLAR 75 MG CAPSULE                  | 3    | <div>QL 4 CAPS / 1 DAY</div> <div>PA</div> <div>S</div> <div>ONC Oncology</div>                             |
| TAGRISSO 40 MG TABLET                   | 3    | <div>QL 1 TAB / 1 DAY</div> <div>PA</div> <div>S</div> <div>TD Trial Drug</div> <div>ONC Oncology</div>     |

| PRODUCT DESCRIPTION            | TIER | LIMITS & RESTRICTIONS                                                                                       |
|--------------------------------|------|-------------------------------------------------------------------------------------------------------------|
| TAGRISSO 80 MG TABLET          | 3    | <div>QL 30 TABS / 30 DAYS</div> <div>PA</div> <div>S</div> <div>TD Trial Drug</div> <div>ONC Oncology</div> |
| TASIGNA                        | 3    | <div>PA</div> <div>S</div> <div>TD Trial Drug</div> <div>ONC Oncology</div>                                 |
| TAZVERIK                       | 3    | <div>QL 8 TABS / 1 DAY</div> <div>PA</div> <div>S</div> <div>ONC Oncology</div>                             |
| <i>temozolomide</i>            | 2    | <div>S</div> <div>ONC Oncology</div>                                                                        |
| TIBSOVO                        | 3    | <div>QL 60 TABS / 30 DAYS</div> <div>PA</div> <div>S</div> <div>ONC Oncology</div>                          |
| <i>tretinoin 10 mg capsule</i> | 2    | <div>S</div> <div>ONC Oncology</div>                                                                        |
| TURALIO                        | 3    | <div>PA</div> <div>S</div> <div>ONC Oncology</div>                                                          |
| TYKERB                         | 3    | <div>QL 6 TABS / DAY</div> <div>PA</div> <div>S</div> <div>ONC Oncology</div>                               |
| VALCHLOR                       | 3    | <div>QL 120 GM / 30 DAYS</div> <div>PA</div> <div>S</div> <div>ONC Oncology</div>                           |

| PRODUCT DESCRIPTION                   | TIER | LIMITS & RESTRICTIONS                                                                                        |
|---------------------------------------|------|--------------------------------------------------------------------------------------------------------------|
| VERZENIO                              | 3    | <div>QL 56 TABS / 28 DAYS</div> <div>PA</div> <div>S</div> <div>ONC Oncology</div>                           |
| VITRAKVI 100 MG CAPSULE               | 3    | <div>QL 2 CAPS / 1 DAY</div> <div>PA</div> <div>S</div> <div>TD Trial Drug</div> <div>ONC Oncology</div>     |
| VITRAKVI 20 MG/ML SOLUTION            | 3    | <div>QL 300 ML / 30 DAYS</div> <div>PA</div> <div>S</div> <div>TD Trial Drug</div> <div>ONC Oncology</div>   |
| VITRAKVI 25 MG CAPSULE                | 3    | <div>QL 6 CAPS / 1 DAY</div> <div>PA</div> <div>S</div> <div>TD Trial Drug</div> <div>ONC Oncology</div>     |
| VIZIMPRO (15 MG TABLET, 45 MG TABLET) | 3    | <div>QL 30 TABS / 30 DAYS</div> <div>PA</div> <div>S</div> <div>TD Trial Drug</div> <div>ONC Oncology</div>  |
| VIZIMPRO 30 MG TABLET                 | 3    | <div>QL 1 TAB / 1 DAY</div> <div>PA</div> <div>S</div> <div>TD Trial Drug</div> <div>ONC Oncology</div>      |
| VOTRIENT                              | 3    | <div>QL 120 TABS / 30 DAYS</div> <div>PA</div> <div>S</div> <div>TD Trial Drug</div> <div>ONC Oncology</div> |

| PRODUCT DESCRIPTION    | TIER | LIMITS & RESTRICTIONS                                                                                       |
|------------------------|------|-------------------------------------------------------------------------------------------------------------|
| XALKORI 200 MG CAPSULE | 3    | <div>QL 60 CAPS / 30 DAYS</div> <div>PA</div> <div>S</div> <div>TD Trial Drug</div> <div>ONC Oncology</div> |
| XALKORI 250 MG CAPSULE | 3    | <div>QL 2 CAPS / 1 DAY</div> <div>PA</div> <div>S</div> <div>TD Trial Drug</div> <div>ONC Oncology</div>    |
| XOSPATA                | 3    | <div>QL 90 TABS / 30 DAYS</div> <div>PA</div> <div>S</div> <div>ONC Oncology</div>                          |
| XPOVIO                 | 3    | <div>PA</div> <div>S</div> <div>ONC Oncology</div>                                                          |
| XTANDI                 | 3    | <div>PA</div> <div>S</div> <div>TD Trial Drug</div> <div>ONC Oncology</div>                                 |
| ZEJULA                 | 3    | <div>QL 3 CAPS / 1 DAY</div> <div>PA</div> <div>S</div> <div>TD Trial Drug</div> <div>ONC Oncology</div>    |
| ZELBORAF               | 3    | <div>QL 8 TABS / 30 DAYS</div> <div>PA</div> <div>S</div> <div>ONC Oncology</div>                           |

| PRODUCT DESCRIPTION                                                                                                                                                                                                                                                                                                                                   | TIER | LIMITS & RESTRICTIONS |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-----------------------|
| ZYKADIA 150 MG CAPSULE                                                                                                                                                                                                                                                                                                                                | 3    | QL 3 CAPS / 1 DAY     |
|                                                                                                                                                                                                                                                                                                                                                       |      | PA                    |
|                                                                                                                                                                                                                                                                                                                                                       |      | S                     |
|                                                                                                                                                                                                                                                                                                                                                       |      | TD Trial Drug         |
|                                                                                                                                                                                                                                                                                                                                                       |      | ONC Oncology          |
| ZYKADIA 150 MG TABLET                                                                                                                                                                                                                                                                                                                                 | 3    | QL 3 TABS / 1 DAY     |
|                                                                                                                                                                                                                                                                                                                                                       |      | PA                    |
|                                                                                                                                                                                                                                                                                                                                                       |      | S                     |
|                                                                                                                                                                                                                                                                                                                                                       |      | TD Trial Drug         |
|                                                                                                                                                                                                                                                                                                                                                       |      | ONC Oncology          |
| ANTIPARKINSONIAN AGENTS (CNS)                                                                                                                                                                                                                                                                                                                         |      |                       |
| ADAMANTANES (CNS)                                                                                                                                                                                                                                                                                                                                     |      |                       |
| amantadine hcl (50 mg/5 ml solution, 100 mg tablet)                                                                                                                                                                                                                                                                                                   | 2    |                       |
| amantadine hcl 100 mg capsule                                                                                                                                                                                                                                                                                                                         | 1    |                       |
| ANTICHOLINERGIC AGENTS (CNS)                                                                                                                                                                                                                                                                                                                          |      |                       |
| benztropine mesylate (0.5 mg tablet, 1 mg tablet, 2 mg tablet)                                                                                                                                                                                                                                                                                        | 2    |                       |
| trihexyphenidyl hcl (2 mg tablet, 5 mg tablet)                                                                                                                                                                                                                                                                                                        | 1    |                       |
| trihexyphenidyl hcl 2 mg/5 ml elixir                                                                                                                                                                                                                                                                                                                  | 2    |                       |
| CATECHOL-O-METHYLTRANSFERASE(COMT)INHIB.                                                                                                                                                                                                                                                                                                              |      |                       |
| entacapone                                                                                                                                                                                                                                                                                                                                            | 2    |                       |
| DOPAMINE PRECURSORS                                                                                                                                                                                                                                                                                                                                   |      |                       |
| 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) | 2    |                       |
| carbidopa/levodopa/entacapone                                                                                                                                                                                                                                                                                                                         | 2    |                       |
| INBRIJA                                                                                                                                                                                                                                                                                                                                               | 3    | PA                    |
|                                                                                                                                                                                                                                                                                                                                                       |      | S                     |

| PRODUCT DESCRIPTION                                                                                                      | TIER | LIMITS & RESTRICTIONS                                |
|--------------------------------------------------------------------------------------------------------------------------|------|------------------------------------------------------|
| RYTARY                                                                                                                   | 3    | ST                                                   |
| MONOAMINE OXIDASE B INHIBITORS                                                                                           |      |                                                      |
| <i>rasagiline mesylate</i>                                                                                               | 2    | PA                                                   |
| <i>selegiline hcl</i>                                                                                                    | 2    |                                                      |
| ANTIPROTOZOALS<br>ANTIMALARIALS                                                                                          |      |                                                      |
| <i>atovaquone/proguanil hcl</i>                                                                                          | 2    |                                                      |
| <i>chloroquine phosphate</i>                                                                                             | 2    |                                                      |
| <i>hydroxychloroquine sulfate</i>                                                                                        | 2    |                                                      |
| <i>mefloquine hcl</i>                                                                                                    | 1    |                                                      |
| ANTIPROTOZOALS, MISCELLANEOUS                                                                                            |      |                                                      |
| ALINIA (100 MG/5 ML SUSPENSION, 500 MG TABLET)                                                                           | 3    | PA                                                   |
| <i>atovaquone</i>                                                                                                        | 2    |                                                      |
| <i>metronidazole (250 mg tablet, 500 mg tablet)</i>                                                                      | 2    |                                                      |
| ANTIPSYCHOTIC AGENTS<br>ANTIPSYCHOTICS, MISCELLANEOUS                                                                    |      |                                                      |
| <i>loxapine succinate</i>                                                                                                | 2    | AL1 At least 13 yrs old<br>PRE Preventive Drug       |
| ATYPICAL ANTIPSYCHOTICS                                                                                                  |      |                                                      |
| <i>aripiprazole (1 mg/ml solution, 2 mg tablet, 5 mg tablet, 10 mg tablet, 15 mg tablet, 20 mg tablet, 30 mg tablet)</i> | 2    | AL1 At least 13 yrs old<br>PRE Preventive Drug       |
| <i>aripiprazole (10 mg tab rapdis, 15 mg tab rapdis)</i>                                                                 | 2    | PA<br>AL1 At least 13 yrs old<br>PRE Preventive Drug |
| CAPLYTA                                                                                                                  | 3    | QL 1 CAP / 1 DAY<br>PA                               |
| <i>clozapine (12.5 mg tab rapdis, 25 mg tab rapdis, 100 mg tab rapdis, 150 mg tab rapdis)</i>                            | 2    | PA<br>AL1 At least 13 yrs old<br>PRE Preventive Drug |

| PRODUCT DESCRIPTION                                                                                                                                                                                               | TIER | LIMITS & RESTRICTIONS                                |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|------------------------------------------------------|
| <i>clozapine (25 mg tablet, 50 mg tablet, 100 mg tablet, 200 mg tablet)</i>                                                                                                                                       | 2    | AL1 At least 13 yrs old<br>PRE Preventive Drug       |
| <i>clozapine 200 mg tab rapdis</i>                                                                                                                                                                                | 1    | PA<br>AL1 At least 13 yrs old<br>PRE Preventive Drug |
| FANAPT                                                                                                                                                                                                            | 3    | PA                                                   |
| LATUDA                                                                                                                                                                                                            | 3    | QL 1 TAB / 1 DAY<br>PA                               |
| NUPLAZID                                                                                                                                                                                                          | 3    | PA<br>S<br>TD Trial Drug                             |
| <i>olanzapine (2.5 mg tablet, 5 mg tablet, 7.5 mg tablet, 10 mg tablet, 15 mg tablet, 20 mg tablet)</i>                                                                                                           | 2    | AL1 At least 13 yrs old<br>PRE Preventive Drug       |
| <i>olanzapine (5 mg tab rapdis, 10 mg tab rapdis, 15 mg tab rapdis, 20 mg tab rapdis)</i>                                                                                                                         | 2    | PA<br>AL1 At least 13 yrs old<br>PRE Preventive Drug |
| <i>paliperidone</i>                                                                                                                                                                                               | 1    | PA                                                   |
| <i>quetiapine fumarate (25 mg tablet, 50 mg tab er 24h, 50 mg tablet, 100 mg tablet, 150 mg tab er 24h, 200 mg tab er 24h, 200 mg tablet, 300 mg tab er 24h, 300 mg tablet, 400 mg tab er 24h, 400 mg tablet)</i> | 2    | AL1 At least 13 yrs old<br>PRE Preventive Drug       |
| REXULTI                                                                                                                                                                                                           | 3    | PA                                                   |
| <i>risperidone (0.25 mg tab rapdis, 0.5 mg tab rapdis, 1 mg tab rapdis, 2 mg tab rapdis, 3 mg tab rapdis, 4 mg tab rapdis)</i>                                                                                    | 2    | PA<br>AL1 At least 13 yrs old<br>PRE Preventive Drug |
| <i>risperidone (0.25 mg tablet, 0.5 mg tablet, 1 mg tablet, 2 mg tablet, 3 mg tablet, 4 mg tablet)</i>                                                                                                            | 1    | AL1 At least 13 yrs old<br>PRE Preventive Drug       |
| <i>risperidone 1 mg/ml solution</i>                                                                                                                                                                               | 2    | AL1 At least 13 yrs old<br>PRE Preventive Drug       |
| SAPHRIS                                                                                                                                                                                                           | 3    | PA                                                   |

| PRODUCT DESCRIPTION                                                                                | TIER | LIMITS & RESTRICTIONS                                |
|----------------------------------------------------------------------------------------------------|------|------------------------------------------------------|
| SECUADO                                                                                            | 3    | PA                                                   |
| VERSACLOZ                                                                                          | 3    | PA<br>AL1 At least 13 yrs old<br>PRE Preventive Drug |
| VRAYLAR (1.5 MG CAPSULE, 1.5 MG-3 MG PACK)                                                         | 3    | QL 2 CAPS / 1 DAY<br>PA                              |
| VRAYLAR (3 MG CAPSULE, 4.5 MG CAPSULE, 6 MG CAPSULE)                                               | 3    | QL 1 CAP / 1 DAY<br>PA                               |
| <i>ziprasidone hcl</i>                                                                             | 2    | AL1 At least 13 yrs old<br>PRE Preventive Drug       |
| BUTYROPHENONES                                                                                     |      |                                                      |
| <i>haloperidol</i>                                                                                 | 2    | AL1 At least 13 yrs old<br>PRE Preventive Drug       |
| <i>haloperidol lactate 2 mg/ml oral conc</i>                                                       | 2    | AL1 At least 13 yrs old<br>PRE Preventive Drug       |
| PHENOTHIAZINES                                                                                     |      |                                                      |
| <i>chlorpromazine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet, 100 mg tablet, 200 mg tablet)</i> | 2    | PA<br>PRE Preventive Drug                            |
| <i>fluphenazine hcl (1 mg tablet, 2.5 mg tablet, 5 mg tablet, 10 mg tablet)</i>                    | 2    | AL1 At least 13 yrs old<br>PRE Preventive Drug       |
| <i>fluphenazine hcl (2.5 mg/5ml elixir, 5 mg/ml oral conc)</i>                                     | 1    | AL1 At least 13 yrs old<br>PRE Preventive Drug       |
| <i>perphenazine</i>                                                                                | 1    | AL1 At least 13 yrs old<br>PRE Preventive Drug       |
| <i>thioridazine hcl</i>                                                                            | 1    | AL1 At least 13 yrs old<br>PRE Preventive Drug       |
| <i>trifluoperazine hcl</i>                                                                         | 2    | AL1 At least 13 yrs old<br>PRE Preventive Drug       |

| PRODUCT DESCRIPTION                                                                           | TIER | LIMITS & RESTRICTIONS                          |
|-----------------------------------------------------------------------------------------------|------|------------------------------------------------|
| THIOXANTHENES                                                                                 |      |                                                |
| <i>thiothixene</i>                                                                            | 1    | AL1 At least 13 yrs old<br>PRE Preventive Drug |
| ANTIRETROVIRALS                                                                               |      |                                                |
| HIV ENTRY AND FUSION INHIBITORS                                                               |      |                                                |
| FUZEON                                                                                        | 3    | S                                              |
| SELZENTRY (20 MG/ML ORAL SOLN, 25 MG TABLET, 75 MG TABLET, 150 MG TABLET, 300 MG TABLET)      | 3    |                                                |
| HIV INTEGRASE INHIBITOR ANTIRETROVIRALS                                                       |      |                                                |
| ISENTRESS                                                                                     | 3    |                                                |
| ISENTRESS HD                                                                                  | 3    |                                                |
| JULUCA                                                                                        | 3    |                                                |
| TIVICAY                                                                                       | 3    |                                                |
| TIVICAY PD                                                                                    | 3    |                                                |
| HIV NONNUCLEOSIDE REV.TRANScrip. INHIB.                                                       |      |                                                |
| EDURANT                                                                                       | 3    |                                                |
| <i>efavirenz (50 mg capsule, 600 mg tablet)</i>                                               | 2    |                                                |
| <i>efavirenz 200 mg capsule</i>                                                               | 1    |                                                |
| INTELENCE                                                                                     | 3    |                                                |
| <i>nevirapine (50 mg/5 ml oral susp, 100 mg tab er 24h, 200 mg tablet, 400 mg tab er 24h)</i> | 2    |                                                |
| HIV NUCLEOSIDE, NUCLEOTIDE RT INHIBITORS                                                      |      |                                                |
| <i>abacavir sulfate (20 mg/ml solution, 300 mg tablet)</i>                                    | 2    |                                                |
| <i>abacavir sulfate/lamivudine</i>                                                            | 1    |                                                |
| <i>abacavir sulfate/lamivudine/zidovudine</i>                                                 | 2    |                                                |
| BIKTARVY                                                                                      | 3    |                                                |
| COMPLERA                                                                                      | 3    |                                                |
| DESCOVY                                                                                       | 3    | ACA Affordable Care Act                        |
| <i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>                                  | 2    |                                                |
| <i>emtricitabine</i>                                                                          | 2    | ACA Affordable Care Act                        |

| PRODUCT DESCRIPTION                                                                        | TIER | LIMITS & RESTRICTIONS   |
|--------------------------------------------------------------------------------------------|------|-------------------------|
| <i>emtricitabine/tenofovir disoproxil fumarate</i>                                         | 2    | ACA Affordable Care Act |
| EMTRIVA 10 MG/ML SOLUTION                                                                  | 3    | ACA Affordable Care Act |
| EPIVIR HBV 25 MG/5 ML SOLN                                                                 | 3    |                         |
| GENVOYA                                                                                    | 3    |                         |
| <i>lamivudine (10 mg/ml solution, 100 mg tablet, 150 mg tablet, 300 mg tablet)</i>         | 2    |                         |
| <i>lamivudine/zidovudine</i>                                                               | 2    |                         |
| ODEFSEY                                                                                    | 3    |                         |
| STRIBILD                                                                                   | 3    |                         |
| <i>tenofovir disoproxil fumarate</i>                                                       | 1    | ACA Affordable Care Act |
| TRIUMEQ                                                                                    | 3    |                         |
| TRUVADA (100 MG-150 MG TABLET, 133 MG-200 MG TABLET, 167 MG-250 MG TABLET)                 | 3    | ACA Affordable Care Act |
| VIREAD (150 MG TABLET, 200 MG TABLET, 250 MG TABLET, POWDER)                               | 3    |                         |
| <i>zidovudine (10 mg/ml syrup, 300 mg tablet)</i>                                          | 2    |                         |
| <i>zidovudine 100 mg capsule</i>                                                           | 1    |                         |
| <b>HIV PROTEASE INHIBITOR ANTIRETROVIRALS</b>                                              |      |                         |
| APTIVUS (100 MG/ML SOLUTION, 250 MG CAPSULE)                                               | 3    |                         |
| <i>atazanavir sulfate</i>                                                                  | 2    |                         |
| EVOTAZ                                                                                     | 3    |                         |
| <i>fosamprenavir calcium</i>                                                               | 2    |                         |
| INVIRASE                                                                                   | 3    |                         |
| KALETRA (100-25 MG TABLET, 200-50 MG TABLET)                                               | 3    |                         |
| LEXIVA 50 MG/ML SUSPENSION                                                                 | 3    |                         |
| <i>lopinavir/ritonavir</i>                                                                 | 2    |                         |
| NORVIR 80 MG/ML SOLUTION                                                                   | 3    |                         |
| PREZCOBIX                                                                                  | 3    |                         |
| PREZISTA (75 MG TABLET, 100 MG/ML SUSPENSION, 150 MG TABLET, 600 MG TABLET, 800 MG TABLET) | 3    |                         |

| PRODUCT DESCRIPTION                        | TIER | LIMITS & RESTRICTIONS     |
|--------------------------------------------|------|---------------------------|
| REYATAZ 50 MG POWDER PACKET                | 3    |                           |
| <i>ritonavir</i>                           | 2    |                           |
| SYMTUZA                                    | 3    |                           |
| ANTITHROMBOTIC AGENTS                      |      |                           |
| ANTITHROMBOTIC AGENTS, MISCELLANEOUS       |      |                           |
| CABLIVI 11 MG KIT                          | 3    | PA<br>S                   |
| PLATELET-AGGREGATION INHIBITORS            |      |                           |
| BRILINTA                                   | 3    | PRE Preventive Drug       |
| <i>cilostazol</i>                          | 2    | PRE Preventive Drug       |
| <i>clopidogrel bisulfate 75 mg tablet</i>  | 1    | PRE Preventive Drug       |
| <i>prasugrel hcl</i>                       | 2    | PRE Preventive Drug       |
| ZONTIVITY                                  | 3    | PA<br>PRE Preventive Drug |
| PLATELET-REDUCING AGENTS                   |      |                           |
| <i>anagrelide hcl</i>                      | 2    | PRE Preventive Drug       |
| ANTITOXINS, IMMUNE GLOB, TOXOIDS, VACCINES |      |                           |
| ALLERGENIC EXTRACTS (THERAPEUTIC)          |      |                           |
| GRASTEK                                    | 3    | PA                        |
| ODACTRA                                    | 3    | PA                        |
| PALFORZIA                                  | 3    | PA<br>S                   |
| RAGWITEK                                   | 3    | PA                        |
| ANTITOXINS AND IMMUNE GLOBULINS            |      |                           |
| PANZYGA                                    | 3    | PA<br>S                   |

| PRODUCT DESCRIPTION                                              | TIER | LIMITS & RESTRICTIONS |
|------------------------------------------------------------------|------|-----------------------|
| <b>TOXOIDS</b>                                                   |      |                       |
| ADACEL TDAP                                                      | 3    |                       |
| BOOSTRIX TDAP                                                    | 3    |                       |
| DAPTACEL DTAP                                                    | 3    |                       |
| INFANRIX DTAP                                                    | 3    |                       |
| TENIVAC SYRINGE                                                  | 3    |                       |
| <i>tetanus and diphtheria toxoids, adult</i>                     | 3    |                       |
| <i>tetanus, diphtheria toxoid ped/pf</i>                         | 3    |                       |
| <b>VACCINES</b>                                                  |      |                       |
| ACTHIB                                                           | 3    |                       |
| <i>adenovirus live type-4 and adenovirus live type-7 vaccine</i> | 3    |                       |
| <i>adenovirus vaccine live type-4</i>                            | 3    |                       |
| <i>adenovirus vaccine live type-7</i>                            | 3    |                       |
| AFLURIA 2018-2019 (SYRINGE, VIAL)                                | 3    |                       |
| AFLURIA QUAD 2018-2019 (SYRINGE, VIAL)                           | 3    |                       |
| AFLURIA QUAD 2019-20 (3YR UP)                                    | 3    |                       |
| AFLURIA QUAD 2019-20 (6-35MO)                                    | 3    |                       |
| AFLURIA QUAD 2019-2020                                           | 3    |                       |
| AFLURIA QUAD 2020-2021                                           | 3    |                       |
| AFLURIA QUAD 2020-21 (3YR UP)                                    | 3    |                       |
| AFLURIA QUAD 2020-21 (6-35MO)                                    | 3    |                       |
| BEXSERO                                                          | 3    |                       |
| ENGRIX-B ADULT                                                   | 3    |                       |
| ENGRIX-B PEDIATRIC-ADOLESCENT                                    | 3    |                       |
| EZ FLU 2018-2019 (FLUCELVAX)                                     | 3    | PRE Preventive Drug   |
| FLUAD 2018-2019                                                  | 3    | PRE Preventive Drug   |
| FLUAD 2019-2020                                                  | 3    |                       |
| FLUAD 2020-2021                                                  | 3    |                       |

| PRODUCT DESCRIPTION                  | TIER | LIMITS & RESTRICTIONS |
|--------------------------------------|------|-----------------------|
| FLUAD QUAD 2020-2021                 | 3    |                       |
| FLUARIX QUAD 2018-2019               | 3    | PRE Preventive Drug   |
| FLUARIX QUAD 2019-2020               | 3    |                       |
| FLUARIX QUAD 2020-2021               | 3    |                       |
| FLUBLOK QUAD 2018-2019               | 3    | PRE Preventive Drug   |
| FLUBLOK QUAD 2019-2020               | 3    |                       |
| FLUBLOK QUAD 2020-2021               | 3    |                       |
| FLUCELVAX QUAD 2018-2019 (SYR, VIAL) | 3    | PRE Preventive Drug   |
| FLUCELVAX QUAD 2019-2020 (SYR, VIAL) | 3    |                       |
| FLUCELVAX QUAD 2020-2021 (SYR, VIAL) | 3    |                       |
| FLULAVAL QUAD 2018-2019 (SYR, VIAL)  | 3    | PRE Preventive Drug   |
| FLULAVAL QUAD 2019-2020 (SYR, VIAL)  | 3    |                       |
| FLULAVAL QUAD 2020-2021              | 3    |                       |
| FLUMIST QUAD 2018-2019               | 3    | PRE Preventive Drug   |
| FLUMIST QUAD 2019-2020               | 3    | PRE Preventive Drug   |
| FLUMIST QUAD 2020-2021               | 3    |                       |
| FLUZONE HIGH-DOSE 2018-2019          | 3    | PRE Preventive Drug   |
| FLUZONE HIGH-DOSE 2019-2020          | 3    |                       |
| FLUZONE HIGH-DOSE QUAD 2020-21       | 3    |                       |
| FLUZONE QUAD 2018-2019               | 3    | PRE Preventive Drug   |
| FLUZONE QUAD 2019-2020               | 3    |                       |
| FLUZONE QUAD 2020-2021               | 3    |                       |
| FLUZONE QUAD PEDI 2018-2019          | 3    | PRE Preventive Drug   |
| FLUZONE QUAD PEDI 2019-2020          | 3    |                       |
| GARDASIL 9                           | 3    |                       |
| HAVRIX                               | 3    |                       |
| HEPLISAV-B 20 MCG/0.5 ML SYRNG       | 3    |                       |

| PRODUCT DESCRIPTION                                                    | TIER | LIMITS & RESTRICTIONS |
|------------------------------------------------------------------------|------|-----------------------|
| HIBERIX                                                                | 3    |                       |
| KINRIX                                                                 | 3    |                       |
| MENACTRA                                                               | 3    |                       |
| MENQUADFI                                                              | 3    |                       |
| MENVEO A-C-Y-W-135-DIP                                                 | 3    |                       |
| PEDIARIX                                                               | 3    |                       |
| PEDVAXHIB                                                              | 3    |                       |
| PENTACEL                                                               | 3    | PRE Preventive Drug   |
| PENTACEL ACTHIB COMPONENT                                              | 3    | PRE Preventive Drug   |
| PENTACEL DTAP-IPV COMPONENT                                            | 3    | PRE Preventive Drug   |
| PNEUMOVAX 23                                                           | 3    |                       |
| PREVNAR 13                                                             | 3    |                       |
| PROQUAD                                                                | 3    |                       |
| RECOMBIVAX HB (5 MCG/0.5 ML SYR, 10 MCG/ML SYR, 40 MCG/ML VIAL)        | 3    |                       |
| SHINGRIX                                                               | 3    | QL 1 KIT / rx         |
| SHINGRIX GE ANTIGEN COMPONENT                                          | 3    | QL 1 KIT / rx         |
| TRUMENBA                                                               | 3    |                       |
| TWINRIX                                                                | 3    |                       |
| VAQTA (25 UNITS/0.5 ML SYRINGE, 50 UNITS/ML SYRINGE, 50 UNITS/ML VIAL) | 3    |                       |
| VARIVAX VACCINE                                                        | 3    |                       |
| VAXCHORA ACTIVE COMPONENT                                              | 3    |                       |
| VAXCHORA VACCINE                                                       | 3    |                       |
| VIVOTIF                                                                | 3    | PRE Preventive Drug   |
| ZOSTAVAX                                                               | 3    |                       |

| PRODUCT DESCRIPTION                                                                                                      | TIER | LIMITS & RESTRICTIONS |
|--------------------------------------------------------------------------------------------------------------------------|------|-----------------------|
| ANTIULCER AGENTS AND ACID SUPPRESSANTS                                                                                   |      |                       |
| ANTIULCER AGENTS AND ACID SUPPRESS.,MISC                                                                                 |      |                       |
| TALICIA                                                                                                                  | 3    | PA                    |
| HISTAMINE H2-ANTAGONISTS                                                                                                 |      |                       |
| <i>cimetidine (300 mg tablet, 400 mg tablet, 800 mg tablet)</i>                                                          | 2    |                       |
| <i>cimetidine hcl</i>                                                                                                    | 2    |                       |
| <i>famotidine (20 mg tablet, 40 mg tablet)</i>                                                                           | 1    |                       |
| PROSTAGLANDINS                                                                                                           |      |                       |
| <i>misoprostol</i>                                                                                                       | 2    |                       |
| PROTECTANTS                                                                                                              |      |                       |
| <i>sucralfate 1 g tablet</i>                                                                                             | 2    |                       |
| <i>sucralfate 1 g/10 ml oral susp</i>                                                                                    | 2    | PA                    |
| PROTON-PUMP INHIBITORS                                                                                                   |      |                       |
| <i>esomeprazole magnesium (20 mg capsule dr, 40 mg capsule dr)</i>                                                       | 2    |                       |
| <i>lansoprazole (15 mg capsule dr, 30 mg capsule dr)</i>                                                                 | 2    |                       |
| <i>lansoprazole (15 mg tab rap dr, 30 mg tab rap dr)</i>                                                                 | 2    | AL1 Up to 9 yrs old   |
| <i>omeprazole</i>                                                                                                        | 2    |                       |
| <i>pantoprazole sodium (20 mg tablet dr, 40 mg tablet dr)</i>                                                            | 1    |                       |
| <i>rabeprazole sodium 20 mg tablet dr</i>                                                                                | 2    |                       |
| ANTIVIRALS (SYSTEMIC)                                                                                                    |      |                       |
| ADAMANTANE ANTIVIRALS                                                                                                    |      |                       |
| <i>rimantadine hcl</i>                                                                                                   | 2    |                       |
| ANTIVIRALS, MISCELLANEOUS                                                                                                |      |                       |
| PREVYMIS (240 MG TABLET, 480 MG TABLET)                                                                                  | 3    |                       |
| INTERFERON ANTIVIRALS                                                                                                    |      |                       |
| ALFERON N                                                                                                                | 3    | S                     |
| INTRON A (10 MILLION UNITS VIL, 18 MILLION UNIT/3 ML, 18 MILLION UNITS VIL, 25 MILLION UNIT/2.5ML, 50 MILLION UNITS VIL) | 3    | S                     |

| PRODUCT DESCRIPTION                                             | TIER | LIMITS & RESTRICTIONS |
|-----------------------------------------------------------------|------|-----------------------|
| PEGASYS                                                         | 3    | PA<br>S               |
| PEGASYS PROCLICK                                                | 3    | PA<br>S               |
| PEGINTRON                                                       | 3    | PA<br>S               |
| SYLATRON                                                        | 3    | S<br>ONC Oncology     |
| NEURAMINIDASE INHIBITOR ANTIVIRALS                              |      |                       |
| <i>oseltamivir phosphate (45 mg capsule, 75 mg capsule)</i>     | 2    | QL 10 CAPS / 1 FILL   |
| <i>oseltamivir phosphate 30 mg capsule</i>                      | 2    | QL 20 CAPS / 1 FILL   |
| <i>oseltamivir phosphate 6 mg/ml susp recon</i>                 | 2    | QL 180 ML / 1 FILL    |
| RELENZA                                                         | 3    | QL 20 CAPS / 1 FILL   |
| NUCLEOSIDE AND NUCLEOTIDE ANTIVIRALS                            |      |                       |
| <i>acyclovir (200 mg capsule, 400 mg tablet, 800 mg tablet)</i> | 2    |                       |
| <i>acyclovir 200 mg/5ml oral susp</i>                           | 2    | AL1 Up to 12 yrs old  |
| <i>adefovir dipivoxil</i>                                       | 2    |                       |
| BARACLUDE 0.05 MG/ML SOLUTION                                   | 3    |                       |
| <i>entecavir</i>                                                | 1    |                       |
| <i>famciclovir</i>                                              | 2    |                       |
| REBETOL                                                         | 3    | S                     |
| <i>ribavirin (200 mg capsule, 200 mg tablet)</i>                | 2    | S                     |
| <i>valacyclovir hcl</i>                                         | 2    |                       |
| <i>valganciclovir hcl (50 mg/ml soln recon, 450 mg tablet)</i>  | 2    |                       |
| VEMLIDY                                                         | 3    |                       |

| PRODUCT DESCRIPTION                                                                                               | TIER | LIMITS & RESTRICTIONS |
|-------------------------------------------------------------------------------------------------------------------|------|-----------------------|
| ANXIOLYTICS, SEDATIVES AND HYPNOTICS                                                                              |      |                       |
| ANXIOLYTICS, SEDATIVES, AND HYPNOTICS, MISC                                                                       |      |                       |
| <i>bupirone hcl</i>                                                                                               | 2    |                       |
| <i>eszopiclone</i>                                                                                                | 2    |                       |
| <i>hydroxyzine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet)</i>                                                 | 1    |                       |
| <i>hydroxyzine hcl (10 mg/5 ml solution, 50 mg/25ml solution)</i>                                                 | 2    |                       |
| <i>hydroxyzine pamoate</i>                                                                                        | 2    |                       |
| <i>zaleplon</i>                                                                                                   | 2    |                       |
| <i>zolpidem tartrate (5 mg tablet, 10 mg tablet)</i>                                                              | 1    |                       |
| BARBITURATES (ANXIOLYTIC, SEDATIVE/HYP)                                                                           |      |                       |
| <i>phenobarbital (15 mg tablet, 16.2 mg tablet, 20 mg/5 ml elixir, 30 mg tablet, 60 mg tablet, 100 mg tablet)</i> | 2    |                       |
| BENZODIAZEPINES (ANXIOLYTIC, SEDATIVE/HYP)                                                                        |      |                       |
| <i>alprazolam (0.25 mg tablet, 0.5 mg tab er 24h, 0.5 mg tablet, 1 mg tab er 24h, 1 mg tablet)</i>                | 1    | QL 6 TABS / 1 DAY     |
| <i>alprazolam (2 mg tab er 24h, 2 mg tablet)</i>                                                                  | 1    | QL 3 TABS / 1 DAY     |
| <i>alprazolam 3 mg tab er 24h</i>                                                                                 | 1    | QL 2 TABS / 1 DAY     |
| <i>chlordiazepoxide hcl 10 mg capsule</i>                                                                         | 1    | QL 6 CAPS / 1 DAY     |
| <i>chlordiazepoxide hcl 25 mg capsule</i>                                                                         | 1    | QL 4 CAPS / 1 DAY     |
| <i>chlordiazepoxide hcl 5 mg capsule</i>                                                                          | 2    | QL 6 CAPS / 1 DAY     |
| <i>diazepam (2 mg tablet, 5 mg tablet)</i>                                                                        | 1    | QL 6 TABS / 1 DAY     |
| <i>diazepam (2.5 mg kit, 5-7.5-10mg kit, 12.5-15-20 kit)</i>                                                      | 2    | QL 4 KIT / 30 DAYS    |
| <i>diazepam 10 mg tablet</i>                                                                                      | 1    | QL 4 TABS / 1 DAY     |
| <i>diazepam 5 mg/5 ml solution</i>                                                                                | 2    | QL 40 ML / 1 DAY      |
| <i>diazepam 5 mg/ml oral conc</i>                                                                                 | 2    | QL 8 ML / 1 DAY       |
| <i>lorazepam (0.5 mg tablet, 1 mg tablet)</i>                                                                     | 1    | QL 6 TABS / 1 DAY     |
| <i>lorazepam 2 mg tablet</i>                                                                                      | 1    | QL 5 TABS / 1 DAY     |

| PRODUCT DESCRIPTION                                                                                                                    | TIER | LIMITS & RESTRICTIONS                                            |
|----------------------------------------------------------------------------------------------------------------------------------------|------|------------------------------------------------------------------|
| <i>lorazepam 2 mg/ml oral conc</i>                                                                                                     | 2    | QL 5 ML / 1 DAY                                                  |
| LORAZEPAM INTENSOL                                                                                                                     | 2    | QL 5 ML / 1 DAY                                                  |
| <i>temazepam 15 mg capsule</i>                                                                                                         | 1    | QL 2 CAPS / 1 DAY                                                |
| <i>temazepam 30 mg capsule</i>                                                                                                         | 1    | QL 1 CAP / 1 DAY                                                 |
| VALTOCO                                                                                                                                | 3    | QL 1 carton / rx<br>PA                                           |
| AUTONOMIC DRUGS                                                                                                                        |      |                                                                  |
| AUTONOMIC DRUGS, MISCELLANEOUS                                                                                                         |      |                                                                  |
| CHANTIX                                                                                                                                | 3    | QL 2 TABS / 1 DAY<br>SC Smoking Cessation<br>PRE Preventive Drug |
| NICOTROL                                                                                                                               | 3    | SC Smoking Cessation<br>PRE Preventive Drug                      |
| NICOTROL NS                                                                                                                            | 3    | SC Smoking Cessation<br>PRE Preventive Drug                      |
| PARASYMPATHOMIMETIC (CHOLINERGIC AGENTS)                                                                                               |      |                                                                  |
| <i>bethanechol chloride</i>                                                                                                            | 2    |                                                                  |
| <i>cevimeline hcl</i>                                                                                                                  | 2    |                                                                  |
| <i>donepezil hcl (5 mg tab rapdis, 5 mg tablet, 10 mg tab rapdis, 10 mg tablet)</i>                                                    | 2    |                                                                  |
| <i>galantamine hbr (4 mg tablet, 4 mg/ml solution, 8 mg cap24h pel, 8 mg tablet, 12 mg tablet, 16 mg cap24h pel, 24 mg cap24h pel)</i> | 2    |                                                                  |
| <i>pilocarpine hcl (5 mg tablet, 7.5 mg tablet)</i>                                                                                    | 2    |                                                                  |
| <i>pyridostigmine bromide 180 mg tablet er</i>                                                                                         | 2    | PA                                                               |
| <i>pyridostigmine bromide 30 mg tablet</i>                                                                                             | 2    | QL 1 TAB / 1 DAY                                                 |
| <i>pyridostigmine bromide 60 mg tablet</i>                                                                                             | 2    |                                                                  |
| <i>rivastigmine tartrate</i>                                                                                                           | 2    |                                                                  |

| PRODUCT DESCRIPTION                                                                                                                              | TIER | LIMITS & RESTRICTIONS              |
|--------------------------------------------------------------------------------------------------------------------------------------------------|------|------------------------------------|
| BETA-3-ADRENERGIC AGONISTS                                                                                                                       |      |                                    |
| SELECTIVE BETA-3-ADRENERGIC AGONISTS                                                                                                             |      |                                    |
| MYRBETRIQ                                                                                                                                        | 3    |                                    |
| BETA-ADRENERGIC AGONISTS                                                                                                                         |      |                                    |
| SELECTIVE BETA-2-ADRENERGIC AGONISTS                                                                                                             |      |                                    |
| <i>albuterol sulfate (0.63mg/3ml vial-neb, 1.25mg/3ml vial-neb, 2 mg/5 ml syrup, 2.5 mg/0.5 vial-neb, 2.5 mg/3ml vial-neb, 5 mg/ml solution)</i> | 2    |                                    |
| <i>levalbuterol tartrate</i>                                                                                                                     | 2    | PRE Preventive Drug                |
| SEREVENT DISKUS                                                                                                                                  | 3    | PRE Preventive Drug                |
| STRIVERDI RESPIMAT                                                                                                                               | 3    | PRE Preventive Drug                |
| VENTOLIN HFA                                                                                                                                     | 2    |                                    |
| BLOOD FORMATION, COAGULATION, THROMBOSIS                                                                                                         |      |                                    |
| BLOOD FORM.,COAG,THROMBOSIS AGENTS MISC.                                                                                                         |      |                                    |
| OXBRYTA                                                                                                                                          | 3    | QL 3 tablets / 1 day(s)<br>PA<br>S |
| HEMATOPOIETIC AGENTS                                                                                                                             |      |                                    |
| ARANESP                                                                                                                                          | 3    | S                                  |
| FULPHILA                                                                                                                                         | 3    |                                    |
| GRANIX                                                                                                                                           | 3    | S                                  |
| PROMACTA (12.5 MG TABLET, 25 MG TABLET, 50 MG TABLET, 75 MG TABLET)                                                                              | 3    | PA<br>S                            |
| PROMACTA 12.5 MG SUSPEN PACKET                                                                                                                   | 3    | QL 1 PACKET / 1 DAY<br>PA<br>S     |
| PROMACTA 25 MG SUSPENSION PCKT                                                                                                                   | 3    | QL 3 PACKETS / 1 DAY<br>PA<br>S    |
| RETACRIT                                                                                                                                         | 3    | S                                  |

| PRODUCT DESCRIPTION                                                                                                                                                                                                                                       | TIER | LIMITS & RESTRICTIONS |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-----------------------|
| UDENYCA                                                                                                                                                                                                                                                   | 3    |                       |
| ZIEXTENZO                                                                                                                                                                                                                                                 | 3    |                       |
| HEMORRHEOLOGIC AGENTS                                                                                                                                                                                                                                     |      |                       |
| <i>pentoxifylline</i>                                                                                                                                                                                                                                     | 2    |                       |
| CALCIUM-CHANNEL BLOCKING AGENTS                                                                                                                                                                                                                           |      |                       |
| CALCIUM-CHANNEL BLOCKING AGENTS, MISC.                                                                                                                                                                                                                    |      |                       |
| CARTIA XT                                                                                                                                                                                                                                                 | 2    | PRE Preventive Drug   |
| DILT-XR                                                                                                                                                                                                                                                   | 1    | PRE Preventive Drug   |
| <i>diltiazem hcl (120 mg cap er deg, 180 mg cap er deg, 240 mg cap er deg, 360 mg cap sa 24h)</i>                                                                                                                                                         | 1    | PRE Preventive Drug   |
| <i>diltiazem hcl (30 mg tablet, 60 mg tablet, 90 mg tablet, 120 mg cap er 24h, 120 mg cap sa 24h, 120 mg tablet, 180 mg cap er 24h, 180 mg cap sa 24h, 240 mg cap er 24h, 240 mg cap sa 24h, 300 mg cap er 24h, 300 mg cap sa 24h, 420 mg cap sa 24h)</i> | 2    | PRE Preventive Drug   |
| MATZIM LA 240 MG TABLET                                                                                                                                                                                                                                   | 1    | PRE Preventive Drug   |
| TAZTIA XT (120 MG CAPSULE, 180 MG CAPSULE, 240 MG CAPSULE, 300 MG CAPSULE)                                                                                                                                                                                | 2    | PRE Preventive Drug   |
| TAZTIA XT 360 MG CAPSULE                                                                                                                                                                                                                                  | 1    | PRE Preventive Drug   |
| TIADYLT ER (ER 180 MG CAPSULE, ER 420 MG CAPSULE)                                                                                                                                                                                                         | 2    | PRE Preventive Drug   |
| <i>verapamil hcl (120 mg tablet er, 180 mg tablet er, 240 mg tablet er, 360 mg cap24h pel)</i>                                                                                                                                                            | 2    | PRE Preventive Drug   |
| <i>verapamil hcl (40 mg tablet, 80 mg tablet, 120 mg cap24h pel, 120 mg tablet, 180 mg cap24h pel, 240 mg cap24h pel)</i>                                                                                                                                 | 1    | PRE Preventive Drug   |
| DIHYDROPYRIDINES                                                                                                                                                                                                                                          |      |                       |
| AFEDITAB CR                                                                                                                                                                                                                                               | 2    | PRE Preventive Drug   |
| <i>amlodipine besylate</i>                                                                                                                                                                                                                                | 1    | PRE Preventive Drug   |
| <i>amlodipine besylate/benazepril hcl</i>                                                                                                                                                                                                                 | 2    | PRE Preventive Drug   |
| <i>amlodipine besylate/valsartan</i>                                                                                                                                                                                                                      | 1    | PRE Preventive Drug   |
| <i>amlodipine besylate/valsartan/hydrochlorothiazide</i>                                                                                                                                                                                                  | 2    | PRE Preventive Drug   |

| PRODUCT DESCRIPTION                                                                                                      | TIER | LIMITS & RESTRICTIONS |
|--------------------------------------------------------------------------------------------------------------------------|------|-----------------------|
| <i>felodipine</i>                                                                                                        | 2    |                       |
| <i>nifedipine (10 mg capsule, 20 mg capsule)</i>                                                                         | 2    | AL1 Up to 45 yrs old  |
| <i>nifedipine (30 mg tab er 24, 30 mg tablet er, 60 mg tab er 24, 60 mg tablet er, 90 mg tab er 24, 90 mg tablet er)</i> | 2    | PRE Preventive Drug   |
| <i>nimodipine</i>                                                                                                        | 2    |                       |
| CARDIAC DRUGS                                                                                                            |      |                       |
| CARDIAC DRUGS, MISCELLANEOUS                                                                                             |      |                       |
| CORLANOR (5 MG TABLET, 5 MG/5 ML ORAL SOLN, 7.5 MG TABLET)                                                               | 3    | PA                    |
| VYNDAMAX                                                                                                                 | 3    | PA<br>S               |
| VYNDAQEL                                                                                                                 | 3    | PA<br>S               |
| CARDIOTONIC AGENTS                                                                                                       |      |                       |
| DIGITEK 125 MCG TABLET                                                                                                   | 2    |                       |
| DIGITEK 250 MCG TABLET                                                                                                   | 2    | AL1 Up to 64 yrs old  |
| DIGOX 125 MCG TABLET                                                                                                     | 2    |                       |
| DIGOX 250 MCG TABLET                                                                                                     | 2    | AL1 Up to 64 yrs old  |
| <i>digoxin 125 mcg tablet</i>                                                                                            | 2    |                       |
| <i>digoxin 250 mcg tablet</i>                                                                                            | 2    | AL1 Up to 64 yrs old  |
| <i>digoxin 50 mcg/ml solution</i>                                                                                        | 3    |                       |
| CARDIOVASCULAR DRUGS                                                                                                     |      |                       |
| ALPHA-ADRENERGIC BLOCKING AGENTS                                                                                         |      |                       |
| <i>doxazosin mesylate</i>                                                                                                | 2    | PRE Preventive Drug   |
| <i>prazosin hcl</i>                                                                                                      | 2    | PRE Preventive Drug   |
| <i>terazosin hcl</i>                                                                                                     | 1    | PRE Preventive Drug   |
| BETA-ADRENERGIC BLOCKING AGENTS                                                                                          |      |                       |
| <i>atenolol</i>                                                                                                          | 1    | PRE Preventive Drug   |
| <i>atenolol/chlorthalidone</i>                                                                                           | 2    | PRE Preventive Drug   |

| PRODUCT DESCRIPTION                                                                                                                   | TIER | LIMITS & RESTRICTIONS |
|---------------------------------------------------------------------------------------------------------------------------------------|------|-----------------------|
| <i>bisoprolol fumarate</i>                                                                                                            | 2    | PRE Preventive Drug   |
| <i>bisoprolol fumarate/hydrochlorothiazide</i>                                                                                        | 1    | PRE Preventive Drug   |
| <i>carvedilol</i>                                                                                                                     | 1    | PRE Preventive Drug   |
| <i>labetalol hcl (100 mg tablet, 200 mg tablet, 300 mg tablet)</i>                                                                    | 2    | PRE Preventive Drug   |
| <i>metoprolol succinate</i>                                                                                                           | 2    | PRE Preventive Drug   |
| <i>metoprolol tartrate (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>                                                                | 1    | PRE Preventive Drug   |
| <i>metoprolol tartrate/hydrochlorothiazide</i>                                                                                        | 2    | PRE Preventive Drug   |
| <i>nadolol</i>                                                                                                                        | 1    | PRE Preventive Drug   |
| <i>propranolol hcl (10 mg tablet, 20 mg tablet, 20 mg/5 ml solution, 40 mg tablet, 40mg/5ml solution, 60 mg tablet, 80 mg tablet)</i> | 2    |                       |
| <i>propranolol hcl (60 mg cap sa 24h, 80 mg cap sa 24h, 120 mg cap sa 24h, 160 mg cap sa 24h)</i>                                     | 1    | PRE Preventive Drug   |
| <i>propranolol hcl/hydrochlorothiazide</i>                                                                                            | 2    | PRE Preventive Drug   |
| <i>sotalol hcl (80 mg tablet, 120 mg tablet, 160 mg tablet, 240 mg tablet)</i>                                                        | 2    |                       |
| CENTRAL NERVOUS SYSTEM AGENTS                                                                                                         |      |                       |
| ANTIMANIC AGENTS                                                                                                                      |      |                       |
| <i>lithium carbonate (150 mg capsule, 300 mg capsule, 300 mg tablet, 300 mg tablet er, 450 mg tablet er, 600 mg capsule)</i>          | 2    | PRE Preventive Drug   |
| <i>lithium citrate</i>                                                                                                                | 2    | PRE Preventive Drug   |
| CENTRAL NERVOUS SYSTEM AGENTS, MISC.                                                                                                  |      |                       |
| <i>acamprosate calcium</i>                                                                                                            | 2    | PRE Preventive Drug   |
| <i>atomoxetine hcl (10 mg capsule, 18 mg capsule, 25 mg capsule, 40 mg capsule)</i>                                                   | 2    | QL 2 CAPS / 1 DAY     |
| <i>atomoxetine hcl (60 mg capsule, 80 mg capsule, 100 mg capsule)</i>                                                                 | 2    | QL 1 CAP / 1 DAY      |
| <i>carbidopa</i>                                                                                                                      | 1    |                       |
| <i>guanfacine hcl (3 mg tab er 24h, 4 mg tab er 24h)</i>                                                                              | 2    | QL 1 TAB / 1 DAY      |

| PRODUCT DESCRIPTION                                                                      | TIER | LIMITS & RESTRICTIONS       |
|------------------------------------------------------------------------------------------|------|-----------------------------|
| <i>guanfacine hcl 1 mg tab er 24h</i>                                                    | 2    | QL 3 TABS / 1 DAY           |
| <i>guanfacine hcl 2 mg tab er 24h</i>                                                    | 2    | QL 2 TABS / 1 DAY           |
| <i>memantine hcl (2 mg/ml solution, 5 mg tablet, 5 mg-10 mg tab ds pk, 10 mg tablet)</i> | 2    |                             |
| NOURIANZ                                                                                 | 3    | PA<br>S                     |
| <i>riluzole</i>                                                                          | 2    |                             |
| XYREM                                                                                    | 3    | QL 18 ML / 1 DAY<br>PA<br>S |
| XYWAV                                                                                    | 3    | QL 18 ML / DAY<br>PA<br>S   |
| OPIATE ANTAGONISTS                                                                       |      |                             |
| <i>naloxone hcl 1 mg/ml syringe</i>                                                      | 2    |                             |
| <i>naltrexone hcl</i>                                                                    | 2    |                             |
| NARCAN                                                                                   | 3    |                             |
| VESICULAR MONOAMINE TRANSPORT2 INHIBITOR                                                 |      |                             |
| AUSTEDO                                                                                  | 3    | PA<br>S                     |
| INGREZZA                                                                                 | 3    | PA<br>S                     |
| INGREZZA INITIATION PACK                                                                 | 3    | PA<br>S                     |
| <i>tetrabenazine</i>                                                                     | 2    | PA<br>S                     |

| PRODUCT DESCRIPTION                                                                                      | TIER | LIMITS & RESTRICTIONS     |
|----------------------------------------------------------------------------------------------------------|------|---------------------------|
| <b>CEPHALOSPORIN ANTIBIOTICS</b>                                                                         |      |                           |
| <b>1ST GENERATION CEPHALOSPORIN ANTIBIOTICS</b>                                                          |      |                           |
| <i>cefadroxil (1 g tablet, 250 mg/5ml susp recon, 500 mg/5ml susp recon)</i>                             | 1    |                           |
| <i>cefadroxil 500 mg capsule</i>                                                                         | 2    |                           |
| <i>cephalexin (125 mg/5ml susp recon, 250 mg/5ml susp recon)</i>                                         | 2    |                           |
| <i>cephalexin (250 mg capsule, 500 mg capsule)</i>                                                       | 1    |                           |
| <b>2ND GENERATION CEPHALOSPORIN ANTIBIOTICS</b>                                                          |      |                           |
| <i>cefprozil (125 mg/5ml susp recon, 250 mg/5ml susp recon)</i>                                          | 1    |                           |
| <i>cefprozil (250 mg tablet, 500 mg tablet)</i>                                                          | 2    |                           |
| <i>cefuroxime axetil</i>                                                                                 | 2    |                           |
| <b>3RD GENERATION CEPHALOSPORIN ANTIBIOTICS</b>                                                          |      |                           |
| <i>cefdinir (125 mg/5ml susp recon, 250 mg/5ml susp recon)</i>                                           | 2    |                           |
| <i>cefdinir 300 mg capsule</i>                                                                           | 1    |                           |
| <i>cefixime 400 mg capsule</i>                                                                           | 2    | QL 1 CAP / 30 DAYS        |
| <b>CORTICOSTEROIDS (RESPIRATORY TRACT)</b>                                                               |      |                           |
| <b>ORALLY INHALED PREPARATIONS (STEROIDS)</b>                                                            |      |                           |
| ADVAIR DISKUS                                                                                            | 2    |                           |
| ADVAIR HFA                                                                                               | 3    | PRE Preventive Drug       |
| ARNUITY ELLIPTA                                                                                          | 3    | PRE Preventive Drug       |
| ASMANEX (TWISTHALER 110 MCG #30, TWISTHALER 220 MCG #30, TWISTHALER 220 MCG #60, TWISTHALR 220 MCG #120) | 3    | PRE Preventive Drug       |
| ASMANEX HFA                                                                                              | 3    | PRE Preventive Drug       |
| BREO ELLIPTA                                                                                             | 3    | PRE Preventive Drug       |
| <i>budesonide (0.25mg/2ml ampul-neb, 0.5 mg/2ml ampul-neb, 1 mg/2 ml ampul-neb)</i>                      | 2    | PRE Preventive Drug       |
| <i>budesonide/formoterol fumarate</i>                                                                    | 2    | PA                        |
| DULERA                                                                                                   | 3    | PA<br>PRE Preventive Drug |

| PRODUCT DESCRIPTION                                                     | TIER | LIMITS & RESTRICTIONS |
|-------------------------------------------------------------------------|------|-----------------------|
| FLOVENT DISKUS                                                          | 3    | PRE Preventive Drug   |
| FLOVENT HFA                                                             | 3    | PRE Preventive Drug   |
| <i>fluticasone-salmeterol 113-14 (generic for airduo respiclick)</i>    | 2    | PRE Preventive Drug   |
| <i>fluticasone-salmeterol 232-14 (generic for airduo respiclick)</i>    | 2    | PRE Preventive Drug   |
| <i>fluticasone-salmeterol 55-14 (generic for airduo respiclick)</i>     | 2    | PRE Preventive Drug   |
| PULMICORT FLEXHALER                                                     | 3    | PRE Preventive Drug   |
| QVAR REDHALER                                                           | 3    | PRE Preventive Drug   |
| TRELEGY ELLIPTA                                                         | 3    | PRE Preventive Drug   |
| CYSTIC FIBROSIS (CFTR) MODULATORS<br>CYSTIC FIBROSIS (CFTR) CORRECTORS  |      |                       |
| SYMDEKO                                                                 | 3    | PA<br>S               |
| TRIKAFTA                                                                | 3    | PA<br>S               |
| CYSTIC FIBROSIS (CFTR) POTENTIATORS                                     |      |                       |
| KALYDECO                                                                | 3    | PA<br>S               |
| ORKAMBI                                                                 | 3    | PA<br>S               |
| DEVICES                                                                 |      |                       |
| ACE AEROSOL CLOUD ENHANCER                                              | 4    |                       |
| AEROCHAMBER MINI                                                        | 4    |                       |
| AEROCHAMBER MV                                                          | 4    |                       |
| AEROCHAMBER PLUS FLOW-VU (, LARGE, MED, SMALL)                          | 4    |                       |
| AEROCHAMBER WITH FLOWSIGNAL                                             | 4    |                       |
| AEROCHAMBER Z-STAT PLUS (PLUS LARGE, PLUS W-FLOW, PLUS-MED, PLUS-SMALL) | 4    |                       |

| PRODUCT DESCRIPTION                                                | TIER | LIMITS & RESTRICTIONS                                                                       |
|--------------------------------------------------------------------|------|---------------------------------------------------------------------------------------------|
| AEROTRACH PLUS                                                     | 4    |                                                                                             |
| BREATHERITE                                                        | 4    |                                                                                             |
| BREATHRITE                                                         | 4    |                                                                                             |
| DEXCOM                                                             | 4    | <div>QL</div> <div>PA</div> <div>DS</div> 1 receiver / 365 day(s)<br>Diabetic Supplies      |
| DEXCOM G4 ((PED) RECEIVER KIT, RECEIVER KIT, RECEIVER-SHARE (PED)) | 4    | <div>QL</div> <div>PA</div> <div>DS</div> 1 RECEIVER / 365 day(s)<br>Diabetic Supplies      |
| DEXCOM G4 RECEIVER-SHARE KIT                                       | 4    | <div>QL</div> <div>PA</div> <div>DS</div> 1 receiver / 365 day(s)<br>Diabetic Supplies      |
| DEXCOM G4 TRANSMITTER KIT                                          | 4    | <div>QL</div> <div>PA</div> <div>DS</div> 1 transmitter / 180 day(s)<br>Diabetic Supplies   |
| DEXCOM G5 RECEIVER KIT                                             | 4    | <div>QL</div> <div>PA</div> <div>DS</div> 1 receiver / 365 day(s)<br>Diabetic Supplies      |
| DEXCOM G5 TRANSMITTER KIT                                          | 4    | <div>QL</div> <div>PA</div> <div>DS</div> 1 transmitter / 90 day(s)<br>Diabetic Supplies    |
| DEXCOM G5-G4 SENSOR                                                | 4    | <div>QL</div> <div>PA</div> <div>DS</div> 1 kit (a 4 pack) / 28 day(s)<br>Diabetic Supplies |
| DEXCOM G6 RECEIVER                                                 | 4    | <div>QL</div> <div>PA</div> <div>DS</div> 1 receiver / 365 day(s)<br>Diabetic Supplies      |

| PRODUCT DESCRIPTION                                             | TIER | LIMITS & RESTRICTIONS                                                                    |
|-----------------------------------------------------------------|------|------------------------------------------------------------------------------------------|
| DEXCOM G6 SENSOR                                                | 4    | <div>QL</div> <div>PA</div> <div>DS</div> 3 sensors / 30 day(s)<br>Diabetic Supplies     |
| DEXCOM G6 TRANSMITTER                                           | 4    | <div>QL</div> <div>PA</div> <div>DS</div> 1 transmitter / 84 day(s)<br>Diabetic Supplies |
| EASIVENT (HOLDING CHAMBER, MASK-LARGE, MASK-MEDIUM, MASK-SMALL) | 4    |                                                                                          |
| FREESTYLE LIBRE 10 DAY READER                                   | 4    | <div>QL</div> <div>PA</div> <div>DS</div> 1 reader / 365 day(s)<br>Diabetic Supplies     |
| FREESTYLE LIBRE 10 DAY SENSOR                                   | 4    | <div>QL</div> <div>PA</div> <div>DS</div> 3 sensors / 30 day(s)<br>Diabetic Supplies     |
| FREESTYLE LIBRE 14 DAY READER                                   | 4    | <div>QL</div> <div>PA</div> <div>DS</div> 1 reader / 365 day(s)<br>Diabetic Supplies     |
| FREESTYLE LIBRE 14 DAY SENSOR                                   | 4    | <div>QL</div> <div>PA</div> <div>DS</div> 2 sensors / 28 day(s)<br>Diabetic Supplies     |
| FREESTYLE LIBRE 2 READER                                        | 4    | <div>QL</div> <div>PA</div> <div>DS</div> 1 reader / 365 day(s)<br>Diabetic Supplies     |
| FREESTYLE LIBRE 2 SENSOR                                        | 4    | <div>QL</div> <div>PA</div> <div>DS</div> 2 sensors / 28 day(s)<br>Diabetic Supplies     |
| INPEN (FOR HUMALOG)                                             | 4    |                                                                                          |
| INPEN (FOR NOVOLOG OR FIASP)                                    | 4    |                                                                                          |
| LITETOUCH                                                       | 4    |                                                                                          |
| MICROCHAMBER                                                    | 4    |                                                                                          |

| PRODUCT DESCRIPTION                                                                                | TIER | LIMITS & RESTRICTIONS |
|----------------------------------------------------------------------------------------------------|------|-----------------------|
| MICROSPACER                                                                                        | 4    |                       |
| NOVOPEN ECHO                                                                                       | 4    |                       |
| OMNIPOD (5 PACK POD, STARTER KIT)                                                                  | 4    |                       |
| OMNIPOD DASH 5 PACK POD                                                                            | 4    |                       |
| OMNIPOD DASH PDM KIT                                                                               | 4    |                       |
| OPTICHAMBER                                                                                        | 4    |                       |
| OPTICHAMBER DIAMOND (VHC, W-LRG MASK)                                                              | 4    |                       |
| POCKET CHAMBER                                                                                     | 4    |                       |
| PROCHAMBER                                                                                         | 4    |                       |
| SILICONE MASK-INFANT                                                                               | 4    |                       |
| V-GO 20                                                                                            | 4    |                       |
| V-GO 30                                                                                            | 4    |                       |
| V-GO 40                                                                                            | 4    |                       |
| VGO 20                                                                                             | 4    |                       |
| VGO 30                                                                                             | 4    |                       |
| VGO 40                                                                                             | 4    |                       |
| VORTEX                                                                                             | 4    |                       |
| DIAGNOSTIC AGENTS                                                                                  |      |                       |
| ADRENOCORTICAL INSUFFICIENCY                                                                       |      |                       |
| ACTHAR                                                                                             | 3    | PA<br>S               |
| DIURETICS                                                                                          |      |                       |
| LOOP DIURETICS                                                                                     |      |                       |
| <i>bumetanide (0.5 mg tablet, 1 mg tablet, 2 mg tablet)</i>                                        | 2    | PRE Preventive Drug   |
| <i>furosemide (10 mg/ml solution, 20 mg tablet, 40 mg tablet, 40mg/5ml solution, 80 mg tablet)</i> | 1    | PRE Preventive Drug   |
| <i>torseamide</i>                                                                                  | 2    | PRE Preventive Drug   |

| PRODUCT DESCRIPTION                                                                                                    | TIER | LIMITS & RESTRICTIONS     |
|------------------------------------------------------------------------------------------------------------------------|------|---------------------------|
| POTASSIUM-SPARING DIURETICS                                                                                            |      |                           |
| <i>amiloride hcl</i>                                                                                                   | 2    | PRE Preventive Drug       |
| <i>amiloride hcl/hydrochlorothiazide</i>                                                                               | 2    | PRE Preventive Drug       |
| <i>triamterene/hydrochlorothiazide</i>                                                                                 | 1    | PRE Preventive Drug       |
| THIAZIDE DIURETICS                                                                                                     |      |                           |
| <i>chlorothiazide</i>                                                                                                  | 2    | PRE Preventive Drug       |
| <i>hydrochlorothiazide</i>                                                                                             | 1    | PRE Preventive Drug       |
| THIAZIDE-LIKE DIURETICS                                                                                                |      |                           |
| <i>chlorthalidone</i>                                                                                                  | 2    | PRE Preventive Drug       |
| <i>indapamide</i>                                                                                                      | 2    | PRE Preventive Drug       |
| <i>metolazone</i>                                                                                                      | 2    | PRE Preventive Drug       |
| DOPAMINE RECEPTOR AGONISTS                                                                                             |      |                           |
| ERGOT-DERIV. DOPAMINE RECEPTOR AGONISTS                                                                                |      |                           |
| <i>bromocriptine mesylate</i>                                                                                          | 2    |                           |
| <i>cabergoline</i>                                                                                                     | 2    |                           |
| CYCLOSET                                                                                                               | 3    | PA<br>PRE Preventive Drug |
| NONERGOT-DERIV.DOPAMINE RECEPTOR AGONIST                                                                               |      |                           |
| NEUPRO                                                                                                                 | 3    | PA                        |
| <i>pramipexole di-hcl (0.125 mg tablet, 0.25 mg tablet, 0.5 mg tablet, 0.75 mg tablet, 1 mg tablet, 1.5 mg tablet)</i> | 2    |                           |
| <i>ropinirole hcl (0.25 mg tablet, 0.5 mg tablet, 1 mg tablet, 2 mg tablet, 3 mg tablet, 4 mg tablet, 5 mg tablet)</i> | 2    |                           |
| ELECTROLYTIC, CALORIC, AND WATER BALANCE                                                                               |      |                           |
| ALKALINIZING AGENTS                                                                                                    |      |                           |
| <i>potassium citrate</i>                                                                                               | 2    |                           |
| AMMONIA DETOXICANTS                                                                                                    |      |                           |
| CARBAGLU                                                                                                               | 3    | PA<br>S                   |

| PRODUCT DESCRIPTION                                                                                                                                                                                             | TIER | LIMITS & RESTRICTIONS |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-----------------------|
| ENULOSE                                                                                                                                                                                                         | 2    |                       |
| GENERLAC                                                                                                                                                                                                        | 2    |                       |
| <i>lactulose 10 g/15 ml solution</i>                                                                                                                                                                            | 2    |                       |
| <i>sodium phenylbutyrate 0.94 g/g powder</i>                                                                                                                                                                    | 2    | PA                    |
| CALORIC AGENTS                                                                                                                                                                                                  |      |                       |
| DOJOLVI                                                                                                                                                                                                         | 3    | PA<br>S               |
| REPLACEMENT PREPARATIONS                                                                                                                                                                                        |      |                       |
| KLOR-CON M10                                                                                                                                                                                                    | 2    |                       |
| KLOR-CON M15                                                                                                                                                                                                    | 2    |                       |
| KLOR-CON M20                                                                                                                                                                                                    | 2    |                       |
| <i>potassium chloride (8 meq capsule er, 8 meq tablet er, 10 meq capsule er, 10 meq tab er prt, 10 meq tablet er, 20 meq packet, 20 meq tab er prt, 20 meq tablet er, 20meq/15ml liquid, 40meq/15ml liquid)</i> | 2    |                       |
| URICOSURIC AGENTS                                                                                                                                                                                               |      |                       |
| <i>probenecid</i>                                                                                                                                                                                               | 2    |                       |
| <i>probenecid/colchicine</i>                                                                                                                                                                                    | 2    |                       |
| EMOLLIENTS, DEMULCENTS, AND PROTECTANTS                                                                                                                                                                         |      |                       |
| BASIC LOTIONS AND LINIMENTS                                                                                                                                                                                     |      |                       |
| <i>ammonium lactate 12 % lotion</i>                                                                                                                                                                             | 2    |                       |
| BASIC OINTMENTS AND PROTECTANTS                                                                                                                                                                                 |      |                       |
| <i>ammonium lactate 12 % cream (g)</i>                                                                                                                                                                          | 2    |                       |
| ENZYMES                                                                                                                                                                                                         |      |                       |
| REVCovi                                                                                                                                                                                                         | 3    | PA<br>S               |
| STRENSIQ                                                                                                                                                                                                        | 3    | PA<br>S               |
| SUCRAID                                                                                                                                                                                                         | 3    | PA<br>S               |

| PRODUCT DESCRIPTION                                                                                                                                                                                                                                                                                   | TIER | LIMITS & RESTRICTIONS                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|------------------------------------------------|
| ESTROGENS AND ANTIESTROGENS<br>ESTROGEN AGONIST-ANTAGONISTS                                                                                                                                                                                                                                           |      |                                                |
| <i>raloxifene hcl</i>                                                                                                                                                                                                                                                                                 | 2    | ACA Affordable Care Act                        |
| SOLTAMOX                                                                                                                                                                                                                                                                                              | 3    |                                                |
| <i>tamoxifen citrate</i>                                                                                                                                                                                                                                                                              | 2    | ACA Affordable Care Act<br>PRE Preventive Drug |
| ESTROGENS                                                                                                                                                                                                                                                                                             |      |                                                |
| AMABELZ 0.5 MG-0.1 MG TABLET                                                                                                                                                                                                                                                                          | 2    |                                                |
| DOTTI                                                                                                                                                                                                                                                                                                 | 2    |                                                |
| <i>estradiol (0.01 % cream/appl, .025mg/24h patch tds, .025mg/24h patch tdk, .0375mg/24 patch tds, .0375mg/24 patch tdk, 0.05mg/24h patch tds, 0.05mg/24h patch tdk, 0.06mg/24h patch tdk, .075mg/24h patch tds, .075mg/24h patch tdk, 0.1mg/24hr patch tds, 0.1mg/24hr patch tdk, 10 mcg tablet)</i> | 2    |                                                |
| <i>estradiol (0.5 mg tablet, 1 mg tablet, 2 mg tablet)</i>                                                                                                                                                                                                                                            | 1    |                                                |
| <i>estradiol/norethindrone acet 0.5-0.1 mg tablet</i>                                                                                                                                                                                                                                                 | 2    |                                                |
| FYAVOLV 1 MG-5 MCG TABLET                                                                                                                                                                                                                                                                             | 2    |                                                |
| JINTELI                                                                                                                                                                                                                                                                                               | 2    |                                                |
| LOPREEZA 0.5 MG-0.1 MG TABLET                                                                                                                                                                                                                                                                         | 2    |                                                |
| MIMVEY LO                                                                                                                                                                                                                                                                                             | 2    |                                                |
| <i>norethindrone ac-eth estradiol 1mg-5mcg tablet</i>                                                                                                                                                                                                                                                 | 2    |                                                |
| PREMARIN VAGINAL CREAM-APPL                                                                                                                                                                                                                                                                           | 3    |                                                |
| PREMPRO                                                                                                                                                                                                                                                                                               | 3    |                                                |
| YUVAFEM                                                                                                                                                                                                                                                                                               | 2    |                                                |
| EYE, EAR, NOSE AND THROAT (EENT) PREPS.<br>ANTIALLERGIC AGENTS                                                                                                                                                                                                                                        |      |                                                |
| <i>azelastine hcl (0.05 % drops, 137 mcg spray/pump)</i>                                                                                                                                                                                                                                              | 2    |                                                |
| <i>epinastine hcl</i>                                                                                                                                                                                                                                                                                 | 2    |                                                |
| <i>olopatadine hcl 0.1 % drops</i>                                                                                                                                                                                                                                                                    | 2    |                                                |

| PRODUCT DESCRIPTION                                                                   | TIER | LIMITS & RESTRICTIONS              |
|---------------------------------------------------------------------------------------|------|------------------------------------|
| EENT DRUGS, MISCELLANEOUS                                                             |      |                                    |
| CYSTADROPS                                                                            | 3    | PA<br>S                            |
| CYSTARAN                                                                              | 3    | PA<br>S                            |
| <i>ipratropium bromide (21 mcg spray, 42 mcg spray)</i>                               | 2    |                                    |
| OXERVATE                                                                              | 3    | QL 1 ML / 1 DAY<br>PA<br>S         |
| LOCAL ANESTHETICS (EENT)                                                              |      |                                    |
| <i>lidocaine hcl (2 % jel/pf app, 2 % jelly(ml), 2 % solution, 40 mg/ml solution)</i> | 2    |                                    |
| MYDRIATICS                                                                            |      |                                    |
| <i>atropine sulfate (1 % drops, 1 % oint. (g))</i>                                    | 2    |                                    |
| <i>cyclopentolate hcl 1 % drops</i>                                                   | 2    |                                    |
| <i>homatropine hbr</i>                                                                | 2    |                                    |
| VASOCONSTRICTORS                                                                      |      |                                    |
| <i>phenylephrine hcl (2.5 % drops, 10 % drops)</i>                                    | 2    |                                    |
| FIRST GENERATION ANTIHISTAMINES<br>FIRST GEN. ANTIHIST. DERIVATIVES, MISC.            |      |                                    |
| <i>cyproheptadine hcl</i>                                                             | 2    |                                    |
| PHENOTHIAZINE DERIVATIVES                                                             |      |                                    |
| PHENADOZ                                                                              | 2    |                                    |
| <i>phenylephrine hcl/promethazine hcl</i>                                             | 1    |                                    |
| <i>promethazine hcl (12.5 mg supp.rect, 25 mg supp.rect, 50 mg supp.rect)</i>         | 2    |                                    |
| <i>promethazine hcl (12.5 mg tablet, 25 mg tablet, 50 mg tablet)</i>                  | 2    | AQ1 Up to 64 yrs old; 30 / 1 FILL  |
| <i>promethazine hcl 6.25mg/5ml syrup</i>                                              | 1    | AQ1 Up to 64 yrs old; 300 / 1 FILL |
| PROMETHEGAN                                                                           | 2    |                                    |

| PRODUCT DESCRIPTION                                                                                                              | TIER | LIMITS & RESTRICTIONS   |
|----------------------------------------------------------------------------------------------------------------------------------|------|-------------------------|
| <b>GASTROINTESTINAL DRUGS</b>                                                                                                    |      |                         |
| <b>ANTI-INFLAMMATORY AGENTS (GI DRUGS)</b>                                                                                       |      |                         |
| <i>alosetron hcl</i>                                                                                                             | 2    | PA                      |
| <i>balsalazide disodium</i>                                                                                                      | 2    |                         |
| <i>mesalamine (0.375g cap er 24h, 1.2 g tablet dr, 4 g/60 ml enema, 400 mg cap(dr tab), 800 mg tablet dr, 1000 mg supp.rect)</i> | 2    |                         |
| <b>ANTIDIARRHEA AGENTS</b>                                                                                                       |      |                         |
| <i>diphenoxylate hcl/atropine 2.5-.025/5 liquid</i>                                                                              | 2    | QL 40 ML / 1 DAY        |
| <i>diphenoxylate hcl/atropine 2.5-.025mg tablet</i>                                                                              | 2    | QL 8 TABS / 1 DAY       |
| <i>paregoric</i>                                                                                                                 | 2    | QL 40 ML / 1 DAY        |
| XERMELO                                                                                                                          | 3    | PA<br>S                 |
| <b>CATHARTICS AND LAXATIVES</b>                                                                                                  |      |                         |
| AMITIZA                                                                                                                          | 3    | QL 2 CAPS / 1 DAY       |
| GAVILYTE-C                                                                                                                       | 2    |                         |
| GAVILYTE-G                                                                                                                       | 2    | ACA Affordable Care Act |
| GAVILYTE-N                                                                                                                       | 2    |                         |
| <i>sodium chloride/sodium bicarbonate/potassium chloride/peg</i>                                                                 | 2    |                         |
| TRILYTE WITH FLAVOR PACKETS                                                                                                      | 2    |                         |
| <b>CHOLELITHOLYTIC AGENTS</b>                                                                                                    |      |                         |
| <i>ursodiol</i>                                                                                                                  | 2    |                         |
| <b>DIGESTANTS</b>                                                                                                                |      |                         |
| CREON                                                                                                                            | 3    |                         |
| <b>GI DRUGS, MISCELLANEOUS</b>                                                                                                   |      |                         |
| CHOLBAM                                                                                                                          | 3    | PA<br>S                 |
| ENDARI                                                                                                                           | 3    | PA<br>S                 |

| PRODUCT DESCRIPTION                                                                            | TIER | LIMITS & RESTRICTIONS                                                     |
|------------------------------------------------------------------------------------------------|------|---------------------------------------------------------------------------|
| HUMIRA(CF) PEDI CROHN 80-40 MG                                                                 | 3    | <div>QL</div> <div>PA</div> <div>S</div> 2 ML / 28 DAYS                   |
| LINZESS                                                                                        | 3    | <div>QL</div> 1 CAP / 1 DAY                                               |
| MOVANTIK                                                                                       | 3    | <div>QL</div> <div>PA</div> 1 TAB / 1 DAY                                 |
| SYMPROIC                                                                                       | 3    | <div>PA</div>                                                             |
| XENICAL                                                                                        | 3    | <div>PA</div> <div>PRE</div> <div>WL</div> Preventive Drug<br>Weight Loss |
| PROKINETIC AGENTS                                                                              |      |                                                                           |
| <i>metoclopramide hcl (5 mg tablet, 5 mg/5 ml solution, 10 mg tablet, 10 mg/10ml solution)</i> | 1    |                                                                           |
| GENITOURINARY SMOOTH MUSCLE RELAXANTS<br>ANTIMUSCARINICS                                       |      |                                                                           |
| <i>oxybutynin chloride (5 mg tab er 24, 5 mg/5 ml syrup, 10 mg tab er 24, 15 mg tab er 24)</i> | 2    |                                                                           |
| <i>oxybutynin chloride 5 mg tablet</i>                                                         | 1    |                                                                           |
| <i>solifenacin succinate</i>                                                                   | 2    |                                                                           |
| <i>tolterodine tartrate (1 mg tablet, 2 mg cap er 24h, 2 mg tablet, 4 mg cap er 24h)</i>       | 2    |                                                                           |
| <i>tropium chloride 20 mg tablet</i>                                                           | 1    |                                                                           |
| GOLD COMPOUNDS                                                                                 |      |                                                                           |
| RIDAURA                                                                                        | 3    |                                                                           |
| GONADOTROPINS AND ANTIGONADOTROPINS<br>ANTIGONADTROPINS                                        |      |                                                                           |
| ORILISSA 150 MG TABLET                                                                         | 3    | <div>QL</div> <div>PA</div> <div>S</div> 1 TAB / 1 DAY                    |
| ORILISSA 200 MG TABLET                                                                         | 3    | <div>QL</div> <div>PA</div> <div>S</div> 56 TABS / 28 DAYS                |

| PRODUCT DESCRIPTION                                                                                       | TIER | LIMITS & RESTRICTIONS    |
|-----------------------------------------------------------------------------------------------------------|------|--------------------------|
| HCV ANTIVIRALS                                                                                            |      |                          |
| HCV POLYMERASE INHIBITOR ANTIVIRALS                                                                       |      |                          |
| HARVONI                                                                                                   | 3    | PA<br>S                  |
| <i>ledipasvir/sofosbuvir</i>                                                                              | 2    | PA<br>S                  |
| <i>sofosbuvir/velpatasvir</i>                                                                             | 2    | PA<br>S                  |
| SOVALDI (150 MG PELLET PACKET, 200 MG PELLET PACKET, 200 MG TABLET)                                       | 3    | PA<br>S                  |
| VOSEVI                                                                                                    | 3    | PA<br>S                  |
| HCV PROTEASE INHIBITOR ANTIVIRALS                                                                         |      |                          |
| MAVYRET                                                                                                   | 3    | PA<br>S                  |
| HEAVY METAL ANTAGONISTS                                                                                   |      |                          |
| CHEMET                                                                                                    | 3    |                          |
| D-PENAMINE                                                                                                | 2    | PA                       |
| <i>deferasirox (90 mg tablet, 125 mg tab disper, 180 mg tablet, 250 mg tab disper, 500 mg tab disper)</i> | 2    | PA<br>S<br>TD Trial Drug |
| <i>deferiprone</i>                                                                                        | 2    | PA<br>S                  |
| FERRIPROX (100 MG/ML SOLUTION, 500 MG TABLET, 1,000 MG TABLET)                                            | 3    | PA<br>S                  |
| <i>penicillamine 250 mg tablet</i>                                                                        | 2    | PA<br>S                  |

| PRODUCT DESCRIPTION                                                                                                                    | TIER | LIMITS & RESTRICTIONS                      |
|----------------------------------------------------------------------------------------------------------------------------------------|------|--------------------------------------------|
| <b>HORMONES AND SYNTHETIC SUBSTITUTES</b>                                                                                              |      |                                            |
| <b>ADRENALS</b>                                                                                                                        |      |                                            |
| <i>budesonide 3 mg capdr - er</i>                                                                                                      | 2    |                                            |
| <i>dexamethasone (0.5 mg tablet, 0.75 mg tablet, 1 mg tablet, 1.5 mg tablet, 4 mg tablet, 6 mg tablet)</i>                             | 1    |                                            |
| <i>dexamethasone (0.5 mg/5ml elixir, 0.5 mg/5ml solution, 2 mg tablet)</i>                                                             | 2    |                                            |
| DEXAMETHASONE INTENSOL                                                                                                                 | 3    |                                            |
| <i>dexamethasone sodium phosphate 10 mg/ml vial</i>                                                                                    | 2    |                                            |
| <i>dexamethasone sodium phosphate 4 mg/ml vial</i>                                                                                     | 1    |                                            |
| <i>dexamethasone sodium phosphate/pf</i>                                                                                               | 2    |                                            |
| <i>fludrocortisone acetate</i>                                                                                                         | 2    |                                            |
| <i>hydrocortisone (5 mg tablet, 10 mg tablet, 20 mg tablet)</i>                                                                        | 2    |                                            |
| MEDROL 2 MG TABLET                                                                                                                     | 3    |                                            |
| <i>methylprednisolone</i>                                                                                                              | 2    |                                            |
| MILLIPRED                                                                                                                              | 3    |                                            |
| <i>prednisolone</i>                                                                                                                    | 1    |                                            |
| <i>prednisolone sodium phosphate (5 mg/5 ml solution, 15 mg/5 ml solution, 25 mg/5 ml solution)</i>                                    | 1    |                                            |
| <i>prednisone (1 mg tablet, 2.5 mg tablet, 5 mg tab ds pk, 5 mg tablet, 10 mg tab ds pk, 10 mg tablet, 20 mg tablet, 50 mg tablet)</i> | 1    |                                            |
| <i>prednisone 5 mg/5 ml solution</i>                                                                                                   | 2    |                                            |
| PREDNISONE INTENSOL                                                                                                                    | 3    |                                            |
| SOLU-CORTEF 100 MG ACT-O-VIAL                                                                                                          | 3    |                                            |
| <b>ANDROGENS</b>                                                                                                                       |      |                                            |
| <i>danazol</i>                                                                                                                         | 2    |                                            |
| <i>methyltestosterone</i>                                                                                                              | 2    | <div>QL 5 CAPS / 1 DAY</div> <div>PA</div> |
| <i>oxandrolone 10 mg tablet</i>                                                                                                        | 2    | <div>QL 2 TABS / 1 DAY</div> <div>PA</div> |

| PRODUCT DESCRIPTION                                                                                                                                                                                        | TIER | LIMITS & RESTRICTIONS   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-------------------------|
| <i>oxandrolone 2.5 mg tablet</i>                                                                                                                                                                           | 2    | QL 4 TABS / 1 DAY<br>PA |
| <i>testosterone (1.25g-1.62 gel packet, 2.5g-1.62% gel packet, 10 mg (2%) gel md pmp, 12.5/1.25g gel md pmp, 20.25/1.25 gel md pmp, 25mg(1%) gel packet, 50 mg (1%) gel (gram), 50 mg (1%) gel packet)</i> | 2    | PA                      |
| <i>testosterone cypionate (100 mg/ml vial, 200 mg/ml vial)</i>                                                                                                                                             | 2    | PA                      |
| <i>testosterone enanthate 200 mg/ml vial</i>                                                                                                                                                               | 2    | PA                      |
| <i>testosterone propionate</i>                                                                                                                                                                             | 2    | PA                      |
| CONTRACEPTIVES                                                                                                                                                                                             |      |                         |
| ALTAVERA                                                                                                                                                                                                   | 2    |                         |
| ALYACEN                                                                                                                                                                                                    | 2    |                         |
| AMETHIA                                                                                                                                                                                                    | 2    |                         |
| AMETHIA LO                                                                                                                                                                                                 | 2    |                         |
| APRI                                                                                                                                                                                                       | 2    |                         |
| ARANELLE                                                                                                                                                                                                   | 2    |                         |
| ASHLYNA                                                                                                                                                                                                    | 2    |                         |
| AUBRA                                                                                                                                                                                                      | 2    |                         |
| AUBRA EQ                                                                                                                                                                                                   | 2    |                         |
| AVIANE                                                                                                                                                                                                     | 2    |                         |
| AZURETTE                                                                                                                                                                                                   | 2    |                         |
| BALZIVA                                                                                                                                                                                                    | 2    |                         |
| BEKYREE                                                                                                                                                                                                    | 2    |                         |
| BLISOVI 24 FE                                                                                                                                                                                              | 3    |                         |
| BLISOVI FE                                                                                                                                                                                                 | 2    |                         |
| BRIELLYN                                                                                                                                                                                                   | 2    |                         |
| CAMILA                                                                                                                                                                                                     | 2    |                         |
| CAMRESE                                                                                                                                                                                                    | 2    |                         |
| CAMRESE LO                                                                                                                                                                                                 | 2    |                         |

| PRODUCT DESCRIPTION                                     | TIER | LIMITS & RESTRICTIONS |
|---------------------------------------------------------|------|-----------------------|
| CAZANT                                                  | 2    |                       |
| CHATEAL                                                 | 2    |                       |
| CHATEAL EQ                                              | 2    |                       |
| CRYSSELLE                                               | 2    |                       |
| CYCLAFEM                                                | 2    |                       |
| CYRED                                                   | 2    |                       |
| CYRED EQ                                                | 2    |                       |
| DASETTA                                                 | 2    |                       |
| DAYSEE                                                  | 2    |                       |
| DEBLITANE                                               | 2    |                       |
| DELYLA                                                  | 2    |                       |
| <i>desogestrel-ethinyl estradiol</i>                    | 2    |                       |
| <i>desogestrel-ethinyl estradiol/ethinyl estradiol</i>  | 2    |                       |
| ELINEST                                                 | 2    |                       |
| ELLA                                                    | 3    |                       |
| ELURYNG                                                 | 2    |                       |
| EMOQUETTE                                               | 2    |                       |
| ENPRESSE                                                | 2    |                       |
| ENSKYCE                                                 | 2    |                       |
| ERRIN                                                   | 2    |                       |
| ESTARYLLA                                               | 2    |                       |
| <i>ethinyl estradiol/drospirenone</i>                   | 2    |                       |
| <i>ethynodiol d-ethinyl estradiol 1 mg-50mcg tablet</i> | 2    |                       |
| <i>etonogestrel/ethinyl estradiol</i>                   | 2    |                       |
| FALMINA                                                 | 2    |                       |
| FEMYNOR                                                 | 2    |                       |
| GIANVI                                                  | 2    |                       |
| HEATHER                                                 | 2    |                       |

| PRODUCT DESCRIPTION                                                                                                                                                                                          | TIER | LIMITS & RESTRICTIONS |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-----------------------|
| INCASSIA                                                                                                                                                                                                     | 2    |                       |
| INTROVALE                                                                                                                                                                                                    | 2    |                       |
| ISIBLOOM                                                                                                                                                                                                     | 2    |                       |
| JASMIEL                                                                                                                                                                                                      | 2    |                       |
| JENCYCLA                                                                                                                                                                                                     | 2    |                       |
| JOLESSA                                                                                                                                                                                                      | 2    |                       |
| JOLIVETTE                                                                                                                                                                                                    | 2    |                       |
| JULEBER                                                                                                                                                                                                      | 2    |                       |
| JUNEL                                                                                                                                                                                                        | 2    |                       |
| JUNEL FE                                                                                                                                                                                                     | 2    |                       |
| KARIVA                                                                                                                                                                                                       | 2    |                       |
| KELNOR 1-35                                                                                                                                                                                                  | 2    |                       |
| KELNOR 1-50                                                                                                                                                                                                  | 2    |                       |
| KURVELO                                                                                                                                                                                                      | 2    |                       |
| LARIN                                                                                                                                                                                                        | 2    |                       |
| LARIN FE                                                                                                                                                                                                     | 2    |                       |
| LARISSIA                                                                                                                                                                                                     | 2    |                       |
| LEENA                                                                                                                                                                                                        | 2    |                       |
| LESSINA                                                                                                                                                                                                      | 2    |                       |
| LEVONEST                                                                                                                                                                                                     | 2    |                       |
| <i>levonorgestrel/ethinyl estradiol<br/>(levonorgestrel/ethin.estradiol 0.1-0.02mg tablet,<br/>levonorgestrel/ethin.estradiol 0.15-0.03 tablet,<br/>levonorgestrel/ethin.estradiol 0.15-0.03 tbdspk 3mo)</i> | 2    |                       |
| <i>levonorgestrel/ethinyl estradiol and ethinyl estradiol (l-<br/>norgest/e.estradiol-e.estrad 100-20(84) tbdspk 3mo, l-<br/>norgest/e.estradiol-e.estrad 150-30(84) tbdspk 3mo)</i>                         | 2    |                       |
| LEVORA-28                                                                                                                                                                                                    | 2    |                       |
| LILLOW                                                                                                                                                                                                       | 2    |                       |
| LORYNA                                                                                                                                                                                                       | 2    |                       |

| PRODUCT DESCRIPTION                                                                                    | TIER | LIMITS & RESTRICTIONS |
|--------------------------------------------------------------------------------------------------------|------|-----------------------|
| LOW-OGESTREL                                                                                           | 2    |                       |
| LUTERA                                                                                                 | 2    |                       |
| LYZA                                                                                                   | 2    |                       |
| MARLISSA                                                                                               | 2    |                       |
| MICROGESTIN                                                                                            | 2    |                       |
| MICROGESTIN FE                                                                                         | 2    |                       |
| MILI                                                                                                   | 2    |                       |
| MONO-LINYAH                                                                                            | 2    |                       |
| MONONESSA                                                                                              | 2    |                       |
| MYZILRA                                                                                                | 2    |                       |
| NECON                                                                                                  | 2    |                       |
| NIKKI                                                                                                  | 2    |                       |
| NORA-BE                                                                                                | 2    |                       |
| <i>norethindrone</i>                                                                                   | 2    |                       |
| <i>norethindrone ac-eth estradiol 1mg-20mcg tablet</i>                                                 | 2    |                       |
| <i>norethindrone acetate-ethinyl estradiol/ferrous fumarate (1mg-20(21) tablet, 1.5-30(21) tablet)</i> | 2    |                       |
| <i>norgestimate-ethinyl estradiol (0.25-0.035 tablet, 7daysx3 28 tablet, 7daysx3 lo tablet)</i>        | 2    |                       |
| NORLYDA                                                                                                | 2    |                       |
| NORLYROC                                                                                               | 2    |                       |
| NORTREL                                                                                                | 2    |                       |
| OCELLA                                                                                                 | 2    |                       |
| OGESTREL                                                                                               | 2    |                       |
| ORSYTHIA                                                                                               | 2    |                       |
| PHILITH                                                                                                | 2    |                       |
| PIMTREA                                                                                                | 2    |                       |
| PIRMELLA                                                                                               | 2    |                       |
| PORTIA                                                                                                 | 2    |                       |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|---------------------|------|-----------------------|
| PREVIFEM            | 2    |                       |
| QUASENSE            | 2    |                       |
| RECLIPSEN           | 2    |                       |
| SETLAKIN            | 2    |                       |
| SHAROBEL            | 2    |                       |
| SIMPESSE            | 2    |                       |
| SPRINTEC            | 2    |                       |
| SRONYX              | 2    |                       |
| SYEDA               | 2    |                       |
| TARINA FE           | 2    |                       |
| TARINA FE 1-20 EQ   | 2    |                       |
| TILIA FE            | 2    |                       |
| TRI FEMYNOR         | 2    |                       |
| TRI-ESTARYLLA       | 2    |                       |
| TRI-LEGEST FE       | 2    |                       |
| TRI-LINYAH          | 2    |                       |
| TRI-LO-ESTARYLLA    | 2    |                       |
| TRI-LO-MARZIA       | 2    |                       |
| TRI-LO-SPRINTEC     | 2    |                       |
| TRI-MILI            | 2    |                       |
| TRI-PREVIFEM        | 2    |                       |
| TRI-SPRINTEC        | 2    |                       |
| TRI-VYLIBRA         | 2    |                       |
| TRI-VYLIBRA LO      | 2    |                       |
| TRIVORA-28          | 2    |                       |
| TULANA              | 2    |                       |
| VELIVET             | 2    |                       |
| VIENVA              | 2    |                       |

| PRODUCT DESCRIPTION                                                           | TIER | LIMITS & RESTRICTIONS                    |
|-------------------------------------------------------------------------------|------|------------------------------------------|
| VIORELE                                                                       | 2    |                                          |
| VYFEMLA                                                                       | 2    |                                          |
| VYLIBRA                                                                       | 2    |                                          |
| WERA                                                                          | 2    |                                          |
| XULANE                                                                        | 2    |                                          |
| ZARAH                                                                         | 2    |                                          |
| ZOVIA 1-35E                                                                   | 2    |                                          |
| PITUITARY                                                                     |      |                                          |
| <i>desmopressin acetate (0.1 mg tablet, 0.2 mg tablet)</i>                    | 2    | AL1 At least 8 yrs old                   |
| <i>desmopressin acetate (non-refrigerated)</i>                                | 2    | PA                                       |
| <i>desmopressin acetate 10/spray spray/pump</i>                               | 2    | PA                                       |
| NORDITROPIN FLEXPRO                                                           | 4    | PA<br>GH Growth Hormone                  |
| STIMATE                                                                       | 3    | PA                                       |
| PROGESTINS                                                                    |      |                                          |
| <i>hydroxyprogesterone caproate/pf</i>                                        | 2    | QL 2 ML / 1 FILL<br>S<br>ME Medical Drug |
| MAKENA 250 MG/ML VIAL                                                         | 3    | QL 2 ML / 1 FILL<br>S<br>ME Medical Drug |
| MAKENA 275 MG/1.1 ML AUTOINJCT                                                | 3    | QL 2.2 ML / 1 FILL<br>S                  |
| <i>medroxyprogesterone acetate (2.5 mg tablet, 5 mg tablet, 10 mg tablet)</i> | 1    |                                          |
| <i>megestrol acetate (20 mg tablet, 40 mg tablet, 400mg/10ml oral susp)</i>   | 2    |                                          |
| <i>norethindrone acetate</i>                                                  | 2    |                                          |
| <i>progesterone, micronized</i>                                               | 2    |                                          |

| PRODUCT DESCRIPTION                                                              | TIER | LIMITS & RESTRICTIONS                     |
|----------------------------------------------------------------------------------|------|-------------------------------------------|
| HYPOTENSIVE AGENTS                                                               |      |                                           |
| CENTRAL ALPHA-AGONISTS                                                           |      |                                           |
| <i>clonidine</i>                                                                 | 2    | PRE Preventive Drug                       |
| <i>clonidine hcl (0.1 mg tablet, 0.2 mg tablet, 0.3 mg tablet)</i>               | 1    | PRE Preventive Drug                       |
| <i>guanfacine hcl (1 mg tablet, 2 mg tablet)</i>                                 | 1    | PRE Preventive Drug                       |
| <i>methyldopa</i>                                                                | 2    | PRE Preventive Drug                       |
| DIRECT VASODILATORS                                                              |      |                                           |
| <i>hydralazine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet, 100 mg tablet)</i> | 2    | PRE Preventive Drug                       |
| <i>minoxidil</i>                                                                 | 2    | PRE Preventive Drug                       |
| INSULINS                                                                         |      |                                           |
| LONG-ACTING INSULINS                                                             |      |                                           |
| LANTUS                                                                           | 3    | PRE Preventive Drug                       |
| LANTUS SOLOSTAR                                                                  | 3    | PRE Preventive Drug                       |
| LEVEMIR                                                                          | 3    | PA<br>PRE Preventive Drug                 |
| LEVEMIR FLEXTOUCH                                                                | 3    | PA<br>PRE Preventive Drug                 |
| SOLIQUA 100-33                                                                   | 3    | QL 18 ML / 30 DAYS<br>PRE Preventive Drug |
| TOUJEO MAX SOLOSTAR                                                              | 3    | PRE Preventive Drug                       |
| TOUJEO SOLOSTAR                                                                  | 3    | PRE Preventive Drug                       |
| XULTOPHY 100-3.6                                                                 | 3    | QL 15 ML / 30 DAYS<br>PRE Preventive Drug |
| RAPID-ACTING INSULINS                                                            |      |                                           |
| HUMALOG                                                                          | 3    | PRE Preventive Drug                       |
| HUMALOG JUNIOR KWIKPEN                                                           | 3    | PRE Preventive Drug                       |

| PRODUCT DESCRIPTION                                                        | TIER | LIMITS & RESTRICTIONS |
|----------------------------------------------------------------------------|------|-----------------------|
| HUMALOG KWIKPEN U-100                                                      | 3    | PRE Preventive Drug   |
| HUMALOG KWIKPEN U-200                                                      | 3    | PRE Preventive Drug   |
| HUMALOG MIX 50-50                                                          | 3    | PRE Preventive Drug   |
| HUMALOG MIX 50-50 KWIKPEN                                                  | 3    | PRE Preventive Drug   |
| HUMALOG MIX 75-25                                                          | 3    | PRE Preventive Drug   |
| HUMALOG MIX 75-25 KWIKPEN                                                  | 3    | PRE Preventive Drug   |
| <i>insulin lispro (100/ml ins pen hf, 100/ml insulin pen, 100/ml vial)</i> | 2    | PRE Preventive Drug   |
| <i>insulin lispro protamine and insulin lispro</i>                         | 2    | PRE Preventive Drug   |
| SHORT-ACTING INSULINS                                                      |      |                       |
| HUMULIN R U-500                                                            | 3    | PRE Preventive Drug   |
| HUMULIN R U-500 KWIKPEN                                                    | 3    | PRE Preventive Drug   |
| ION-REMOVING AGENTS                                                        |      |                       |
| PHOSPHATE-REMOVING AGENTS                                                  |      |                       |
| <i>calcium acetate</i>                                                     | 2    |                       |
| PHOSLYRA                                                                   | 3    |                       |
| <i>sevelamer carbonate</i>                                                 | 2    |                       |
| POTASSIUM-REMOVING AGENTS                                                  |      |                       |
| <i>sodium polystyrene sulfonate (15 g/60 ml oral susp, powder)</i>         | 2    |                       |
| MACROLIDE ANTIBIOTICS                                                      |      |                       |
| OTHER MACROLIDE ANTIBIOTICS                                                |      |                       |
| <i>azithromycin (100 mg/5ml susp recon, 200 mg/5ml susp recon)</i>         | 2    |                       |
| <i>azithromycin (250 mg tablet, 500 mg tablet, 600 mg tablet)</i>          | 1    |                       |
| <i>clarithromycin (125 mg/5ml susp recon, 250 mg/5ml susp recon)</i>       | 2    | AL1 Up to 12 yrs old  |
| <i>clarithromycin (250 mg tablet, 500 mg tablet)</i>                       | 2    |                       |
| DIFICID                                                                    | 3    | PA                    |

| PRODUCT DESCRIPTION                                                               | TIER | LIMITS & RESTRICTIONS                          |
|-----------------------------------------------------------------------------------|------|------------------------------------------------|
| MISC. BETA-LACTAM ANTIBIOTICS<br>MONOBACTAM ANTIBIOTICS                           |      |                                                |
| CAYSTON                                                                           | 3    | PA<br>S                                        |
| MISCELLANEOUS THERAPEUTIC AGENTS<br>5-ALPHA-REDUCTASE INHIBITORS                  |      |                                                |
| <i>dutasteride</i>                                                                | 2    |                                                |
| <i>finasteride 5 mg tablet</i>                                                    | 1    |                                                |
| ALCOHOL DETERRENTS                                                                |      |                                                |
| <i>disulfiram</i>                                                                 | 2    | PRE Preventive Drug                            |
| ANTIDOTES                                                                         |      |                                                |
| <i>leucovorin calcium (5 mg tablet, 10 mg tablet, 15 mg tablet, 25 mg tablet)</i> | 2    |                                                |
| VISTOGARD                                                                         | 3    | PA<br>S                                        |
| ANTIGOUT AGENTS                                                                   |      |                                                |
| <i>allopurinol</i>                                                                | 1    |                                                |
| <i>colchicine</i>                                                                 | 2    |                                                |
| <i>febuxostat</i>                                                                 | 2    | ST                                             |
| BONE RESORPTION INHIBITORS                                                        |      |                                                |
| <i>alendronate sodium (5 mg tablet, 10 mg tablet, 35 mg tablet, 70 mg tablet)</i> | 1    | PRE Preventive Drug                            |
| <i>alendronate sodium 40 mg tablet</i>                                            | 2    |                                                |
| <i>alendronate sodium 70 mg/75ml solution</i>                                     | 2    | PA                                             |
| <i>etidronate disodium</i>                                                        | 2    |                                                |
| <i>ibandronate sodium 150 mg tablet</i>                                           | 2    |                                                |
| CARIOSTATIC AGENTS                                                                |      |                                                |
| FLUORABON                                                                         | 1    | AL1 Up to 5 yrs old<br>ACA Affordable Care Act |

| PRODUCT DESCRIPTION                                                                                                         | TIER | LIMITS & RESTRICTIONS                          |
|-----------------------------------------------------------------------------------------------------------------------------|------|------------------------------------------------|
| <i>fluoride (sodium) (0.25(0.55) tab chew, 0.25mg/drp drops, 0.5 mg/ml drops, 0.5(1.1)mg tab chew, 1mg(2.2mg) tab chew)</i> | 1    | AL1 Up to 5 yrs old<br>ACA Affordable Care Act |
| <i>fluoride (sodium) (1.1 % cream (g), 1.1 % gel (gram))</i>                                                                | 1    |                                                |
| FLUORITAB                                                                                                                   | 1    | AL1 Up to 5 yrs old<br>ACA Affordable Care Act |
| COMPLEMENT INHIBITORS                                                                                                       |      |                                                |
| BERINERT                                                                                                                    | 3    | PA<br>S                                        |
| CINRYZE                                                                                                                     | 3    | PA<br>S                                        |
| FIRAZYR                                                                                                                     | 3    | QL 9 ML / 1 FILL<br>PA<br>S                    |
| HAEGARDA                                                                                                                    | 3    | PA<br>S                                        |
| KALBITOR                                                                                                                    | 3    | PA<br>S                                        |
| RUCONEST                                                                                                                    | 3    | PA<br>S                                        |
| TAKHZYRO                                                                                                                    | 3    | QL 4 ML / 28 DAYS<br>PA<br>S                   |
| DISEASE-MODIFYING ANTIRHEUMATIC AGENTS                                                                                      |      |                                                |
| ACTEMRA 162 MG/0.9 ML SYRINGE                                                                                               | 3    | QL 4 SYRINGES / 28 DAYS<br>PA<br>S             |
| ACTEMRA ACTPEN                                                                                                              | 3    | PA<br>S                                        |

| PRODUCT DESCRIPTION                                 | TIER | LIMITS & RESTRICTIONS                                           |
|-----------------------------------------------------|------|-----------------------------------------------------------------|
| CIMZIA (MG/ML SYRINGE KIT, MG/ML(X3)START KT)       | 3    | <div>QL</div> <div>PA</div> <div>S</div> 2 SYRINGES / 28 DAYS   |
| ENBREL 25 MG KIT                                    | 3    | <div>QL</div> <div>PA</div> <div>S</div> 4 VIALS / 28 DAYS      |
| ENBREL 25 MG/0.5 ML SYRINGE                         | 3    | <div>QL</div> <div>PA</div> <div>S</div> 4 ML / 28 DAYS         |
| ENBREL 25 MG/0.5 ML VIAL                            | 3    | <div>QL</div> <div>PA</div> <div>S</div> 8 VIALS / 28 DAYS      |
| ENBREL 50 MG/ML SYRINGE                             | 3    | <div>QL</div> <div>PA</div> <div>S</div> 8 ML / 28 DAYS         |
| ENBREL MINI                                         | 3    | <div>QL</div> <div>PA</div> <div>S</div> 4 CARTRIDGES / 28 DAYS |
| ENBREL SURECLICK                                    | 3    | <div>QL</div> <div>PA</div> <div>S</div> 4 ML / 28 DAYS         |
| HUMIRA (20 MG/0.4 ML SYRINGE, 40 MG/0.8 ML SYRINGE) | 3    | <div>QL</div> <div>PA</div> <div>S</div> 2 SYRINGES / 28 DAYS   |
| HUMIRA 10 MG/0.2 ML SYRINGE                         | 3    | <div>QL</div> <div>PA</div> <div>S</div> 2 ML / 28 DAYS         |
| HUMIRA PEDIATRIC CROHN'S                            | 3    | <div>QL</div> <div>PA</div> <div>S</div> 2 SYRINGES / 28 DAYS   |

| PRODUCT DESCRIPTION            | TIER | LIMITS & RESTRICTIONS                                          |
|--------------------------------|------|----------------------------------------------------------------|
| HUMIRA PEN                     | 3    | <div>QL</div> <div>PA</div> <div>S</div> 2 PENS / 28 DAYS      |
| HUMIRA PEN CROHN'S-UC-HS       | 3    | <div>QL</div> <div>PA</div> <div>S</div> 2 PENS / 28 DAYS      |
| HUMIRA PEN PSOR-UEVITS-ADOL HS | 3    | <div>QL</div> <div>PA</div> <div>S</div> 2 PENS / 28 DAYS      |
| HUMIRA(CF)                     | 3    | <div>QL</div> <div>PA</div> <div>S</div> 2 SYRINGES / 28 DAYS  |
| HUMIRA(CF) PEDI CROHN 80MG/0.8 | 3    | <div>QL</div> <div>PA</div> <div>S</div> 3 ML / 28 DAYS        |
| HUMIRA(CF) PEN 40 MG/0.4 ML    | 3    | <div>QL</div> <div>PA</div> <div>S</div> 2 PENS / 28 DAYS      |
| HUMIRA(CF) PEN 80 MG/0.8 ML    | 3    | <div>QL</div> <div>PA</div> <div>S</div> 3 ML / 28 DAYS        |
| HUMIRA(CF) PEN CROHN'S-UC-HS   | 3    | <div>QL</div> <div>PA</div> <div>S</div> 3 ML / 28 DAYS        |
| HUMIRA(CF) PEN PSOR-UV-ADOL HS | 3    | <div>QL</div> <div>PA</div> <div>S</div> 2 ML / 28 DAYS        |
| KINERET                        | 3    | <div>QL</div> <div>PA</div> <div>S</div> 28 SYRINGES / 28 DAYS |

| PRODUCT DESCRIPTION                                                       | TIER | LIMITS & RESTRICTIONS                                                    |
|---------------------------------------------------------------------------|------|--------------------------------------------------------------------------|
| <i>leflunomide</i>                                                        | 2    |                                                                          |
| OLUMIANT                                                                  | 3    | <div>QL</div> <div>PA</div> <div>S</div> <div>1 TAB / 1 DAY</div>        |
| ORENCIA (50 MG/0.4 ML SYRINGE, 87.5 MG/0.7 ML SYRINGE, 125 MG/ML SYRINGE) | 3    | <div>QL</div> <div>PA</div> <div>S</div> <div>4 SYRINGES / 28 DAYS</div> |
| ORENCIA CLICKJECT                                                         | 3    | <div>QL</div> <div>PA</div> <div>S</div> <div>4 ML / 28 DAYS</div>       |
| OTEZLA 28 DAY STARTER PACK                                                | 3    | <div>QL</div> <div>PA</div> <div>S</div> <div>55 TABS / 28 DAYS</div>    |
| OTEZLA 30 MG TABLET                                                       | 3    | <div>QL</div> <div>PA</div> <div>S</div> <div>2 TABS / 1 DAY</div>       |
| OTEZLA STARTER PACK                                                       | 3    | <div>QL</div> <div>PA</div> <div>S</div> <div>2 PACKS / 28 DAYS</div>    |
| RINVOQ                                                                    | 3    | <div>QL</div> <div>PA</div> <div>S</div> <div>1 TAB / 1 DAY</div>        |
| IMMUNOMODULATORY AGENTS                                                   |      |                                                                          |
| AUBAGIO                                                                   | 3    | <div>QL</div> <div>S</div> <div>1 TAB / 1 DAY</div>                      |
| AVONEX (30 MCG VIAL KIT, PREFILLED SYR 30 MCG KT)                         | 3    | <div>QL</div> <div>S</div> <div>1 KIT / 28 DAYS</div>                    |
| AVONEX PEN                                                                | 3    | <div>QL</div> <div>S</div> <div>1 KIT / 28 DAYS</div>                    |

| PRODUCT DESCRIPTION                                             | TIER | LIMITS & RESTRICTIONS      |
|-----------------------------------------------------------------|------|----------------------------|
| BETASERON 0.3 MG KIT                                            | 3    | QL 15 ML / 28 DAYS<br>S    |
| BETASERON 0.3 MG VIAL                                           | 3    | QL 15 ML / 30 DAYS<br>S    |
| <i>dimethyl fumarate (120 mg capsule dr, 240 mg capsule dr)</i> | 2    | QL 2 caps / 1 day(s)<br>S  |
| <i>dimethyl fumarate 120-240 mg capsule dr</i>                  | 2    | QL 2 CAPS / 1 DAY<br>S     |
| GILENYA                                                         | 3    | QL 1 CAP / 1 DAY<br>S      |
| <i>glatiramer acetate 20 mg/ml syringe</i>                      | 2    | QL 30 ML / 30 DAYS<br>S    |
| <i>glatiramer acetate 40 mg/ml syringe</i>                      | 2    | QL 12 ML / 28 DAYS<br>S    |
| GLATOPA 20 MG/ML SYRINGE                                        | 2    | QL 30 ML / 30 DAYS<br>S    |
| GLATOPA 40 MG/ML SYRINGE                                        | 2    | QL 12 ML / 28 DAYS<br>S    |
| MAYZENT 0.25 MG STARTER PACK                                    | 3    | QL 12 TABS / 4 DAYS<br>S   |
| MAYZENT 0.25 MG TABLET                                          | 3    | QL 120 TABS / 30 DAYS<br>S |
| MAYZENT 2 MG TABLET                                             | 3    | QL 1 TAB / 1 DAY<br>S      |
| PLEGRIDY                                                        | 3    | QL 1 ML / 28 DAYS<br>S     |
| PLEGRIDY PEN                                                    | 3    | QL 1 ML / 28 DAYS<br>S     |

| PRODUCT DESCRIPTION                                                                              | TIER | LIMITS & RESTRICTIONS        |
|--------------------------------------------------------------------------------------------------|------|------------------------------|
| REBIF (22 MCG/0.5 ML SYRINGE, 44 MCG/0.5 ML SYRINGE)                                             | 3    | QL 6 ML / 28 DAYS<br>S       |
| REBIF REBIDOSE (22 MCG/0.5 ML, 44 MCG/0.5 ML)                                                    | 3    | QL 6 ML / 28 DAYS<br>S       |
| REBIF REBIDOSE TITRATION PACK                                                                    | 3    | QL 4.2 ML / 28 DAYS<br>S     |
| REBIF TITRATION PACK                                                                             | 3    | QL 4.2 ML / 28 DAYS<br>S     |
| TECFIDERA (DR 120 MG CAPSULE, DR 240 MG CAPSULE)                                                 | 3    | QL 2 CAPS / 1 DAY<br>S       |
| THALOMID                                                                                         | 3    | S<br>ONC Oncology            |
| VUMERITY                                                                                         | 3    | QL 4 CAPS / 1 DAY<br>PA<br>S |
| IMMUNOSUPPRESSIVE AGENTS                                                                         |      |                              |
| <i>azathioprine</i>                                                                              | 2    |                              |
| <i>cyclosporine (25 mg capsule, 100 mg capsule)</i>                                              | 2    |                              |
| <i>cyclosporine, modified (25 mg capsule, 50 mg capsule, 100 mg capsule, 100 mg/ml solution)</i> | 2    |                              |
| GENGRAF (25 MG CAPSULE, 100 MG CAPSULE, 100 MG/ML SOLUTION)                                      | 2    |                              |
| MAVENCLAD                                                                                        | 3    | PA<br>S                      |
| <i>mycophenolate mofetil (200 mg/ml susp recon, 250 mg capsule, 500 mg tablet)</i>               | 2    |                              |
| <i>sirolimus (0.5 mg tablet, 1 mg tablet, 1 mg/ml solution, 2 mg tablet)</i>                     | 2    |                              |
| <i>tacrolimus (0.5 mg capsule, 1 mg capsule, 5 mg capsule)</i>                                   | 2    |                              |

| PRODUCT DESCRIPTION                     | TIER | LIMITS & RESTRICTIONS            |
|-----------------------------------------|------|----------------------------------|
| OTHER MISCELLANEOUS THERAPEUTIC AGENTS  |      |                                  |
| ARCALYST                                | 3    | PA<br>S                          |
| CERDELGA                                | 3    | PA<br>S                          |
| CYSTAGON                                | 3    |                                  |
| <i>dalfampridine</i>                    | 2    | QL 2 TABS / 1 DAY<br>PA<br>S     |
| GALAFOLD                                | 3    | QL 14 CAPS / 28 DAYS<br>PA<br>S  |
| ILARIS                                  | 3    | QL 2 ML / 28 DAYS<br>PA<br>S     |
| ISTURISA                                | 3    | PA<br>S                          |
| <i>levocarnitine (with sugar)</i>       | 2    |                                  |
| <i>levocarnitine 100 mg/ml solution</i> | 2    |                                  |
| <i>levocarnitine 330 mg tablet</i>      | 1    |                                  |
| <i>miglustat</i>                        | 2    | PA<br>S                          |
| RUZURGI                                 | 3    | QL 300 TABS / 30 DAYS<br>PA<br>S |
| <i>sapropterin dihydrochloride</i>      | 2    | PA<br>S                          |
| THIOLA                                  | 3    | PA<br>S                          |

| PRODUCT DESCRIPTION                                                                                             | TIER | LIMITS & RESTRICTIONS             |
|-----------------------------------------------------------------------------------------------------------------|------|-----------------------------------|
| THIOLA EC                                                                                                       | 3    | PA<br>S                           |
| TYBOST                                                                                                          | 3    |                                   |
| PROTECTIVE AGENTS                                                                                               |      |                                   |
| ELMIRON                                                                                                         | 3    |                                   |
| NONSTEROIDAL ANTI-INFLAMMATORY AGENTS<br>CYCLOOXYGENASE-2 (COX-2) INHIBITORS                                    |      |                                   |
| <i>celecoxib</i>                                                                                                | 2    |                                   |
| OTHER NONSTEROIDAL ANTI-INFLAM. AGENTS                                                                          |      |                                   |
| <i>diclofenac potassium</i>                                                                                     | 2    |                                   |
| <i>diclofenac sodium (1 % gel (gram), 25 mg tablet dr, 50 mg tablet dr, 75 mg tablet dr, 100 mg tab er 24h)</i> | 2    |                                   |
| <i>etodolac (200 mg capsule, 300 mg capsule)</i>                                                                | 1    |                                   |
| <i>etodolac (400 mg tab er 24h, 400 mg tablet, 500 mg tab er 24h, 500 mg tablet, 600 mg tab er 24h)</i>         | 2    |                                   |
| <i>flurbiprofen</i>                                                                                             | 2    |                                   |
| <i>ibuprofen (400 mg tablet, 600 mg tablet, 800 mg tablet)</i>                                                  | 1    |                                   |
| <i>indomethacin (25 mg capsule, 50 mg capsule)</i>                                                              | 1    | AQ1 Up to 64 yrs old; 20 / 1 FILL |
| <i>ketorolac tromethamine 10 mg tablet</i>                                                                      | 1    | QL 20 TABS / 30 DAYS              |
| <i>meloxicam</i>                                                                                                | 1    |                                   |
| <i>nabumetone</i>                                                                                               | 2    |                                   |
| <i>naproxen (250 mg tablet, 375 mg tablet, 500 mg tablet)</i>                                                   | 1    |                                   |
| <i>naproxen (375 mg tablet dr, 500 mg tablet dr)</i>                                                            | 2    |                                   |
| <i>piroxicam</i>                                                                                                | 1    |                                   |
| <i>sulindac</i>                                                                                                 | 2    |                                   |
| <i>tolmetin sodium</i>                                                                                          | 2    | PA                                |
| SALICYLATES                                                                                                     |      |                                   |
| <i>butalbital/aspirin/cafeine 50-325-40 capsule</i>                                                             | 1    | QL 6 CAPS / 1 DAY                 |
| <i>salsalate</i>                                                                                                | 2    |                                   |

| PRODUCT DESCRIPTION                                                                                                                                                                                                                                                                                                                                                                                                                          | TIER | LIMITS & RESTRICTIONS |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-----------------------|
| <b>OXYTOCICS</b>                                                                                                                                                                                                                                                                                                                                                                                                                             |      |                       |
| <i>methylergonovine maleate 0.2 mg tablet</i>                                                                                                                                                                                                                                                                                                                                                                                                | 2    |                       |
| <b>PARATHYROID AND ANTIPARATHYROID AGENTS</b>                                                                                                                                                                                                                                                                                                                                                                                                |      |                       |
| <b>ANTIPARATHYROID AGENTS</b>                                                                                                                                                                                                                                                                                                                                                                                                                |      |                       |
| <i>calcitonin, salmon, synthetic</i>                                                                                                                                                                                                                                                                                                                                                                                                         | 2    |                       |
| <i>cinacalcet hcl</i>                                                                                                                                                                                                                                                                                                                                                                                                                        | 2    |                       |
| SENSIPAR                                                                                                                                                                                                                                                                                                                                                                                                                                     | 3    |                       |
| <b>PARATHYROID AGENTS</b>                                                                                                                                                                                                                                                                                                                                                                                                                    |      |                       |
| FORTEO                                                                                                                                                                                                                                                                                                                                                                                                                                       | 3    | PA<br>S               |
| TYMLOS                                                                                                                                                                                                                                                                                                                                                                                                                                       | 3    | PA<br>S               |
| <b>PENICILLIN ANTIBIOTICS</b>                                                                                                                                                                                                                                                                                                                                                                                                                |      |                       |
| <b>AMINOPENICILLIN ANTIBIOTICS</b>                                                                                                                                                                                                                                                                                                                                                                                                           |      |                       |
| <i>amoxicillin (125 mg tab chew, 125 mg/5ml susp recon, 200 mg/5ml susp recon, 250 mg capsule, 250 mg tab chew, 250 mg/5ml susp recon, 400 mg/5ml susp recon, 500 mg capsule, 500 mg tablet, 875 mg tablet)</i>                                                                                                                                                                                                                              | 1    |                       |
| <i>amoxicillin/potassium clavulanate (amoxicillin/potassium 200-28.5/5 susp recon, amoxicillin/potassium 200-28.5mg tab chew, amoxicillin/potassium 250-125 mg tablet, amoxicillin/potassium 250-62.5/5 susp recon, amoxicillin/potassium 400-57mg tab chew, amoxicillin/potassium 400-57mg/5 susp recon, amoxicillin/potassium 500-125 mg tablet, amoxicillin/potassium 600-42.9/5 susp recon, amoxicillin/potassium 875-125 mg tablet)</i> | 2    |                       |
| <i>ampicillin trihydrate</i>                                                                                                                                                                                                                                                                                                                                                                                                                 | 1    |                       |
| <b>NATURAL PENICILLIN ANTIBIOTICS</b>                                                                                                                                                                                                                                                                                                                                                                                                        |      |                       |
| <i>penicillin v potassium (125 mg/5ml soln recon, 250 mg/5ml soln recon)</i>                                                                                                                                                                                                                                                                                                                                                                 | 2    |                       |
| <i>penicillin v potassium (250 mg tablet, 500 mg tablet)</i>                                                                                                                                                                                                                                                                                                                                                                                 | 1    |                       |

| PRODUCT DESCRIPTION                                                             | TIER | LIMITS & RESTRICTIONS |
|---------------------------------------------------------------------------------|------|-----------------------|
| PENICILLINASE-RESISTANT PENICILLINS                                             |      |                       |
| <i>dicloxacillin sodium</i>                                                     | 2    |                       |
| PHARMACEUTICAL AIDS                                                             |      |                       |
| SHINGRIX ADJUVANT COMPONENT                                                     | 3    | QL 1 KIT / rx         |
| VAXCHORA BUFFER COMPONENT                                                       | 3    |                       |
| RENIN-ANGIOTENSIN-ALDOSTERONE SYS. INHIB<br>ANGIOTENSIN II RECEPTOR ANTAGONISTS |      |                       |
| ENTRESTO                                                                        | 3    | PRE Preventive Drug   |
| <i>irbesartan</i>                                                               | 1    | PRE Preventive Drug   |
| <i>irbesartan/hydrochlorothiazide</i>                                           | 2    | PRE Preventive Drug   |
| <i>losartan potassium</i>                                                       | 1    | PRE Preventive Drug   |
| <i>losartan potassium/hydrochlorothiazide</i>                                   | 1    | PRE Preventive Drug   |
| <i>olmesartan medoxomil</i>                                                     | 2    |                       |
| <i>olmesartan medoxomil/hydrochlorothiazide</i>                                 | 2    |                       |
| <i>telmisartan</i>                                                              | 2    |                       |
| <i>valsartan</i>                                                                | 2    | PRE Preventive Drug   |
| <i>valsartan/hydrochlorothiazide</i>                                            | 2    | PRE Preventive Drug   |
| ANGIOTENSIN-CONVERTING ENZYME INHIBITORS                                        |      |                       |
| <i>benazepril hcl</i>                                                           | 1    | PRE Preventive Drug   |
| <i>benazepril hcl/hydrochlorothiazide</i>                                       | 2    | PRE Preventive Drug   |
| <i>captopril</i>                                                                | 2    | PRE Preventive Drug   |
| <i>captopril/hydrochlorothiazide</i>                                            | 2    | PRE Preventive Drug   |
| <i>enalapril maleate</i>                                                        | 2    | PRE Preventive Drug   |
| <i>enalapril maleate/hydrochlorothiazide</i>                                    | 1    | PRE Preventive Drug   |
| <i>fosinopril sodium</i>                                                        | 1    | PRE Preventive Drug   |
| <i>fosinopril sodium/hydrochlorothiazide</i>                                    | 2    | PRE Preventive Drug   |

| PRODUCT DESCRIPTION                                                                                                    | TIER | LIMITS & RESTRICTIONS                     |
|------------------------------------------------------------------------------------------------------------------------|------|-------------------------------------------|
| <i>lisinopril</i>                                                                                                      | 1    | PRE Preventive Drug                       |
| <i>lisinopril/hydrochlorothiazide</i>                                                                                  | 1    | PRE Preventive Drug                       |
| <i>moexipril hcl</i>                                                                                                   | 2    | PRE Preventive Drug                       |
| <i>moexipril hcl/hydrochlorothiazide</i>                                                                               | 2    | PRE Preventive Drug                       |
| <i>perindopril erbumine</i>                                                                                            | 2    | PRE Preventive Drug                       |
| <i>quinapril hcl</i>                                                                                                   | 1    | PRE Preventive Drug                       |
| <i>quinapril hcl/hydrochlorothiazide</i>                                                                               | 2    | PRE Preventive Drug                       |
| <i>ramipril</i>                                                                                                        | 1    | PRE Preventive Drug                       |
| <i>trandolapril</i>                                                                                                    | 2    | PRE Preventive Drug                       |
| MINERALOCORTICOID (ALDOSTERONE) ANTAGNISTS                                                                             |      |                                           |
| <i>eplerenone</i>                                                                                                      | 2    | PRE Preventive Drug                       |
| <i>spironolactone</i>                                                                                                  | 2    | PRE Preventive Drug                       |
| <i>spironolactone/hydrochlorothiazide</i>                                                                              | 2    | PRE Preventive Drug                       |
| RESPIRATORY TRACT AGENTS<br>ANTIFIBROTIC AGENTS                                                                        |      |                                           |
| ESBRIET                                                                                                                | 3    | PA<br>S                                   |
| OFEV                                                                                                                   | 3    | PA<br>S                                   |
| ANTITUSSIVES                                                                                                           |      |                                           |
| <i>benzonatate</i>                                                                                                     | 2    |                                           |
| <i>codeine phosphate/guaifenesin (phosphate/guaifenesin 10-100mg/5 liquid, phosphate/guaifenesin 20-200/10 liquid)</i> | 2    | AQ1 At least 18 yrs old;<br>60 / 1 day(s) |
| <i>promethazine hcl/dextromethorphan hbr</i>                                                                           | 1    |                                           |
| MUCOLYTIC AGENTS                                                                                                       |      |                                           |
| <i>acetylcysteine</i>                                                                                                  | 2    |                                           |

| PRODUCT DESCRIPTION                              | TIER | LIMITS & RESTRICTIONS                                     |
|--------------------------------------------------|------|-----------------------------------------------------------|
| PULMOZYME                                        | 3    | <div>QL</div> <div>PA</div> <div>S</div> 150 ML / 30 DAYS |
| PHOSPHODIESTERASE TYPE 4 INHIBITORS              |      |                                                           |
| DALIRESP                                         | 3    | <div>PA</div> <div>PRE</div> Preventive Drug              |
| RESPIRATORY TRACT AGENTS, MISCELLANEOUS          |      |                                                           |
| ARALAST NP                                       | 3    | <div>PA</div> <div>S</div>                                |
| GLASSIA                                          | 3    | <div>PA</div> <div>S</div>                                |
| PROLASTIN C                                      | 3    | <div>PA</div> <div>S</div>                                |
| ZEMAIRA                                          | 3    | <div>PA</div> <div>S</div>                                |
| VASODILATING AGENTS (RESPIRATORY TRACT)          |      |                                                           |
| ADEMPAS                                          | 3    | <div>PA</div> <div>S</div>                                |
| <i>ambrisentan</i>                               | 2    | <div>PA</div> <div>S</div>                                |
| <i>bosentan</i>                                  | 2    | <div>PA</div> <div>S</div>                                |
| <i>epoprostenol sodium (glycine) 1.5 mg vial</i> | 2    | <div>PA</div> <div>S</div>                                |
| FLOLAN 1.5 MG VIAL                               | 3    | <div>PA</div> <div>S</div>                                |
| OPSUMIT                                          | 3    | <div>PA</div> <div>S</div>                                |
| TRACLEER 32 MG TABLET FOR SUSP                   | 3    | <div>PA</div> <div>S</div>                                |

| PRODUCT DESCRIPTION                                                     | TIER | LIMITS & RESTRICTIONS |
|-------------------------------------------------------------------------|------|-----------------------|
| <i>treprostinil sodium</i>                                              | 2    | PA<br>S               |
| TYVASO                                                                  | 3    | PA<br>S               |
| TYVASO REFILL KIT                                                       | 3    | PA<br>S               |
| TYVASO STARTER KIT                                                      | 3    | PA<br>S               |
| UPTRAVI                                                                 | 3    | PA<br>S               |
| VELETRI                                                                 | 3    | PA<br>S               |
| VENTAVIS                                                                | 3    | PA<br>S               |
| SKELETAL MUSCLE RELAXANTS                                               |      |                       |
| CENTRALLY ACTING SKELETAL MUSCLE RELAXANT                               |      |                       |
| <i>chlorzoxazone 500 mg tablet</i>                                      | 2    | AL1 Up to 64 yrs old  |
| <i>cyclobenzaprine hcl (5 mg tablet, 10 mg tablet)</i>                  | 1    | AL1 Up to 64 yrs old  |
| <i>methocarbamol (500 mg tablet, 750 mg tablet)</i>                     | 2    | AL1 Up to 64 yrs old  |
| <i>tizanidine hcl (2 mg tablet, 4 mg tablet)</i>                        | 2    |                       |
| DIRECT-ACTING SKELETAL MUSCLE RELAXANTS                                 |      |                       |
| <i>dantrolene sodium (25 mg capsule, 50 mg capsule, 100 mg capsule)</i> | 2    |                       |
| GABA-DERIVATIVE SKELETAL MUSCLE RELAXANT                                |      |                       |
| <i>baclofen (5 mg tablet, 10 mg tablet, 20 mg tablet)</i>               | 2    |                       |
| SKIN AND MUCOUS MEMBRANE AGENTS                                         |      |                       |
| ANTIPRURITICS AND LOCAL ANESTHETICS                                     |      |                       |
| <i>lidocaine/prilocaine 2.5 %-2.5% cream (g)</i>                        | 2    | QL 60 GM / 1 FILL     |
| <i>phenazopyridine hcl</i>                                              | 1    |                       |

| PRODUCT DESCRIPTION                                                                                                                       | TIER | LIMITS & RESTRICTIONS        |
|-------------------------------------------------------------------------------------------------------------------------------------------|------|------------------------------|
| <b>ASTRINGENTS</b>                                                                                                                        |      |                              |
| DRYSOL                                                                                                                                    | 3    |                              |
| <b>CELL STIMULANTS AND PROLIFERANTS</b>                                                                                                   |      |                              |
| AVITA                                                                                                                                     | 2    |                              |
| <i>tretinoin (0.01 % gel (gram), 0.025 % cream (g), 0.025 % gel (gram), 0.05 % cream (g), 0.1 % cream (g))</i>                            | 2    |                              |
| <b>KERATOLYTIC AGENTS</b>                                                                                                                 |      |                              |
| <i>sulfacetamide sodium/sulfur (sodium/sulfur 10-5%(w/v) lotion, sodium/sulfur 10-5%(w/w) cream (g), sodium/sulfur 10-5%(w/w) lotion)</i> | 2    |                              |
| <i>sulfacetamide sodium/sulfur 10-5%(w/w) cleanser</i>                                                                                    | 2    | QL 12 ML / 1 DAY             |
| <i>urea (40 % cream (g), 40 % lotion)</i>                                                                                                 | 2    |                              |
| <b>SKIN AND MUCOUS MEMBRANE AGENTS, MISC.</b>                                                                                             |      |                              |
| <i>acitretin</i>                                                                                                                          | 2    |                              |
| <i>adapalene (0.1 % cream (g), 0.3 % gel (gram), 0.3 % gel w/pump)</i>                                                                    | 2    |                              |
| AMNESTEEM                                                                                                                                 | 2    |                              |
| <i>azelaic acid</i>                                                                                                                       | 2    |                              |
| <i>calcipotriene (0.005 % cream (g), 0.005 % oint. (g))</i>                                                                               | 2    | QL 120 GM / 30 DAYS          |
| CLARAVIS                                                                                                                                  | 2    |                              |
| COSENTYX (2 SYRINGES)                                                                                                                     | 3    | PA<br>S                      |
| COSENTYX PEN                                                                                                                              | 3    | PA<br>S                      |
| COSENTYX PEN (2 PENS)                                                                                                                     | 3    | PA<br>S                      |
| COSENTYX SYRINGE                                                                                                                          | 3    | PA<br>S                      |
| DUPIXENT 300 MG/2 ML SYRINGE                                                                                                              | 3    | QL 4 ML / 28 DAYS<br>PA<br>S |

| PRODUCT DESCRIPTION                                                                                                                              | TIER | LIMITS & RESTRICTIONS                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------|------|-------------------------------------------------------------|
| DUPIXENT PEN                                                                                                                                     | 3    | <div>QL</div> <div>PA</div> <div>S</div> 2 PENS / 28 day(s) |
| <i>imiquimod 5 % cream pack</i>                                                                                                                  | 2    |                                                             |
| <i>isotretinoin</i>                                                                                                                              | 2    |                                                             |
| MYORISAN                                                                                                                                         | 2    |                                                             |
| <i>pimecrolimus</i>                                                                                                                              | 2    |                                                             |
| <i>podofilox</i>                                                                                                                                 | 2    |                                                             |
| SKYRIZI                                                                                                                                          | 3    | <div>PA</div> <div>S</div>                                  |
| SKYRIZI (2 SYRINGES) KIT                                                                                                                         | 3    | <div>PA</div> <div>S</div>                                  |
| <i>tacrolimus (0.03 % oint. (g), 0.1 % oint. (g))</i>                                                                                            | 2    |                                                             |
| <i>tazarotene</i>                                                                                                                                | 2    | <div>QL</div> 30 GM / 30 DAYS                               |
| ZENATANE                                                                                                                                         | 2    |                                                             |
| SMOOTH MUSCLE RELAXANTS                                                                                                                          |      |                                                             |
| RESPIRATORY SMOOTH MUSCLE RELAXANTS                                                                                                              |      |                                                             |
| <i>theophylline anhydrous (100 mg tab er 12h, 200 mg tab er 12h, 300 mg tab er 12h, 400 mg tab er 24h, 450 mg tab er 12h, 600 mg tab er 24h)</i> | 2    | <div>PRE</div> Preventive Drug                              |
| SOMATOSTATIN AGONISTS AND ANTAGONISTS                                                                                                            |      |                                                             |
| SOMATOSTATIN AGONISTS                                                                                                                            |      |                                                             |
| <i>octreotide acetate (100 mcg/ml ampul, 100 mcg/ml vial)</i>                                                                                    | 2    | <div>QL</div> <div>S</div> 5 ML / 1 DAY                     |
| <i>octreotide acetate (50 mcg/ml ampul, 50 mcg/ml vial)</i>                                                                                      | 2    | <div>QL</div> <div>S</div> 3 ML / 1 DAY                     |
| <i>octreotide acetate (50 mcg/ml syringe, 100 mcg/ml syringe, 500 mcg/ml syringe)</i>                                                            | 2    | <div>S</div>                                                |
| <i>octreotide acetate (500 mcg/ml ampul, 500 mcg/ml vial)</i>                                                                                    | 2    | <div>QL</div> <div>S</div> 7 ML / DAY                       |

| PRODUCT DESCRIPTION                                                 | TIER | LIMITS & RESTRICTIONS     |
|---------------------------------------------------------------------|------|---------------------------|
| <i>octreotide acetate 1000mcg/ml vial</i>                           | 2    | QL 9 VIALS / 30 DAYS<br>S |
| <i>octreotide acetate 200 mcg/ml vial</i>                           | 2    | QL 7.5 ML / 1 DAY<br>S    |
| SANDOSTATIN LAR DEPOT (10 MG KT, 10 MG VL)                          | 3    | QL 1 KIT / 28 DAYS<br>S   |
| SANDOSTATIN LAR DEPOT (20 MG KT, 20 MG VL)                          | 3    | QL 2 KITS / 28 DAYS<br>S  |
| SANDOSTATIN LAR DEPOT (30 MG KT, 30 MG VL)                          | 3    | QL 3 KITS / 28 DAYS<br>S  |
| SIGNIFOR                                                            | 3    | PA<br>S                   |
| SYMPATHOMIMETIC (ADRENERGIC) AGENTS                                 |      |                           |
| ALPHA- AND BETA-ADRENERGIC AGONISTS                                 |      |                           |
| <i>epinephrine 0.15 mg auto-injct (generic for epi-pen jr)</i>      | 2    |                           |
| <i>epinephrine 0.15 mg auto-injct (teva)</i>                        | 2    |                           |
| <i>epinephrine 0.3 mg auto-inject (generic for adrenaclick)</i>     | 2    |                           |
| <i>epinephrine 0.3 mg auto-inject (generic for epi-pen)</i>         | 2    |                           |
| <i>epinephrine 0.3 mg auto-inject (teva)</i>                        | 2    |                           |
| SYMJEPI                                                             | 3    |                           |
| ALPHA-ADRENERGIC AGONISTS                                           |      |                           |
| <i>midodrine hcl</i>                                                | 2    |                           |
| TETRACYCLINE ANTIBIOTICS                                            |      |                           |
| AMINOMETHYLCYCLINES                                                 |      |                           |
| NUZYRA (150 MG TABLET, 150 MG TABLET-7 DAY, 150 MG-7 DAY WITH LOAD) | 3    | PA                        |
| THYROID AND ANTITHYROID AGENTS                                      |      |                           |
| ANTITHYROID AGENTS                                                  |      |                           |
| <i>methimazole</i>                                                  | 1    |                           |
| <i>propylthiouracil</i>                                             | 2    |                           |

| PRODUCT DESCRIPTION                                                                                                                                                                                                      | TIER | LIMITS & RESTRICTIONS                                                      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|----------------------------------------------------------------------------|
| THYROID AGENTS                                                                                                                                                                                                           |      |                                                                            |
| EUTHYROX                                                                                                                                                                                                                 | 2    |                                                                            |
| <i>levothyroxine sodium (25 mcg tablet, 50 mcg tablet, 75 mcg tablet, 88 mcg tablet, 100 mcg tablet, 112 mcg tablet, 125 mcg tablet, 137 mcg tablet, 150 mcg tablet, 175 mcg tablet, 200 mcg tablet, 300 mcg tablet)</i> | 2    |                                                                            |
| <i>liothyronine sodium (5 mcg tablet, 25 mcg tablet, 50 mcg tablet)</i>                                                                                                                                                  | 2    |                                                                            |
| SYNTHROID                                                                                                                                                                                                                | 3    |                                                                            |
| VASODILATING AGENTS                                                                                                                                                                                                      |      |                                                                            |
| NITRATES AND NITRITES                                                                                                                                                                                                    |      |                                                                            |
| <i>isosorbide dinitrate (5 mg tablet, 10 mg tablet, 20 mg tablet, 30 mg tablet, 40 mg tablet er)</i>                                                                                                                     | 2    |                                                                            |
| <i>isosorbide mononitrate (10 mg tablet, 20 mg tablet, 30 mg tab er 24h, 60 mg tab er 24h, 120 mg tab er 24h)</i>                                                                                                        | 2    |                                                                            |
| NITRO-BID                                                                                                                                                                                                                | 3    |                                                                            |
| <i>nitroglycerin (0.1mg/hr patch td24, 0.2mg/hr patch td24, 0.3 mg tab subl, 0.4 mg tab subl, 0.4mg/hr patch td24, 0.6 mg tab subl, 0.6mg/hr patch td24)</i>                                                             | 2    |                                                                            |
| PHOSPHODIESTERASE TYPE 5 INHIBITORS                                                                                                                                                                                      |      |                                                                            |
| <i>sildenafil 20 mg tablet (generic for revatio)</i>                                                                                                                                                                     | 2    | <div>QL 1 TAB / DAY</div> <div>SD Sexual Dysfunction</div>                 |
| <i>tadalafil (2.5 mg tablet, 5 mg tablet)</i>                                                                                                                                                                            | 2    | <div>QL 1 TAB / 1 DAY</div> <div>PA</div> <div>SD Sexual Dysfunction</div> |
| <i>tadalafil 20 mg tablet (generic for adcirca)</i>                                                                                                                                                                      | 2    | <div>QL 2 TABS / 1 DAY</div> <div>PA</div>                                 |
| VASODILATING AGENTS, MISCELLANEOUS                                                                                                                                                                                       |      |                                                                            |
| <i>aspirin/dipyridamole</i>                                                                                                                                                                                              | 2    | PRE Preventive Drug                                                        |
| <i>dipyridamole</i>                                                                                                                                                                                                      | 2    | PRE Preventive Drug                                                        |

| PRODUCT DESCRIPTION                                                      | TIER | LIMITS & RESTRICTIONS |
|--------------------------------------------------------------------------|------|-----------------------|
| <b>VITAMINS</b>                                                          |      |                       |
| <b>MULTIVITAMIN PREPARATIONS</b>                                         |      |                       |
| <i>multivitamin combination no.51/ferrous fumarate/folic acid</i>        | 2    | PA                    |
| O-CAL PRENATAL                                                           | 1    | PRE Preventive Drug   |
| PRENATA                                                                  | 3    |                       |
| PRENATABS FA                                                             | 1    | PRE Preventive Drug   |
| PRENATABS RX                                                             | 2    | PRE Preventive Drug   |
| <i>prenatal vitamin with calcium no.76/iron,carbonyl/folic acid</i>      | 2    | PRE Preventive Drug   |
| <i>prenatal vitamins with calcium/ferrous fumarate/folic acid</i>        | 1    | PRE Preventive Drug   |
| <i>prenatal vits with calcium 118/ferrous fumarate/folic acid</i>        | 1    |                       |
| <i>prenatal vits with calcium no.72/ferrous fumarate/folic acid</i>      | 1    | PRE Preventive Drug   |
| <i>prenatal vits with calcium no.72/iron,carbonyl/folic acid</i>         | 1    | PRE Preventive Drug   |
| PRENATE ELITE                                                            | 3    | PA                    |
| PUREFE OB PLUS                                                           | 1    |                       |
| TRINATE                                                                  | 2    | PRE Preventive Drug   |
| <b>VITAMIN B COMPLEX</b>                                                 |      |                       |
| <i>cyanocobalamin (vitamin b-12) 1000mcg/ml vial</i>                     | 1    |                       |
| <i>folic acid 1 mg tablet</i>                                            | 1    |                       |
| <b>VITAMIN D</b>                                                         |      |                       |
| <i>calcitriol (0.25 mcg capsule, 0.5 mcg capsule, 1 mcg/ml solution)</i> | 2    |                       |
| <i>ergocalciferol (vitamin d2)</i>                                       | 1    |                       |
| <b>VITAMIN K ACTIVITY</b>                                                |      |                       |
| <i>phytonadione (vit k1) 5 mg tablet</i>                                 | 2    | QL 3 TABS / 1 FILL    |

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