



# HealthPartners<sup>®</sup> GenericsAdvantageRx

2021 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.
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- |                                     |                         |
|-------------------------------------|-------------------------|
| • 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.                                                                                                                                                                                                                                      |
| 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.                                                                                                                |
| 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. |

|            |                    |                                                                                                                                                                                                                                                                                                                                                                 |
|------------|--------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>SD</b>  | 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.                                                                                                                                                                                                         |
| <b>SC</b>  | Smoking Cessation  | Medicines marked with this symbol are used to for smoking cessation.                                                                                                                                                                                                                                                                                            |
| <b>GH</b>  | 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.                                                                                                                                                                                                   |
| <b>TD</b>  | 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.                                                                                                 |
| <b>PRV</b> | 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.                                                                                                                                              |
| <b>DS</b>  | Diabetic Supplies  | Glucose testing supplies are covered under your durable medical equipment (DME) benefit.                                                                                                                                                                                                                                                                        |
| <b>ONC</b> | Oncology           | Oncology (cancer) medicines must be filled at a specialty pharmacy, but your regular generic or brand pharmacy copay or coinsurance will apply.                                                                                                                                                                                                                 |
| <b>OP</b>  | 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. |

## 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, 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 (5 mg tablet, 5 mg/5 ml solution, 10 mg tablet, 10 mg/5 ml solution, 10 mg/ml oral conc, 40 mg tablet sol)</i> | 2    | PA                                     |
| METHADONE INTENSOL                                                                                                              | 2    | PA                                     |
| METHADOSE 40 MG TABLET DISPR                                                                                                    | 2    | PA                                     |
| <i>morphine sulfate (15 mg tablet er, 30 mg tablet er, 60 mg tablet er, 100 mg tablet er, 200 mg tablet er)</i>                 | 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 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>                                                                                            | 2    | QL 5 TABS / 1 DAY<br>OP Opioid Program |
| <i>morphine sulfate 20 mg/5 ml solution</i>                                                                                     | 2    | QL 20 ML / 1 DAY<br>OP Opioid Program  |
| <i>morphine sulfate 30 mg tablet</i>                                                                                            | 2    | QL 2 TABS / 1 DAY<br>OP Opioid Program |
| MORPHINE SULFATE IR 15 MG TAB (BRAND)                                                                                           | 3    | QL 5 TABS / 1 DAY<br>OP Opioid Program |
| MORPHINE SULFATE IR 30 MG TAB (BRAND)                                                                                           | 3    | QL 2 TABS / 1 DAY<br>OP Opioid Program |
| <i>oxycodone hcl (10 mg tab er 12h, 15 mg tab er 12h, 20 mg tab er 12h, 30 mg tablet)</i>                                       | 2    | PA                                     |
| <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    | PA                                     |
| <i>oxycodone hcl 10 mg tablet</i>                                                                                               | 2    | QL 5 TABS / 1 DAY<br>OP Opioid Program |
| <i>oxycodone hcl 15 mg tablet</i>                                                                                               | 2    | QL 3 TABS / 1 DAY<br>OP Opioid Program |

| PRODUCT DESCRIPTION                                  | TIER | LIMITS & RESTRICTIONS                                                                    |
|------------------------------------------------------|------|------------------------------------------------------------------------------------------|
| <i>oxycodone hcl 20 mg tablet</i>                    | 2    | <div>QL 2 TABS / 1 DAY</div> <div>OP Opioid Program</div>                                |
| <i>oxycodone hcl 20 mg/ml oral conc</i>              | 2    | <div>QL 2 ML / 1 DAY</div> <div>OP Opioid Program</div>                                  |
| <i>oxycodone hcl 5 mg capsule</i>                    | 2    | <div>QL 8 CAPS / 1 DAY</div> <div>OP Opioid Program</div>                                |
| <i>oxycodone hcl 5 mg tablet</i>                     | 2    | <div>QL 8 TABS / 1 DAY</div> <div>OP Opioid Program</div>                                |
| <i>oxycodone hcl 5 mg/5 ml solution</i>              | 1    | <div>QL 40 ML / 1 DAY</div> <div>OP Opioid Program</div>                                 |
| <i>oxycodone hcl/acetaminophen 10mg-325mg tablet</i> | 2    | <div>QL 5 TABS / 1 DAY</div> <div>OP Opioid Program</div>                                |
| <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                                            | 3    | PA                                                                                       |
| <i>tramadol hcl 50 mg tablet</i>                     | 1    | <div>AQ1 At least 12 yrs old; 8 / 1 DAY</div> <div>OP Opioid Program</div>               |
| <i>tramadol hcl/acetaminophen</i>                    | 2    | <div>PA</div> <div>AQ1 At least 12 yrs old; 8 / 1 DAY</div> <div>OP Opioid Program</div> |
| OPIATE PARTIAL AGONISTS                              |      |                                                                                          |
| <i>buprenorphine</i>                                 | 2    | PA                                                                                       |

| PRODUCT DESCRIPTION                                                                                                                                                                                                                                    | TIER | LIMITS & RESTRICTIONS                                      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|------------------------------------------------------------|
| <i>buprenorphine hcl/naloxone hcl (/naloxone 2 mg-0.5mg film, /naloxone 4mg-1mg film, /naloxone 8 mg-2 mg film)</i>                                                                                                                                    | 2    | QL 3 FILMS / 1 DAY                                         |
| <i>buprenorphine hcl/naloxone hcl (/naloxone 2 mg-0.5mg tab sublingual, /naloxone 8 mg-2 mg tab sublingual)</i>                                                                                                                                        | 2    | QL 3 TABS / 1 DAY                                          |
| <i>buprenorphine hcl/naloxone hcl 12 mg-3 mg film</i>                                                                                                                                                                                                  | 2    | QL 2 FILMS / 1 DAY                                         |
| <b>ANOREXIGENIC AGENTS</b>                                                                                                                                                                                                                             |      |                                                            |
| <b>AMPHETAMINE DERIVATIVES</b>                                                                                                                                                                                                                         |      |                                                            |
| LOMAIRA                                                                                                                                                                                                                                                | 2    | QL 3 TABS / 1 DAY<br>WL Weight Loss                        |
| <i>phentermine hcl (30 mg capsule, 37.5 mg capsule)</i>                                                                                                                                                                                                | 2    | QL 1 CAP / 1 DAY<br>PRV Preventive Drug<br>WL Weight Loss  |
| <i>phentermine hcl 15 mg capsule</i>                                                                                                                                                                                                                   | 2    | QL 2 CAPS / 1 DAY<br>PRV Preventive Drug<br>WL Weight Loss |
| <i>phentermine hcl 37.5 mg tablet</i>                                                                                                                                                                                                                  | 2    | QL 1 TAB / 1 DAY<br>PRV Preventive Drug<br>WL Weight Loss  |
| <b>ANOREXIGENICS; RESPIRATORY, CNS STIMULANTS</b>                                                                                                                                                                                                      |      |                                                            |
| <b>AMPHETAMINES</b>                                                                                                                                                                                                                                    |      |                                                            |
| ADDERALL XR                                                                                                                                                                                                                                            | 2    | QL 2 CAPS / 1 DAY                                          |
| <i>dextroamphetamine 15 mg tab (generic adderall)</i>                                                                                                                                                                                                  | 2    | QL 3 TABS / 1 DAY                                          |
| <i>dextroamphetamine 20 mg tab (generic adderall)</i>                                                                                                                                                                                                  | 2    | QL 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    | QL 3 TABS / 1 DAY                                          |
| <i>dextroamphetamine sulfate (5 mg capsule er, 10 mg capsule er, 15 mg capsule er)</i>                                                                                                                                                                 | 2    | QL 4 CAPS / 1 DAY                                          |
| <i>dextroamphetamine sulfate (5 mg tablet, 10 mg tablet)</i>                                                                                                                                                                                           | 2    | QL 4 TABS / 1 DAY                                          |

| PRODUCT DESCRIPTION                                                                                                                     | TIER | LIMITS & RESTRICTIONS  |
|-----------------------------------------------------------------------------------------------------------------------------------------|------|------------------------|
| <i>dextroamphetamine/amphetamine 30 mg tablet</i>                                                                                       | 2    | QL 2 TABS / 1 DAY      |
| VYVANSE (10 MG CAPSULE, 20 MG CAPSULE, 30 MG CAPSULE)                                                                                   | 3    | QL 2 CAPS / 1 DAY      |
| VYVANSE (10 MG TABLET, 20 MG TABLET, 30 MG TABLET)                                                                                      | 3    | QL 2 CHEW TABS / 1 DAY |
| 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  |
| ZENZEDI (5 MG TABLET, 10 MG TABLET)                                                                                                     | 2    | QL 4 TABS / 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  |

| PRODUCT DESCRIPTION                                                | TIER | LIMITS & RESTRICTIONS  |
|--------------------------------------------------------------------|------|------------------------|
| QUILLIVANT XR                                                      | 3    | QL 6 ML / 1 DAY        |
| 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      |
| <i>modafinil</i>                                                   | 2    | QL 2 TABS / 1 DAY      |
| SUNOSI                                                             | 3    | QL 1 TAB / 1 DAY<br>PA |
| WAKIX                                                              | 3    | PA<br>S                |
| ANTI-INFECTIVE AGENTS                                              |      |                        |
| 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)                                             |      |                        |
| 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    |                        |

| PRODUCT DESCRIPTION                                                                                                                             | TIER | LIMITS & RESTRICTIONS |
|-------------------------------------------------------------------------------------------------------------------------------------------------|------|-----------------------|
| CILOXAN 0.3% OINTMENT                                                                                                                           | 3    |                       |
| CIPRO HC                                                                                                                                        | 3    |                       |
| <i>ciprofloxacin hcl 0.3 % drops</i>                                                                                                            | 1    |                       |
| <i>ciprofloxacin hcl/dexamethasone</i>                                                                                                          | 2    |                       |
| <i>doxycycline hyclate 20 mg tablet</i>                                                                                                         | 1    |                       |
| <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 (neomycin/polymyxin b/hydrocort drops susp, 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 0.12 % mouthwash</i>                                                                                                 | 1    |                       |
| PAROEX                                                                                                                                          | 2    |                       |
| PERIOGARD                                                                                                                                       | 2    |                       |

| PRODUCT DESCRIPTION                                                                                                                                  | TIER | LIMITS & RESTRICTIONS    |
|------------------------------------------------------------------------------------------------------------------------------------------------------|------|--------------------------|
| 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 % cream/appl)</i>                                                                             | 2    |                          |
| <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 %-5 % gel w/pump, 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>erythromycin base/benzoyl peroxide</i>                                                                                                            | 2    |                          |
| <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 GM / 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    |                          |

| PRODUCT DESCRIPTION                                               | TIER | LIMITS & RESTRICTIONS                                                  |
|-------------------------------------------------------------------|------|------------------------------------------------------------------------|
| SCABICIDES AND PEDICULICIDES                                      |      |                                                                        |
| <i>malathion</i>                                                  | 2    |                                                                        |
| <i>permethrin 5 % cream (g)</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    |                                                                        |
| <i>fluorometholone</i>                                            | 2    |                                                                        |
| <i>fluticasone propionate 50 mcg spray susp</i>                   | 1    |                                                                        |
| FML S.O.P.                                                        | 3    |                                                                        |
| <i>loteprednol etabonate 0.5 % drops susp</i>                     | 2    |                                                                        |
| <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 PEN                                       | 3    | <div>QL</div> <div>2 PENS / 28 day(s)</div> <div>PA</div> <div>S</div> |
| DUPIXENT 200 MG/1.14 ML SYRING                                    | 3    | <div>QL</div> <div>2.28 ML / 28 DAYS</div> <div>PA</div> <div>S</div>  |

| PRODUCT DESCRIPTION                                                                                                                  | TIER | LIMITS & RESTRICTIONS    |
|--------------------------------------------------------------------------------------------------------------------------------------|------|--------------------------|
| FASENRA PEN                                                                                                                          | 3    | PA<br>S                  |
| NUCALA (100 MG/ML AUTO-INJECTOR, 100 MG/ML SYRINGE)                                                                                  | 3    | PA<br>S                  |
| LEUKOTRIENE MODIFIERS                                                                                                                |      |                          |
| <i>montelukast sodium (4 mg gran pack, 4 mg tab chew, 5 mg tab chew)</i>                                                             | 2    | PRV Preventive Drug      |
| <i>montelukast sodium 10 mg tablet</i>                                                                                               | 1    | PRV Preventive Drug      |
| MAST-CELL STABILIZERS                                                                                                                |      |                          |
| <i>cromolyn sodium 20 mg/2 ml ampul-neb</i>                                                                                          | 2    | PA                       |
| <i>cromolyn sodium 4 % drops</i>                                                                                                     | 2    |                          |
| ANTI-INFLAMMATORY AGENTS (SKIN, MUCOUS)<br>ANTI-INFLAMMATORY AGENTS, MISC (SKIN)                                                     |      |                          |
| EUCRISA                                                                                                                              | 3    | QL 60 GM / 30 DAYS<br>ST |
| 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 glyc 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    |                          |

| PRODUCT DESCRIPTION                                                                                                                                                        | TIER | LIMITS & RESTRICTIONS |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-----------------------|
| <i>fluocinolone acetonide (0.01 % cream (g), 0.01 % oil, 0.025 % cream (g), 0.025 % oint. (g))</i>                                                                         | 2    |                       |
| <i>fluocinolone acetonide 0.01 % solution</i>                                                                                                                              | 2    | QL 60 ML / 30 DAYS    |
| <i>fluocinolone acetonide/shower cap</i>                                                                                                                                   | 2    |                       |
| <i>fluocinonide (0.05 % cream (g), 0.05 % gel (gram), 0.05 % oint. (g), 0.05 % solution, 0.1 % cream (g))</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 % crm/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    |                       |
| <i>hydrocortisone acetate/pramoxine hcl (hydrocortisone/pramoxine 1 % cream/appl, hydrocortisone/pramoxine 2.5 % cream (g), hydrocortisone/pramoxine 2.5 % cream/appl)</i> | 2    |                       |
| <i>hydrocortisone butyrate (0.1 % cream (g), 0.1 % oint. (g))</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    |                       |
| <b>ANTIARRHYTHMIC AGENTS</b>                                                                                                                                               |      |                       |
| <b>CLASS IA ANTIARRHYTHMICS</b>                                                                                                                                            |      |                       |
| <i>disopyramide phosphate</i>                                                                                                                                              | 2    |                       |
| NORPACE CR                                                                                                                                                                 | 3    |                       |

| PRODUCT DESCRIPTION                                                                                                                                                 | TIER | LIMITS & RESTRICTIONS |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-----------------------|
| <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    |                       |
| ANTIBACTERIALS                                                                                                                                                      |      |                       |
| AMINOGLYCOSIDE ANTIBIOTICS                                                                                                                                          |      |                       |
| <i>neomycin sulfate</i>                                                                                                                                             | 2    |                       |
| <i>tobramycin in 0.225 % sodium chloride</i>                                                                                                                        | 2    | PA<br>S               |
| QUINOLONE ANTIBIOTICS                                                                                                                                               |      |                       |
| 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    |                       |
| SULFONAMIDE ANTIBIOTICS (SYSTEMIC)                                                                                                                                  |      |                       |
| <i>sulfamethoxazole/trimethoprim</i><br>( <i>sulfamethoxazole/trimethoprim 200-40mg/5 oral susp,</i><br><i>sulfamethoxazole/trimethoprim 800-160/20 oral susp</i> ) | 2    |                       |

| PRODUCT DESCRIPTION                                                                                                                                           | TIER | LIMITS & RESTRICTIONS |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-----------------------|
| <i>sulfamethoxazole/trimethoprim</i><br>( <i>sulfamethoxazole/trimethoprim 400mg-80mg tablet,</i><br><i>sulfamethoxazole/trimethoprim 800-160 mg tablet</i> ) | 1    |                       |
| <i>sulfasalazine (500 mg tablet, 500 mg tablet dr)</i>                                                                                                        | 2    |                       |
| SULFATRIM                                                                                                                                                     | 2    |                       |
| TETRACYCLINE ANTIBIOTICS                                                                                                                                      |      |                       |
| <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    |                       |
| MONDOXYNE 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 TABS / RX       |
| SIVEXTRO 200 MG TABLET                                                                                                                                        | 3    | PA                    |
| PLEUROMUTILINS                                                                                                                                                |      |                       |
| XENLETA 600 MG TABLET                                                                                                                                         | 3    | QL 10 TABS / RX<br>PA |

| PRODUCT DESCRIPTION                                                                                                                                    | TIER | LIMITS & RESTRICTIONS                         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|------|-----------------------------------------------|
| RIFAMYCIN ANTIBIOTICS                                                                                                                                  |      |                                               |
| XIFAXAN                                                                                                                                                | 3    | PA                                            |
| ANTICHOLINERGIC AGENTS<br>ANTIMUSCARINICS/ANTISPASMODICS                                                                                               |      |                                               |
| ANORO ELLIPTA                                                                                                                                          | 3    | PRV Preventive Drug                           |
| ATROVENT HFA                                                                                                                                           | 3    | QL 1 INHALER / 25 DAYS<br>PRV Preventive Drug |
| COMBIVENT RESPIMAT                                                                                                                                     | 3    | QL 1 INHALER / 30 DAYS<br>PRV Preventive Drug |
| CUVPOSA                                                                                                                                                | 3    | PA                                            |
| <i>dicyclomine hcl (10 mg/5 ml solution, 20 mg tablet)</i>                                                                                             | 1    |                                               |
| <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<br/>subl, 0.125 mg tablet, 0.125mg/ml drops, 0.375 mg tab er<br/>12h, 125mcg/5ml elixir)</i> | 2    |                                               |
| INCRUSE ELLIPTA                                                                                                                                        | 3    | PRV Preventive Drug                           |
| <i>ipratropium bromide 0.2 mg/ml solution</i>                                                                                                          | 2    | PRV Preventive Drug                           |
| <i>ipratropium bromide/albuterol sulfate</i>                                                                                                           | 2    | PRV Preventive Drug                           |
| <i>propantheline bromide</i>                                                                                                                           | 2    |                                               |
| ANTICOAGULANTS<br>ANTICOAGULANTS, MISCELLANEOUS                                                                                                        |      |                                               |
| <i>fondaparinux sodium</i>                                                                                                                             | 2    | QL 1 SYRINGE / 1 DAY<br>PA                    |
| COUMARIN DERIVATIVES                                                                                                                                   |      |                                               |
| <i>warfarin sodium</i>                                                                                                                                 | 1    | PRV Preventive Drug                           |
| DIRECT FACTOR XA INHIBITORS                                                                                                                            |      |                                               |
| ELIQUIS (2.5 MG TABLET, 5 MG TABLET)                                                                                                                   | 3    | QL 2 TABS / 1 DAY<br>PRV Preventive Drug      |

| PRODUCT DESCRIPTION                                                                                                                                                 | TIER | LIMITS & RESTRICTIONS                                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-------------------------------------------------------------------|
| ELIQUIS DVT-PE TREAT START 5MG                                                                                                                                      | 3    | <div>QL</div> <div>PRV</div> 1 RX / 30 DAYS<br>Preventive Drug    |
| XARELTO (10 MG TABLET, 20 MG TABLET)                                                                                                                                | 3    | <div>QL</div> <div>PRV</div> 1 TAB / 1 DAY<br>Preventive Drug     |
| XARELTO (2.5 MG TABLET, 15 MG TABLET)                                                                                                                               | 3    | <div>QL</div> <div>PRV</div> 2 TABS / 1 DAY<br>Preventive Drug    |
| XARELTO DVT-PE TREAT START 30D                                                                                                                                      | 3    | <div>QL</div> <div>PRV</div> 51 TABS / 30 DAYS<br>Preventive Drug |
| DIRECT THROMBIN INHIBITORS                                                                                                                                          |      |                                                                   |
| PRADAXA                                                                                                                                                             | 3    | <div>PA</div> <div>PRV</div> Preventive Drug                      |
| HEPARINS                                                                                                                                                            |      |                                                                   |
| <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    | <div>QL</div> 2 SYRINGES / 1 DAY                                  |
| <i>enoxaparin sodium 300mg/3ml vial</i>                                                                                                                             | 2    | <div>QL</div> 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    |                                                                   |
| ANTICONVULSANTS                                                                                                                                                     |      |                                                                   |
| ANTICONVULSANTS, MISCELLANEOUS                                                                                                                                      |      |                                                                   |
| APTOM                                                                                                                                                               | 3    | <div>PA</div>                                                     |
| BANZEL 200 MG TABLET                                                                                                                                                | 3    | <div>QL</div> <div>PA</div> 16 TABS / 1 DAY                       |
| BANZEL 400 MG TABLET                                                                                                                                                | 3    | <div>QL</div> <div>PA</div> 8 TABS / 1 DAY                        |
| BRIVIACT (10 MG TABLET, 10 MG/ML ORAL SOLN, 25 MG TABLET, 50 MG TABLET, 75 MG TABLET, 100 MG TABLET)                                                                | 3    | <div>PA</div>                                                     |

| PRODUCT DESCRIPTION                                                                                                                                                                     | TIER | LIMITS & RESTRICTIONS                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-------------------------------------------------------------|
| <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    | <div>QL</div> <div>PA</div> <div>S</div> 12 CAPS / 1 DAY    |
| DIACOMIT 250 MG POWDER PACKET                                                                                                                                                           | 3    | <div>QL</div> <div>PA</div> <div>S</div> 12 PACKETS / 1 DAY |
| DIACOMIT 500 MG CAPSULE                                                                                                                                                                 | 3    | <div>QL</div> <div>PA</div> <div>S</div> 6 CAPS / 1 DAY     |
| DIACOMIT 500 MG POWDER PACKET                                                                                                                                                           | 3    | <div>QL</div> <div>PA</div> <div>S</div> 6 PACKETS / 1 DAY  |
| <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    |                                                             |
| FINTEPLA                                                                                                                                                                                | 3    | <div>PA</div> <div>S</div>                                  |
| 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                                 |

| PRODUCT DESCRIPTION                                                                                               | TIER | LIMITS & RESTRICTIONS    |
|-------------------------------------------------------------------------------------------------------------------|------|--------------------------|
| <i>gabapentin 400 mg capsule</i>                                                                                  | 2    | QL 9 CAPS / 1 DAY        |
| <i>gabapentin 600 mg tablet</i>                                                                                   | 2    | QL 6 TABS / 1 DAY        |
| <i>gabapentin 800 mg tablet</i>                                                                                   | 2    | QL 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    | QL 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    | QL 3 CAPS / 1 DAY        |
| <i>pregabalin 20 mg/ml solution</i>                                                                               | 2    | QL 30 ML / 1 DAY         |
| <i>rufinamide 200 mg tablet</i>                                                                                   | 2    | QL 16 TABS / 1 DAY<br>PA |
| <i>rufinamide 40 mg/ml oral susp</i>                                                                              | 2    | QL 80 ML / 1 DAY<br>PA   |
| <i>rufinamide 400 mg tablet</i>                                                                                   | 2    | QL 8 TABS / 1 DAY<br>PA  |
| 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                  |

| PRODUCT DESCRIPTION                                                                           | TIER | LIMITS & RESTRICTIONS   |
|-----------------------------------------------------------------------------------------------|------|-------------------------|
| 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 |
| HYDANTOINS                                                                                    |      |                         |
| DILANTIN 30 MG CAPSULE                                                                        | 3    |                         |
| <i>phenytoin (50 mg tab chew, 100 mg/4ml oral susp, 125 mg/5ml oral susp)</i>                 | 2    |                         |
| <i>phenytoin sodium extended</i>                                                              | 2    |                         |
| SUCCINIMIDES                                                                                  |      |                         |
| <i>ethosuximide (250 mg capsule, 250 mg/5ml solution)</i>                                     | 2    |                         |

| PRODUCT DESCRIPTION                                                                                                                                                  | TIER | LIMITS & RESTRICTIONS |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-----------------------|
| <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    | PRV Preventive Drug   |
| <i>mirtazapine (7.5 mg tablet, 15 mg tablet, 30 mg tablet, 45 mg tablet)</i>                                                                                         | 2    | PRV Preventive Drug   |
| <b>MONOAMINE OXIDASE INHIBITORS</b>                                                                                                                                  |      |                       |
| <i>phenelzine sulfate</i>                                                                                                                                            | 2    | PRV Preventive Drug   |
| <i>tranylcypromine sulfate</i>                                                                                                                                       | 2    | PRV 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    | PRV 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    | PRV Preventive Drug   |
| <b>SELECTIVE-SEROTONIN REUPTAKE INHIBITORS</b>                                                                                                                       |      |                       |
| <i>citalopram hydrobromide (10 mg tablet, 20 mg tablet, 40 mg tablet)</i>                                                                                            | 1    | PRV Preventive Drug   |
| <i>citalopram hydrobromide (10 mg/5 ml solution, 20 mg/10ml solution)</i>                                                                                            | 2    | PRV Preventive Drug   |
| <i>escitalopram oxalate (5 mg tablet, 10 mg tablet, 20 mg tablet)</i>                                                                                                | 1    | PRV Preventive Drug   |
| <i>escitalopram oxalate 5 mg/5 ml solution</i>                                                                                                                       | 2    | PRV Preventive Drug   |
| <i>fluoxetine hcl (10 mg capsule, 20 mg capsule, 40 mg capsule)</i>                                                                                                  | 1    | PRV Preventive Drug   |
| <i>fluoxetine hcl 20 mg/5 ml solution</i>                                                                                                                            | 2    | PRV Preventive Drug   |
| <i>fluvoxamine maleate (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>                                                                                               | 2    | PRV Preventive Drug   |

| PRODUCT DESCRIPTION                                                                                                                 | TIER | LIMITS & RESTRICTIONS |
|-------------------------------------------------------------------------------------------------------------------------------------|------|-----------------------|
| <i>paroxetine hcl (10 mg tablet, 20 mg tablet, 30 mg tablet, 40 mg tablet)</i>                                                      | 1    | PRV Preventive Drug   |
| <i>paroxetine hcl 10 mg/5 ml oral susp</i>                                                                                          | 2    | PRV Preventive Drug   |
| <i>sertraline hcl (20 mg/ml oral conc, 25 mg tablet, 50 mg tablet, 100 mg tablet)</i>                                               | 1    | PRV Preventive Drug   |
| SEROTONIN MODULATORS                                                                                                                |      |                       |
| <i>nefazodone hcl</i>                                                                                                               | 2    | PRV Preventive Drug   |
| <i>trazodone hcl</i>                                                                                                                | 1    | PRV Preventive Drug   |
| TRINTELLIX                                                                                                                          | 3    | PA                    |
| VIIBRYD                                                                                                                             | 3    | PA                    |
| TRICYCLICS, OTHER NOREPI-RU INHIBITORS                                                                                              |      |                       |
| <i>amitriptyline hcl</i>                                                                                                            | 2    | PRV Preventive Drug   |
| <i>clomipramine hcl</i>                                                                                                             | 2    | PRV Preventive Drug   |
| <i>desipramine hcl</i>                                                                                                              | 2    | PRV Preventive Drug   |
| <i>doxepin hcl (10 mg capsule, 10 mg/ml oral conc, 25 mg capsule, 50 mg capsule, 75 mg capsule, 100 mg capsule, 150 mg capsule)</i> | 2    | PRV Preventive Drug   |
| <i>imipramine hcl</i>                                                                                                               | 2    | PRV Preventive Drug   |
| <i>nortriptyline hcl (10 mg capsule, 10 mg/5 ml solution, 25 mg capsule, 50 mg capsule, 75 mg capsule)</i>                          | 2    | PRV Preventive Drug   |
| ANTIDIABETIC AGENTS                                                                                                                 |      |                       |
| ALPHA-GLUCOSIDASE INHIBITORS                                                                                                        |      |                       |
| <i>acarbose</i>                                                                                                                     | 1    | PRV Preventive Drug   |
| <i>miglitol</i>                                                                                                                     | 2    | PRV Preventive Drug   |
| BIGUANIDES                                                                                                                          |      |                       |
| <i>metformin hcl (500 mg tab er 24h, 750 mg tab er 24h, 850 mg tablet)</i>                                                          | 1    | PRV Preventive Drug   |
| <i>metformin hcl 1,000 mg tablet (generic for glucophage)</i>                                                                       | 1    | PRV Preventive Drug   |
| <i>metformin hcl 500 mg tablet (generic for glucophage)</i>                                                                         | 1    | PRV Preventive Drug   |

| PRODUCT DESCRIPTION                                     | TIER | LIMITS & RESTRICTIONS                      |
|---------------------------------------------------------|------|--------------------------------------------|
| DIIPEPTIDYL PEPTIDASE-4(DPP-4) INHIBITORS               |      |                                            |
| <i>alogliptin benzoate</i>                              | 2    | QL 1 TAB / 1 DAY                           |
| <i>alogliptin benzoate/metformin hcl</i>                | 2    | QL 2 TABS / 1 DAY                          |
| <i>alogliptin benzoate/pioglitazone hcl</i>             | 2    | QL 1 TAB / 1 DAY                           |
| JENTADUETO                                              | 3    | QL 2 TABS / 1 DAY<br>PRV Preventive Drug   |
| JENTADUETO XR                                           | 3    | QL 2 TABS / 1 DAY<br>PRV Preventive Drug   |
| TRADJENTA                                               | 3    | QL 1 TAB / 1 DAY<br>PRV Preventive Drug    |
| INCRETIN MIMETICS                                       |      |                                            |
| BYDUREON BCISE                                          | 3    | QL 3.4 ML / 28 DAYS<br>PRV Preventive Drug |
| BYDUREON PEN                                            | 3    | QL 4 PEN / 28 DAYS<br>PRV Preventive Drug  |
| BYETTA 10 MCG DOSE PEN INJ                              | 3    | QL 2.4 ML / 30 DAYS<br>PRV Preventive Drug |
| BYETTA 5 MCG DOSE PEN INJ                               | 3    | QL 1.2 ML / 30 DAYS<br>PRV Preventive Drug |
| OZEMPIC (1 MG/DOSE (2 MG/1.5ML), 1 MG/DOSE (4 MG/3 ML)) | 3    | QL 3 ML / 28 DAYS<br>PRV Preventive Drug   |
| OZEMPIC 0.25-0.5 MG/DOSE PEN                            | 3    | QL 1.5 ML / 28 DAYS<br>PRV Preventive Drug |
| RYBELSUS                                                | 3    | QL 1 TAB / 1 DAY                           |
| TRULICITY                                               | 3    | QL 2 ML / 28 DAYS<br>PRV Preventive Drug   |
| VICTOZA 2-PAK                                           | 3    | QL 9 ML / 30 DAYS<br>PRV Preventive Drug   |

| PRODUCT DESCRIPTION                                                                             | TIER | LIMITS & RESTRICTIONS                                                             |
|-------------------------------------------------------------------------------------------------|------|-----------------------------------------------------------------------------------|
| VICTOZA 3-PAK                                                                                   | 3    | <div>QL</div> <div>9 ML / 30 DAYS</div> <div>PRV</div> <div>Preventive Drug</div> |
| MEGLITINIDES                                                                                    |      |                                                                                   |
| <i>nateglinide</i>                                                                              | 2    | <div>PRV</div> <div>Preventive Drug</div>                                         |
| <i>repaglinide</i>                                                                              | 2    | <div>PRV</div> <div>Preventive Drug</div>                                         |
| SODIUM-GLUC COTRANSPORT 2 (SGLT2) INHIB                                                         |      |                                                                                   |
| GLYXAMBI                                                                                        | 3    | <div>QL</div> <div>1 TAB / 1 DAY</div>                                            |
| INVOKAMET                                                                                       | 3    | <div>QL</div> <div>2 TABS / 1 DAY</div> <div>PRV</div> <div>Preventive Drug</div> |
| INVOKAMET XR                                                                                    | 3    | <div>QL</div> <div>2 TABS / 1 DAY</div> <div>PRV</div> <div>Preventive Drug</div> |
| INVOKANA                                                                                        | 3    | <div>QL</div> <div>1 TAB / 1 DAY</div> <div>PRV</div> <div>Preventive Drug</div>  |
| JARDIANCE                                                                                       | 3    | <div>QL</div> <div>1 TAB / 1 DAY</div> <div>PRV</div> <div>Preventive Drug</div>  |
| SYNJARDY                                                                                        | 3    | <div>QL</div> <div>2 TABS / 1 DAY</div> <div>PRV</div> <div>Preventive Drug</div> |
| SYNJARDY XR (10-1,000 MG TABLET, 25-1,000 MG TABLET)                                            | 3    | <div>QL</div> <div>1 TAB / 1 DAY</div> <div>PRV</div> <div>Preventive Drug</div>  |
| SYNJARDY XR (5-1,000 MG TABLET, 12.5-1,000 MG TAB)                                              | 3    | <div>QL</div> <div>2 TABS / 1 DAY</div> <div>PRV</div> <div>Preventive Drug</div> |
| TRIJARDY XR (10-5-1,000 MG TAB, 25-5-1,000 MG TAB)                                              | 3    | <div>QL</div> <div>1 TAB / 1 DAY</div> <div>PRV</div> <div>Preventive Drug</div>  |
| TRIJARDY XR (5-2.5-1,000 MG TAB, 12.5-2.5-1,000 MG)                                             | 3    | <div>QL</div> <div>2 TABS / 1 DAY</div> <div>PRV</div> <div>Preventive Drug</div> |
| SULFONYLUREAS                                                                                   |      |                                                                                   |
| <i>glimepiride</i>                                                                              | 1    | <div>PRV</div> <div>Preventive Drug</div>                                         |
| <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    | <div>PRV</div> <div>Preventive Drug</div>                                         |

| PRODUCT DESCRIPTION                                             | TIER | LIMITS & RESTRICTIONS |
|-----------------------------------------------------------------|------|-----------------------|
| <i>glipizide/metformin hcl</i>                                  | 1    | PRV Preventive Drug   |
| <i>glyburide</i>                                                | 2    | PA                    |
| <i>glyburide, micronized</i>                                    | 2    | PA                    |
| <i>glyburide/metformin hcl</i>                                  | 2    | PA                    |
| THIAZOLIDINEDIONES                                              |      |                       |
| <i>pioglitazone hcl</i>                                         | 1    | PRV Preventive Drug   |
| <i>pioglitazone hcl/glimepiride</i>                             | 2    | PRV Preventive Drug   |
| <i>pioglitazone hcl/metformin hcl</i>                           | 2    | PRV Preventive Drug   |
| ANTIEMETICS                                                     |      |                       |
| 5-HT3 RECEPTOR ANTAGONISTS                                      |      |                       |
| <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    |                       |
| ANTIEMETICS, MISCELLANEOUS                                      |      |                       |
| <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    |                       |
| ANTIHISTAMINES (GI DRUGS)                                       |      |                       |
| <i>prochlorperazine</i>                                         | 2    |                       |
| <i>prochlorperazine maleate</i>                                 | 1    |                       |
| <i>trimethobenzamide hcl</i>                                    | 2    |                       |
| NEUROKININ-1 RECEPTOR ANTAGONISTS                               |      |                       |
| <i>aprepitant</i>                                               | 2    |                       |
| EMEND 125 MG POWDER PACKET                                      | 3    |                       |
| ANTIFUNGAL (SYSTEMIC)                                           |      |                       |
| ALLYLAMINE ANTIFUNGALS                                          |      |                       |
| <i>terbinafine hcl 250 mg tablet</i>                            | 1    |                       |

| PRODUCT DESCRIPTION                                                            | TIER | LIMITS & RESTRICTIONS |
|--------------------------------------------------------------------------------|------|-----------------------|
| <b>ANTIFUNGALS, MISCELLANEOUS</b>                                              |      |                       |
| <i>griseofulvin ultramicrosize</i>                                             | 2    |                       |
| <i>griseofulvin, microsize (125 mg/5ml oral susp, 500 mg tablet)</i>           | 2    |                       |
| <b>AZOLE ANTIFUNGALS</b>                                                       |      |                       |
| 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    |                       |
| <i>ketoconazole 200 mg tablet</i>                                              | 1    |                       |
| <i>posaconazole</i>                                                            | 2    | PA                    |
| <i>voriconazole (50 mg tablet, 200 mg tablet, 200 mg/5ml susp recon)</i>       | 2    | PA                    |
| <b>POLYENE ANTIFUNGALS</b>                                                     |      |                       |
| <i>nystatin 100000/ml oral susp</i>                                            | 2    | QL 480 ML / RX        |
| <i>nystatin 500k unit tablet</i>                                               | 1    |                       |
| <b>ANTIFUNGALS (SKIN AND MUCOUS MEMBRANE)</b>                                  |      |                       |
| <b>AZOLES (SKIN AND MUCOUS MEMBRANE)</b>                                       |      |                       |
| <i>clotrimazole 10 mg troche</i>                                               | 2    |                       |
| <i>clotrimazole/betamethasone dip 1 %-0.05 % cream (g)</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    |                       |
| <b>HYDROXYPYRIDONES (SKIN, MUCOUS MEMBRANE)</b>                                |      |                       |
| <i>ciclopirox (0.77 % gel (gram), 1 % shampoo, 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    |

| PRODUCT DESCRIPTION                                          | TIER | LIMITS & RESTRICTIONS |
|--------------------------------------------------------------|------|-----------------------|
| <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 GM / 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 maleate (0.25 % sol-gel, 0.5 % sol-gel)</i>       | 2    |                       |
| <i>timolol maleate 0.25% eye drop (generic for timoptic)</i> | 1    |                       |
| <i>timolol maleate 0.5% eye drops (generic for timoptic)</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    |                       |
| LUMIGAN                                                      | 3    |                       |
| <i>travoprost</i>                                            | 2    |                       |
| ZIOPTAN                                                      | 3    | PA                    |

| PRODUCT DESCRIPTION                   | TIER | LIMITS & RESTRICTIONS |
|---------------------------------------|------|-----------------------|
| 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               |
| BENEFIX                               | 3    | PA<br>S               |
| COAGADEX                              | 3    | PA<br>S               |
| CORIFACT                              | 3    | PA<br>S               |
| ELOCTATE                              | 3    | PA<br>S               |
| ESPEROCT                              | 3    | PA<br>S               |
| FEIBA NF                              | 3    | PA<br>S               |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|---------------------|------|-----------------------|
| 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               |
| MONONINE            | 3    | S                     |
| 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               |

| PRODUCT DESCRIPTION                                   | TIER | LIMITS & RESTRICTIONS |
|-------------------------------------------------------|------|-----------------------|
| 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       |
| TRETEN                                                | 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               |
| ANTIHYPOGLYCEMIC AGENTS<br>GLYCOGENOLYTIC AGENTS      |      |                       |
| BAQSIMI                                               | 3    | PRV Preventive Drug   |
| <i>glucagon 1 mg emergency kit</i>                    | 2    |                       |
| <i>glucagon 1 mg emergency kit (generic glucagen)</i> | 2    | PRV Preventive Drug   |
| GLUCAGON 1 MG EMERGENCY KIT (LILLY)                   | 3    | PRV Preventive Drug   |
| GLUCAGON 1 MG VIAL                                    | 3    |                       |
| GVOKE HYOPEN 1-PACK                                   | 3    | PRV Preventive Drug   |
| GVOKE HYOPEN 2-PACK                                   | 3    | PRV Preventive Drug   |

| PRODUCT DESCRIPTION                                                                                           | TIER | LIMITS & RESTRICTIONS |
|---------------------------------------------------------------------------------------------------------------|------|-----------------------|
| GVOKE PFS 1-PACK SYRINGE                                                                                      | 3    | PRV Preventive Drug   |
| GVOKE PFS 2-PACK SYRINGE                                                                                      | 3    | PRV Preventive Drug   |
| ZEGALOGUE AUTOINJECTOR                                                                                        | 3    |                       |
| ZEGALOGUE SYRINGE                                                                                             | 3    |                       |
| ANTILIPEMIC AGENTS                                                                                            |      |                       |
| ANTILIPEMIC AGENTS, MISCELLANEOUS                                                                             |      |                       |
| <i>icosapent ethyl</i>                                                                                        | 2    | PA                    |
| JUXTAPID                                                                                                      | 3    | PA<br>S               |
| <i>omega-3 acid ethyl esters</i>                                                                              | 1    | PRV Preventive Drug   |
| TRIKLO                                                                                                        | 1    | PRV Preventive Drug   |
| VASCEPA                                                                                                       | 3    | PA                    |
| BILE ACID SEQUESTRANTS                                                                                        |      |                       |
| <i>cholestyramine (with sugar) (4 g powd pack, 4 g powder)</i>                                                | 2    | PRV Preventive Drug   |
| <i>cholestyramine/aspartame (cholestyramine/aspartame 4 g powd pack, cholestyramine/aspartame 4 g powder)</i> | 2    | PRV Preventive Drug   |
| <i>colestipol hcl 1 g tablet</i>                                                                              | 2    | PRV Preventive Drug   |
| PREVALITE (PACKET, POWDER)                                                                                    | 2    | PRV Preventive Drug   |
| CHOLESTEROL ABSORPTION INHIBITORS                                                                             |      |                       |
| <i>ezetimibe</i>                                                                                              | 1    | PRV Preventive Drug   |
| FIBRIC ACID DERIVATIVES                                                                                       |      |                       |
| <i>fenofibrate (54 mg tablet, 160 mg tablet)</i>                                                              | 2    | PRV Preventive Drug   |
| <i>fenofibrate nanocrystallized</i>                                                                           | 1    | PRV Preventive Drug   |
| <i>fenofibrate, micronized (67 mg capsule, 134 mg capsule, 200 mg capsule)</i>                                | 1    | PRV Preventive Drug   |
| <i>gemfibrozil</i>                                                                                            | 1    | PRV Preventive Drug   |

| PRODUCT DESCRIPTION                                           | TIER | LIMITS & RESTRICTIONS                          |
|---------------------------------------------------------------|------|------------------------------------------------|
| HMG-COA REDUCTASE INHIBITORS                                  |      |                                                |
| <i>atorvastatin calcium (10 mg tablet, 20 mg tablet)</i>      | 1    | ACA Affordable Care Act<br>PRV Preventive Drug |
| <i>atorvastatin calcium (40 mg tablet, 80 mg tablet)</i>      | 1    | PRV Preventive Drug                            |
| <i>lovastatin (20 mg tablet, 40 mg tablet)</i>                | 1    | ACA Affordable Care Act<br>PRV Preventive Drug |
| <i>lovastatin 10 mg tablet</i>                                | 1    | PRV Preventive Drug                            |
| <i>pravastatin sodium</i>                                     | 1    | ACA Affordable Care Act<br>PRV Preventive Drug |
| <i>rosuvastatin calcium (20 mg tablet, 40 mg tablet)</i>      | 1    | PRV Preventive Drug                            |
| <i>rosuvastatin calcium (5 mg tablet, 10 mg tablet)</i>       | 1    | ACA Affordable Care Act<br>PRV Preventive Drug |
| <i>simvastatin (10 mg tablet, 20 mg tablet, 40 mg tablet)</i> | 1    | ACA Affordable Care Act<br>PRV Preventive Drug |
| <i>simvastatin (5 mg tablet, 80 mg tablet)</i>                | 1    | PRV Preventive Drug                            |
| PCSK9 INHIBITORS                                              |      |                                                |
| REPATHA PUSHTRONEX                                            | 3    | QL 1 PEN / 28 DAYS<br>PA                       |
| REPATHA SURECLICK                                             | 3    | QL 2 PENS / 28 DAYS<br>PA                      |
| REPATHA SYRINGE                                               | 3    | QL 2 PENS / 28 DAYS<br>PA                      |
| ANTIMIGRAINE AGENTS<br>CALCITONIN GENE-RELATED PEPTIDE ANTAG. |      |                                                |
| AJOVY AUTOINJECTOR                                            | 3    | QL 1.5 ML / 30 DAYS<br>PA<br>S                 |
| AJOVY SYRINGE                                                 | 3    | QL 1.5 ML / 30 DAYS<br>PA<br>S                 |

| PRODUCT DESCRIPTION                                                                                                                                          | TIER | LIMITS & RESTRICTIONS                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------------------------------------|
| EMGALITY 120 MG/ML SYRINGE                                                                                                                                   | 3    | <div>QL</div> <div>PA</div> <div>S</div> 1 ML / 30 DAYS |
| EMGALITY PEN                                                                                                                                                 | 3    | <div>QL</div> <div>PA</div> <div>S</div> 1 ML / 30 DAYS |
| EMGALITY SYRINGE (100 MG/ML SYR(1 OF 3), 300 MG (100 MG X3SYR))                                                                                              | 3    | <div>QL</div> <div>PA</div> <div>S</div> 3 ML / 30 DAYS |
| NURTEC ODT                                                                                                                                                   | 3    | <div>QL</div> <div>PA</div> 8 TABS / 30 DAYS            |
| SELECTIVE SEROTONIN AGONISTS                                                                                                                                 |      |                                                         |
| <i>eletriptan hydrobromide</i>                                                                                                                               | 2    | <div>QL</div> <div>PA</div> 12 TABS / 28 DAYS           |
| <i>naratriptan hcl</i>                                                                                                                                       | 1    | <div>QL</div> 12 TABS / 30 DAYS                         |
| REYVOW                                                                                                                                                       | 3    | <div>QL</div> <div>PA</div> 8 TABS / 30 DAYS            |
| <i>rizatriptan benzoate</i>                                                                                                                                  | 2    | <div>QL</div> 12 TABS / 28 DAYS                         |
| <i>sumatriptan</i>                                                                                                                                           | 2    | <div>QL</div> 12 ML / 30 DAYS                           |
| <i>sumatriptan succinate (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>                                                                                     | 2    | <div>QL</div> 12 TABS / 28 DAYS                         |
| <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    | <div>QL</div> 5 ML / 30 DAYS                            |
| <i>zolmitriptan (2.5 mg tab rapdis, 2.5 mg tablet, 5 mg tab rapdis, 5 mg tablet)</i>                                                                         | 2    | <div>QL</div> 12 TABS / 28 DAYS                         |
| ANTIMYCOBACTERIALS                                                                                                                                           |      |                                                         |
| ANTIMYCOBACTERIALS, MISCELLANEOUS                                                                                                                            |      |                                                         |
| <i>dapsone (25 mg tablet, 100 mg tablet)</i>                                                                                                                 | 2    |                                                         |

| PRODUCT DESCRIPTION                              | TIER | LIMITS & RESTRICTIONS |
|--------------------------------------------------|------|-----------------------|
| 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 250 mg tablet</i>         | 2    | S                     |
|                                                  |      | TD Trial Drug         |
|                                                  |      | ONC Oncology          |
|                                                  |      | QL 2 TABS / 1 DAY     |
|                                                  |      | PA                    |
| <i>abiraterone acetate 500 mg tablet</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          |
|                                                  |      | QL 2 TABS / 1 DAY     |
|                                                  |      | PA                    |
| AFINITOR DISPERZ (2 MG TABLET, 5 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>8 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                     | 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 2 TABS / 1 DAY</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> |
| COMETRIQ 140 MG DAILY-DOSE PK | 3    | <div>QL 4 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 60 MG DAILY-DOSE PACK                                              | 3    | <div>QL 3 CAPS / 1 DAY</div> <div>PA</div> <div>S</div> <div>TD Trial Drug</div> <div>ONC Oncology</div> |
| COPIKTRA                                                                    | 3    | <div>QL 2 CAPS / 1 DAY</div> <div>PA</div> <div>S</div> <div>TD Trial Drug</div> <div>ONC Oncology</div> |
| COTELLIC                                                                    | 3    | <div>QL 3 TABS / 1 DAY</div> <div>PA</div> <div>S</div> <div>ONC Oncology</div>                          |
| CYCLOPHOSPHAMIDE (25 MG CAPSULE, 25 MG TABLET, 50 MG CAPSULE, 50 MG TABLET) | 2    |                                                                                                          |
| DAURISMO 100 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>  |
| DAURISMO 25 MG TABLET                                                       | 3    | <div>QL 3 TABS / 1 DAY</div> <div>PA</div> <div>S</div> <div>TD Trial Drug</div> <div>ONC Oncology</div> |
| EMCYT                                                                       | 3    |                                                                                                          |
| ERIVEDGE                                                                    | 3    | <div>QL 1 CAP / 1 DAY</div> <div>PA</div> <div>S</div> <div>TD Trial Drug</div> <div>ONC Oncology</div>  |

| PRODUCT DESCRIPTION                                                         | TIER | LIMITS & RESTRICTIONS                                                                                    |
|-----------------------------------------------------------------------------|------|----------------------------------------------------------------------------------------------------------|
| ERLEADA                                                                     | 3    | <div>PA</div> <div>S</div> <div>ONC Oncology</div>                                                       |
| <i>erlotinib hcl (100 mg tablet, 150 mg tablet)</i>                         | 2    | <div>QL 1 TAB / 1 DAY</div> <div>PA</div> <div>S</div> <div>TD Trial Drug</div> <div>ONC Oncology</div>  |
| <i>erlotinib hcl 25 mg tablet</i>                                           | 2    | <div>QL 3 TABS / 1 DAY</div> <div>PA</div> <div>S</div> <div>TD Trial Drug</div> <div>ONC Oncology</div> |
| <i>etoposide 50 mg capsule</i>                                              | 2    |                                                                                                          |
| <i>everolimus (2 mg tab susp, 5 mg tab susp)</i>                            | 2    | <div>QL 2 TABS / 1 DAY</div> <div>PA</div> <div>S</div> <div>TD Trial Drug</div> <div>ONC Oncology</div> |
| <i>everolimus (2.5 mg tablet, 5 mg tablet, 7.5 mg tablet, 10 mg tablet)</i> | 2    | <div>QL 1 TAB / 1 DAY</div> <div>PA</div> <div>S</div> <div>TD Trial Drug</div> <div>ONC Oncology</div>  |
| <i>everolimus 3 mg tab susp</i>                                             | 2    | <div>QL 3 TABS / 1 DAY</div> <div>PA</div> <div>S</div> <div>TD Trial Drug</div> <div>ONC Oncology</div> |
| <i>exemestane</i>                                                           | 2    | <div>ACA Affordable Care Act</div>                                                                       |
| EXKIVITY                                                                    | 3    | <div>QL 4 CAPS / DAY</div> <div>PA</div> <div>S</div> <div>ONC Oncology</div>                            |

| PRODUCT DESCRIPTION                                             | TIER | LIMITS & RESTRICTIONS                                         |
|-----------------------------------------------------------------|------|---------------------------------------------------------------|
| <i>fluorouracil (2 % solution, 5 % cream (g), 5 % solution)</i> | 2    |                                                               |
| <i>flutamide</i>                                                | 2    |                                                               |
| FOTIVDA                                                         | 3    | QL 21 CAPS / 28 DAYS<br>PA<br>S<br>ONC Oncology               |
| GAVRETO                                                         | 3    | PA<br>S<br>ONC Oncology                                       |
| 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 (10 MG TABLET, 15 MG TABLET)                            | 3    | QL 2 TABS / 1 DAY<br>PA<br>S<br>TD Trial Drug<br>ONC Oncology |

| PRODUCT DESCRIPTION                      | TIER | LIMITS & RESTRICTIONS                                                                                                                     |
|------------------------------------------|------|-------------------------------------------------------------------------------------------------------------------------------------------|
| ICLUSIG (30 MG TABLET, 45 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>  |
| IDHIFA                                   | 3    | <div>QL</div> <div>PA</div> <div>S</div> <div>ONC</div> <div>1 TAB / 1 DAY</div> <div>Oncology</div>                                      |
| <i>imatinib mesylate</i>                 | 2    | <div>S</div> <div>TD</div> <div>ONC</div> <div>Trial Drug</div> <div>Oncology</div>                                                       |
| IMBRUVICA (420 MG TABLET, 560 MG TABLET) | 3    | <div>QL</div> <div>PA</div> <div>S</div> <div>ONC</div> <div>1 TAB / 1 DAY</div> <div>Oncology</div>                                      |
| IMBRUVICA 140 MG CAPSULE                 | 3    | <div>QL</div> <div>PA</div> <div>S</div> <div>ONC</div> <div>4 CAPS / 1 DAY</div> <div>Oncology</div>                                     |
| IMBRUVICA 70 MG CAPSULE                  | 3    | <div>QL</div> <div>PA</div> <div>S</div> <div>ONC</div> <div>1 CAP / 1 DAY</div> <div>Oncology</div>                                      |
| INLYTA 1 MG TABLET                       | 3    | <div>QL</div> <div>PA</div> <div>S</div> <div>TD</div> <div>ONC</div> <div>6 TABS / 1 DAY</div> <div>Trial Drug</div> <div>Oncology</div> |
| INLYTA 5 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> |

| PRODUCT DESCRIPTION           | TIER | LIMITS & RESTRICTIONS                                                                                    |
|-------------------------------|------|----------------------------------------------------------------------------------------------------------|
| INQOVI                        | 3    | <div>QL 5 TABS / 28 DAYS</div> <div>PA</div> <div>S</div> <div>ONC Oncology</div>                        |
| INREBIC                       | 3    | <div>PA</div> <div>S</div> <div>ONC Oncology</div>                                                       |
| IRESSA                        | 3    | <div>QL 1 TAB / 1 DAY</div> <div>PA</div> <div>S</div> <div>ONC Oncology</div>                           |
| JAKAFI                        | 3    | <div>QL 2 TABS / 1 DAY</div> <div>PA</div> <div>S</div> <div>TD Trial Drug</div> <div>ONC Oncology</div> |
| KISQALI 200 MG DAILY DOSE     | 3    | <div>QL 21 TABS / 28 DAYS</div> <div>PA</div> <div>S</div> <div>ONC Oncology</div>                       |
| KISQALI 400 MG DAILY DOSE     | 3    | <div>QL 42 TABS / 28 DAYS</div> <div>PA</div> <div>S</div> <div>ONC Oncology</div>                       |
| KISQALI 600 MG DAILY DOSE     | 3    | <div>QL 63 TABS / 28 DAYS</div> <div>PA</div> <div>S</div> <div>ONC Oncology</div>                       |
| KISQALI FEMARA 200 MG CO-PACK | 3    | <div>QL 49 TABS / 28 DAYS</div> <div>PA</div> <div>S</div> <div>ONC Oncology</div>                       |

| PRODUCT DESCRIPTION           | TIER | LIMITS & RESTRICTIONS                                                                 |
|-------------------------------|------|---------------------------------------------------------------------------------------|
| KISQALI FEMARA 400 MG CO-PACK | 3    | <div>QL</div> <div>PA</div> <div>S</div> <div>ONC</div> 70 TABS / 28 DAYS<br>Oncology |
| 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<br>Oncology    |
| KOSELUGO 25 MG CAPSULE        | 3    | <div>QL</div> <div>PA</div> <div>S</div> <div>ONC</div> 4 CAPS / 1 DAY<br>Oncology    |
| <i>lapatinib ditosylate</i>   | 2    | <div>QL</div> <div>PA</div> <div>S</div> <div>ONC</div> 6 TABS / 1 DAY<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> 2 TABS / 1 DAY<br>Oncology    |
| LONSURF 20 MG-8.19 MG TABLET  | 3    | <div>QL</div> <div>PA</div> <div>S</div> <div>ONC</div> 3 TABS / 1 DAY<br>Oncology    |

| PRODUCT DESCRIPTION    | TIER | LIMITS & RESTRICTIONS                                                                                    |
|------------------------|------|----------------------------------------------------------------------------------------------------------|
| LORBRENA 25 MG TABLET  | 3    | <div>QL 3 TABS / 1 DAY</div> <div>PA</div> <div>S</div> <div>TD Trial Drug</div> <div>ONC Oncology</div> |
| LUMAKRAS               | 3    | <div>PA</div> <div>S</div> <div>ONC Oncology</div>                                                       |
| LYNPARZA               | 3    | <div>QL 4 TABS / 1 DAY</div> <div>PA</div> <div>S</div> <div>TD Trial Drug</div> <div>ONC Oncology</div> |
| LYSODREN               | 3    | <div>PA</div> <div>S</div> <div>ONC Oncology</div>                                                       |
| MATULANE               | 3    | <div>QL 2 CAPS / 1 DAY</div> <div>PA</div> <div>S</div> <div>ONC Oncology</div>                          |
| MEKINIST 0.5 MG TABLET | 3    | <div>QL 3 TABS / 1 DAY</div> <div>PA</div> <div>S</div> <div>ONC Oncology</div>                          |
| MEKINIST 2 MG TABLET   | 3    | <div>QL 1 TAB / 1 DAY</div> <div>PA</div> <div>S</div> <div>ONC Oncology</div>                           |
| MEKTOVI                | 3    | <div>QL 6 TABS / 1 DAY</div> <div>PA</div> <div>S</div> <div>ONC 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    |                       |
| NERLYNX                                                   | 3    | QL 6 TABS / 1 DAY     |
|                                                           |      | PA                    |
|                                                           |      | S                     |
|                                                           |      | TD Trial Drug         |
|                                                           |      | ONC Oncology          |
| NEXAVAR                                                   | 3    | QL 4 TABS / 1 DAY     |
|                                                           |      | PA                    |
|                                                           |      | S                     |
|                                                           |      | TD Trial Drug         |
|                                                           |      | ONC Oncology          |
| NINLARO                                                   | 3    | QL 3 CAPS / 28 DAYS   |
|                                                           |      | PA                    |
|                                                           |      | S                     |
|                                                           |      | ONC Oncology          |
| NUBEQA                                                    | 3    | PA                    |
|                                                           |      | S                     |
|                                                           |      | ONC Oncology          |
| ODOMZO                                                    | 3    | QL 1 CAP / 1 DAY      |
|                                                           |      | PA                    |
|                                                           |      | S                     |
|                                                           |      | TD Trial Drug         |
|                                                           |      | ONC Oncology          |
| ONUREG                                                    | 3    | QL 14 TABS / 28 DAYS  |
|                                                           |      | PA                    |
|                                                           |      | S                     |
|                                                           |      | ONC Oncology          |

| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS                                                                                                                     |
|-----------------------|------|-------------------------------------------------------------------------------------------------------------------------------------------|
| PEMAZYRE              | 3    | <div>QL</div> <div>PA</div> <div>S</div> <div>ONC</div> <div>14 TABS / 21 DAYS</div> <div>Oncology</div>                                  |
| PICATO                | 3    | <div>PA</div>                                                                                                                             |
| POMALYST              | 3    | <div>QL</div> <div>PA</div> <div>S</div> <div>ONC</div> <div>1 CAP / 1 DAY</div> <div>Oncology</div>                                      |
| QINLOCK               | 3    | <div>QL</div> <div>PA</div> <div>S</div> <div>ONC</div> <div>3 TABS / 1 DAY</div> <div>Oncology</div>                                     |
| RASUVO                | 3    | <div>PA</div>                                                                                                                             |
| RETEVMO 40 MG CAPSULE | 3    | <div>QL</div> <div>PA</div> <div>S</div> <div>TD</div> <div>ONC</div> <div>6 CAPS / 1 DAY</div> <div>Trial Drug</div> <div>Oncology</div> |
| RETEVMO 80 MG CAPSULE | 3    | <div>QL</div> <div>PA</div> <div>S</div> <div>TD</div> <div>ONC</div> <div>4 CAPS / 1 DAY</div> <div>Trial Drug</div> <div>Oncology</div> |
| REVLIMID              | 3    | <div>QL</div> <div>S</div> <div>ONC</div> <div>1 CAP / 1 DAY</div> <div>Oncology</div>                                                    |
| ROZLYTREK             | 3    | <div>PA</div> <div>S</div> <div>ONC</div> <div>Oncology</div>                                                                             |

| PRODUCT DESCRIPTION     | TIER | LIMITS & RESTRICTIONS                                                                                   |
|-------------------------|------|---------------------------------------------------------------------------------------------------------|
| RYDAPT                  | 3    | <div>PA</div> <div>S</div> <div>ONC Oncology</div>                                                      |
| SPRYCEL                 | 3    | <div>PA</div> <div>S</div> <div>TD Trial Drug</div> <div>ONC Oncology</div>                             |
| STIVARGA                | 3    | <div>PA</div> <div>S</div> <div>ONC Oncology</div>                                                      |
| <i>sunitinib malate</i> | 2    | <div>QL 1 CAP / 1 DAY</div> <div>PA</div> <div>S</div> <div>ONC Oncology</div>                          |
| TABLOID                 | 3    |                                                                                                         |
| TABRECTA                | 3    | <div>QL 4 TABS / 1 DAY</div> <div>PA</div> <div>S</div> <div>ONC Oncology</div>                         |
| TAFINLAR                | 3    | <div>QL 4 CAPS / 1 DAY</div> <div>PA</div> <div>S</div> <div>ONC Oncology</div>                         |
| TAGRISSO                | 3    | <div>QL 1 TAB / 1 DAY</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>                             |

| PRODUCT DESCRIPTION            | TIER | LIMITS & RESTRICTIONS                                                             |
|--------------------------------|------|-----------------------------------------------------------------------------------|
| 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>                                              |
| TEPMETKO                       | 3    | <div>QL 2 TABS / 1 DAY</div> <div>PA</div> <div>S</div> <div>ONC Oncology</div>   |
| TIBSOVO                        | 3    | <div>QL 2 TABS / 1 DAY</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>                                              |
| TRUSELTIQ                      | 3    | <div>PA</div> <div>S</div> <div>ONC Oncology</div>                                |
| TURALIO                        | 3    | <div>PA</div> <div>S</div> <div>ONC Oncology</div>                                |
| UKONIQ                         | 3    | <div>QL 4 TABS / 1 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                   | 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 4 TABS / 1 DAY</div> <div>PA</div> <div>S</div> <div>TD Trial Drug</div> <div>ONC Oncology</div>   |
| WELIREG                    | 3    | <div>QL 3 TABS / 1 DAY</div> <div>PA</div> <div>S</div> <div>ONC Oncology</div>                            |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS                                         |
|---------------------|------|---------------------------------------------------------------|
| XALKORI             | 3    | QL 2 CAPS / 1 DAY<br>PA<br>S<br>TD Trial Drug<br>ONC Oncology |
| XOSPATA             | 3    | QL 3 TABS / 1 DAY<br>PA<br>S<br>ONC Oncology                  |
| XPOVIO              | 3    | PA<br>S<br>ONC Oncology                                       |
| XTANDI              | 3    | PA<br>S<br>TD Trial Drug<br>ONC Oncology                      |
| ZEJULA              | 3    | QL 3 CAPS / 1 DAY<br>PA<br>S<br>TD Trial Drug<br>ONC Oncology |
| ZELBORAF            | 3    | QL 8 TABS / 30 DAYS<br>PA<br>S<br>ONC Oncology                |
| ZOLINZA             | 3    | QL 4 CAPS / 1 DAY<br>PA<br>S<br>TD Trial Drug<br>ONC Oncology |

| PRODUCT DESCRIPTION                                                                                                                                                                                                                                                                                                                                          | TIER | LIMITS & RESTRICTIONS |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-----------------------|
| ANTIPARKINSONIAN AGENTS (CNS)                                                                                                                                                                                                                                                                                                                                |      |                       |
| ADAMANTANES (CNS)                                                                                                                                                                                                                                                                                                                                            |      |                       |
| <i>amantadine hcl (50 mg/5 ml solution, 100 mg tablet)</i>                                                                                                                                                                                                                                                                                                   | 2    |                       |
| <i>amantadine hcl 100 mg capsule</i>                                                                                                                                                                                                                                                                                                                         | 1    |                       |
| ANTICHOLINERGIC AGENTS (CNS)                                                                                                                                                                                                                                                                                                                                 |      |                       |
| <i>benztropine mesylate (0.5 mg tablet, 1 mg tablet, 2 mg tablet)</i>                                                                                                                                                                                                                                                                                        | 2    |                       |
| <i>trihexyphenidyl hcl (2 mg tablet, 5 mg tablet)</i>                                                                                                                                                                                                                                                                                                        | 1    |                       |
| <i>trihexyphenidyl hcl 2 mg/5 ml solution</i>                                                                                                                                                                                                                                                                                                                | 2    |                       |
| CATECHOL-O-METHYLTRANSFERASE(COMT)INHIB.                                                                                                                                                                                                                                                                                                                     |      |                       |
| <i>entacapone</i>                                                                                                                                                                                                                                                                                                                                            | 2    |                       |
| DOPAMINE PRECURSORS                                                                                                                                                                                                                                                                                                                                          |      |                       |
| <i>carbidopa/levodopa (carbidopa/levodopa 10mg-100mg tab rapdis, carbidopa/levodopa 10mg-100mg tablet, carbidopa/levodopa 25mg-100mg tab rapdis, carbidopa/levodopa 25mg-100mg tablet, carbidopa/levodopa 25mg-100mg tablet er, carbidopa/levodopa 25mg-250mg tab rapdis, carbidopa/levodopa 25mg-250mg tablet, carbidopa/levodopa 50mg-200mg tablet er)</i> | 2    |                       |
| <i>carbidopa/levodopa/entacapone</i>                                                                                                                                                                                                                                                                                                                         | 2    |                       |
| INBRIJA                                                                                                                                                                                                                                                                                                                                                      | 3    | PA<br>S               |
| RYTARY                                                                                                                                                                                                                                                                                                                                                       | 3    | ST                    |
| MONOAMINE OXIDASE B INHIBITORS                                                                                                                                                                                                                                                                                                                               |      |                       |
| <i>rasagiline mesylate</i>                                                                                                                                                                                                                                                                                                                                   | 2    | PA                    |
| <i>selegiline hcl</i>                                                                                                                                                                                                                                                                                                                                        | 2    |                       |
| ANTIPROTOZOALS                                                                                                                                                                                                                                                                                                                                               |      |                       |
| ANTIMALARIALS                                                                                                                                                                                                                                                                                                                                                |      |                       |
| <i>atovaquone/proguanil hcl</i>                                                                                                                                                                                                                                                                                                                              | 2    |                       |
| <i>chloroquine phosphate</i>                                                                                                                                                                                                                                                                                                                                 | 2    |                       |
| <i>hydroxychloroquine sulfate 200 mg tablet</i>                                                                                                                                                                                                                                                                                                              | 2    |                       |

| PRODUCT DESCRIPTION                                                                                                      | TIER | LIMITS & RESTRICTIONS                                |
|--------------------------------------------------------------------------------------------------------------------------|------|------------------------------------------------------|
| <i>mefloquine hcl</i>                                                                                                    | 1    |                                                      |
| ANTIPROTOZOALS, MISCELLANEOUS                                                                                            |      |                                                      |
| ALINIA 100 MG/5 ML SUSPENSION                                                                                            | 3    | PA                                                   |
| <i>atovaquone</i>                                                                                                        | 2    |                                                      |
| <i>benznidazole</i>                                                                                                      | 2    | PA                                                   |
| LAMPIT                                                                                                                   | 3    | PA                                                   |
| <i>metronidazole (250 mg tablet, 500 mg tablet)</i>                                                                      | 2    |                                                      |
| <i>nitazoxanide</i>                                                                                                      | 2    | PA                                                   |
| ANTIPSYCHOTIC AGENTS                                                                                                     |      |                                                      |
| ANTIPSYCHOTICS, MISCELLANEOUS                                                                                            |      |                                                      |
| <i>loxapine succinate</i>                                                                                                | 2    | AL1 At least 13 yrs old<br>PRV 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>PRV Preventive Drug       |
| <i>aripiprazole (10 mg tab rapdis, 15 mg tab rapdis)</i>                                                                 | 2    | PA<br>AL1 At least 13 yrs old<br>PRV Preventive Drug |
| <i>asenapine maleate</i>                                                                                                 | 2    | PA                                                   |
| 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>PRV Preventive Drug |
| <i>clozapine (25 mg tablet, 50 mg tablet, 100 mg tablet, 200 mg tablet)</i>                                              | 2    | AL1 At least 13 yrs old<br>PRV Preventive Drug       |
| <i>clozapine 200 mg tab rapdis</i>                                                                                       | 1    | PA<br>AL1 At least 13 yrs old<br>PRV Preventive Drug |

| PRODUCT DESCRIPTION                                                                                                                                                                                               | TIER | LIMITS & RESTRICTIONS                                |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|------------------------------------------------------|
| FANAPT                                                                                                                                                                                                            | 3    | PA                                                   |
| LATUDA                                                                                                                                                                                                            | 3    | QL 1 TAB / 1 DAY<br>PA                               |
| LYBALVI                                                                                                                                                                                                           | 3    | QL 1 TAB / 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>PRV 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>PRV 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>PRV 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>PRV 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>PRV Preventive Drug       |
| <i>risperidone 1 mg/ml solution</i>                                                                                                                                                                               | 2    | AL1 At least 13 yrs old<br>PRV Preventive Drug       |
| SECUADO                                                                                                                                                                                                           | 3    | PA                                                   |
| VERSACLOZ                                                                                                                                                                                                         | 3    | PA<br>AL1 At least 13 yrs old<br>PRV Preventive Drug |

| PRODUCT DESCRIPTION                                                                                                                         | TIER | LIMITS & RESTRICTIONS                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------|------|----------------------------------------------------------------------|
| VRAYLAR (1.5 MG CAPSULE, 1.5 MG-3 MG PACK)                                                                                                  | 3    | <div>QL</div> <div>PA</div> 2 CAPS / 1 DAY                           |
| VRAYLAR (3 MG CAPSULE, 4.5 MG CAPSULE, 6 MG CAPSULE)                                                                                        | 3    | <div>QL</div> <div>PA</div> 1 CAP / 1 DAY                            |
| <i>ziprasidone hcl</i>                                                                                                                      | 2    | <div>AL1</div> <div>PRV</div> At least 13 yrs old<br>Preventive Drug |
| BUTYROPHENONES                                                                                                                              |      |                                                                      |
| <i>haloperidol</i>                                                                                                                          | 2    | <div>AL1</div> <div>PRV</div> At least 13 yrs old<br>Preventive Drug |
| <i>haloperidol lactate 2 mg/ml oral conc</i>                                                                                                | 2    | <div>AL1</div> <div>PRV</div> At least 13 yrs old<br>Preventive Drug |
| PHENOTHIAZINES                                                                                                                              |      |                                                                      |
| <i>chlorpromazine hcl (10 mg tablet, 25 mg tablet, 30 mg/ml oral conc, 50 mg tablet, 100 mg tablet, 100 mg/ml oral conc, 200 mg tablet)</i> | 2    | <div>PA</div> <div>PRV</div> Preventive Drug                         |
| <i>fluphenazine hcl (1 mg tablet, 2.5 mg tablet, 5 mg tablet, 10 mg tablet)</i>                                                             | 2    | <div>AL1</div> <div>PRV</div> At least 13 yrs old<br>Preventive Drug |
| <i>fluphenazine hcl (2.5 mg/5ml elixir, 5 mg/ml oral conc)</i>                                                                              | 1    | <div>AL1</div> <div>PRV</div> At least 13 yrs old<br>Preventive Drug |
| <i>perphenazine</i>                                                                                                                         | 1    | <div>PRV</div> Preventive Drug                                       |
| <i>thioridazine hcl</i>                                                                                                                     | 1    | <div>AL1</div> <div>PRV</div> At least 13 yrs old<br>Preventive Drug |
| <i>trifluoperazine hcl</i>                                                                                                                  | 2    | <div>AL1</div> <div>PRV</div> At least 13 yrs old<br>Preventive Drug |
| THIOXANTHENES                                                                                                                               |      |                                                                      |
| <i>thiothixene</i>                                                                                                                          | 1    | <div>AL1</div> <div>PRV</div> At least 13 yrs old<br>Preventive Drug |

| PRODUCT DESCRIPTION                                                                           | TIER | LIMITS & RESTRICTIONS   |
|-----------------------------------------------------------------------------------------------|------|-------------------------|
| <b>ANTIRETROVIRALS</b>                                                                        |      |                         |
| <b>HIV ENTRY AND FUSION INHIBITORS</b>                                                        |      |                         |
| FUZEON                                                                                        | 3    | S                       |
| RUKOBIA                                                                                       | 3    | PA                      |
| SELZENTRY (20 MG/ML ORAL SOLN, 25 MG TABLET, 75 MG TABLET, 150 MG TABLET, 300 MG TABLET)      | 3    |                         |
| <b>HIV INTEGRASE INHIBITOR ANTIRETROVIRALS</b>                                                |      |                         |
| ISENTRESS                                                                                     | 3    |                         |
| ISENTRESS HD                                                                                  | 3    |                         |
| JULUCA                                                                                        | 3    |                         |
| TIVICAY                                                                                       | 3    |                         |
| TIVICAY PD                                                                                    | 3    |                         |
| VOCABRIA                                                                                      | 3    |                         |
| <b>HIV NONNUCLEOSIDE REV.TRANScrip. INHIB.</b>                                                |      |                         |
| EDURANT                                                                                       | 3    |                         |
| <i>efavirenz (50 mg capsule, 600 mg tablet)</i>                                               | 2    |                         |
| <i>efavirenz 200 mg capsule</i>                                                               | 1    |                         |
| <i>etravirine</i>                                                                             | 2    |                         |
| INTELENCE 25 MG TABLET                                                                        | 3    |                         |
| <i>nevirapine (50 mg/5 ml oral susp, 100 mg tab er 24h, 200 mg tablet, 400 mg tab er 24h)</i> | 2    |                         |
| <b>HIV NUCLEOSIDE, NUCLEOTIDE RT INHIBITORS</b>                                               |      |                         |
| <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    |                         |

| PRODUCT DESCRIPTION                                                                                                                                                                  | TIER | LIMITS & RESTRICTIONS   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-------------------------|
| <i>emtricitabine</i>                                                                                                                                                                 | 2    |                         |
| <i>emtricitabine/tenofovir (tdf) 200-300 mg tablet</i>                                                                                                                               | 2    | ACA Affordable Care Act |
| <i>emtricitabine/tenofovir disoproxil fumarate (emtricitabine/tenofovir 100-150 mg tablet, emtricitabine/tenofovir 133-200 mg tablet, emtricitabine/tenofovir 167-250 mg tablet)</i> | 2    |                         |
| 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    |                         |
| TRIUMEQ                                                                                                                                                                              | 3    |                         |
| TRUVADA (100 MG-150 MG TABLET, 133 MG-200 MG TABLET, 167 MG-250 MG TABLET)                                                                                                           | 3    |                         |
| 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    |                         |
| HIV PROTEASE INHIBITOR ANTIRETROVIRALS                                                                                                                                               |      |                         |
| 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 (lopinavir/ritonavir 100mg-25mg tablet, lopinavir/ritonavir 200mg-50mg tablet, lopinavir/ritonavir 400-100/5 solution)</i>                                    | 2    |                         |

| PRODUCT DESCRIPTION                                                                        | TIER | LIMITS & RESTRICTIONS     |
|--------------------------------------------------------------------------------------------|------|---------------------------|
| 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    |                           |
| 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    | PRV Preventive Drug       |
| <i>cilostazol</i>                                                                          | 2    | PRV Preventive Drug       |
| <i>clopidogrel bisulfate 75 mg tablet</i>                                                  | 1    | PRV Preventive Drug       |
| <i>prasugrel hcl</i>                                                                       | 2    | PRV Preventive Drug       |
| ZONTIVITY                                                                                  | 3    | PA<br>PRV Preventive Drug |
| PLATELET-REDUCING AGENTS                                                                   |      |                           |
| <i>anagrelide hcl</i>                                                                      | 2    | PRV Preventive Drug       |
| ANTITOXINS,IMMUNE GLOB,TOXOIDS,VACCINES                                                    |      |                           |
| ALLERGENIC EXTRACTS (THERAPEUTIC)                                                          |      |                           |
| GRASTEK                                                                                    | 3    | PA                        |
| ODACTRA                                                                                    | 3    | PA                        |
| PALFORZIA                                                                                  | 3    | PA<br>S                   |
| RAGWITEK                                                                                   | 3    | PA                        |

| 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    |                         |
| VAXELIS                                                          | 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 QUAD 2019-20 (3YR UP)                                    | 3    | ACA Affordable Care Act |
| AFLURIA QUAD 2019-20 (6-35MO)                                    | 3    | ACA Affordable Care Act |
| AFLURIA QUAD 2019-2020                                           | 3    | ACA Affordable Care Act |
| AFLURIA QUAD 2020-2021                                           | 3    | ACA Affordable Care Act |
| AFLURIA QUAD 2020-21 (3YR UP)                                    | 3    | ACA Affordable Care Act |
| AFLURIA QUAD 2020-21 (6-35MO)                                    | 3    | ACA Affordable Care Act |
| AFLURIA QUAD 2021-2022                                           | 3    | ACA Affordable Care Act |
| AFLURIA QUAD 2021-22 (3YR UP)                                    | 3    | ACA Affordable Care Act |
| AFLURIA QUAD 2021-22 (6-35MO)                                    | 3    | ACA Affordable Care Act |
| ASTRAZENECA COVID19 VAC(UNAPP)                                   | 3    |                         |
| BEXSERO                                                          | 3    |                         |
| COMIRNATY                                                        | 3    |                         |
| DENG VAXIA                                                       | 3    |                         |

| PRODUCT DESCRIPTION                  | TIER | LIMITS & RESTRICTIONS                          |
|--------------------------------------|------|------------------------------------------------|
| ENGERIX-B ADULT                      | 3    |                                                |
| ENGERIX-B PEDIATRIC-ADOLESCENT       | 3    |                                                |
| FLUAD 2019-2020                      | 3    | ACA Affordable Care Act                        |
| FLUAD 2020-2021                      | 3    | ACA Affordable Care Act                        |
| FLUAD QUAD 2020-2021                 | 3    | ACA Affordable Care Act                        |
| FLUAD QUAD 2021-2022                 | 3    | ACA Affordable Care Act                        |
| FLUARIX QUAD 2019-2020               | 3    | ACA Affordable Care Act                        |
| FLUARIX QUAD 2020-2021               | 3    | ACA Affordable Care Act                        |
| FLUARIX QUAD 2021-2022               | 3    | ACA Affordable Care Act                        |
| FLUBLOK QUAD 2019-2020               | 3    | ACA Affordable Care Act                        |
| FLUBLOK QUAD 2020-2021               | 3    | ACA Affordable Care Act                        |
| FLUBLOK QUAD 2021-2022               | 3    | ACA Affordable Care Act                        |
| FLUCELVAX QUAD 2019-2020 (SYR, VIAL) | 3    | ACA Affordable Care Act                        |
| FLUCELVAX QUAD 2020-2021 (SYR, VIAL) | 3    | ACA Affordable Care Act                        |
| FLUCELVAX QUAD 2021-2022 (SYR, VIAL) | 3    | ACA Affordable Care Act                        |
| FLULAVAL QUAD 2019-2020 (SYR, VIAL)  | 3    | ACA Affordable Care Act                        |
| FLULAVAL QUAD 2020-2021              | 3    | ACA Affordable Care Act                        |
| FLULAVAL QUAD 2021-2022              | 3    | ACA Affordable Care Act                        |
| FLUMIST QUAD 2019-2020               | 3    | ACA Affordable Care Act<br>PRV Preventive Drug |
| FLUMIST QUAD 2020-2021               | 3    | ACA Affordable Care Act                        |
| FLUMIST QUAD 2021-2022               | 3    | ACA Affordable Care Act                        |
| FLUZONE HIGH-DOSE 2019-2020          | 3    | ACA Affordable Care Act                        |
| FLUZONE HIGH-DOSE QUAD 2020-21       | 3    | ACA Affordable Care Act                        |
| FLUZONE HIGH-DOSE QUAD 2021-22       | 3    | ACA Affordable Care Act                        |

| PRODUCT DESCRIPTION                                       | TIER | LIMITS & RESTRICTIONS   |
|-----------------------------------------------------------|------|-------------------------|
| FLUZONE QUAD 2019-2020                                    | 3    | ACA Affordable Care Act |
| FLUZONE QUAD 2020-2021                                    | 3    | ACA Affordable Care Act |
| FLUZONE QUAD 2021-2022                                    | 3    | ACA Affordable Care Act |
| FLUZONE QUAD PEDI 2019-2020                               | 3    | ACA Affordable Care Act |
| FLUZONE QUAD SOUTHERN HEM 2020 (HEM2020 SYR, HEM 2020 VL) | 3    | ACA Affordable Care Act |
| FLUZONE QUAD SOUTHERN HEM 2021 (HEM2021 SYR, HEM 2021 VL) | 3    | ACA Affordable Care Act |
| GARDASIL 9                                                | 3    |                         |
| HAVRIX                                                    | 3    |                         |
| HEPLISAV-B                                                | 3    |                         |
| HIBERIX                                                   | 3    |                         |
| IPOL                                                      | 3    | ACA Affordable Care Act |
| JANSSEN COVID-19 VACCINE (EUA)                            | 3    |                         |
| KINRIX                                                    | 3    |                         |
| M-M-R II VACCINE                                          | 3    | ACA Affordable Care Act |
| MENACTRA                                                  | 3    |                         |
| MENQUADFI                                                 | 3    | ACA Affordable Care Act |
| MENVEO A-C-Y-W-135-DIP                                    | 3    |                         |
| MENVEO MENA COMPONENT                                     | 3    | ACA Affordable Care Act |
| MENVEO MENCYW-135 COMPONENT                               | 3    | ACA Affordable Care Act |
| MODERNA COVID-19 VACCINE (EUA)                            | 3    |                         |
| NOVAVAX COVID19 VAC,ADJ(UNAPP)                            | 3    |                         |
| PEDIARIX                                                  | 3    |                         |
| PEDVAXHIB                                                 | 3    |                         |
| PENTACEL                                                  | 3    | PRV Preventive Drug     |
| PENTACEL ACTHIB COMPONENT                                 | 3    | PRV Preventive Drug     |

| PRODUCT DESCRIPTION                                                    | TIER | LIMITS & RESTRICTIONS   |
|------------------------------------------------------------------------|------|-------------------------|
| PENTACEL DTAP-IPV COMPONENT                                            | 3    | PRV Preventive Drug     |
| PFIZER COVID(12Y UP) VAC(UNAP)                                         | 3    |                         |
| PFIZER COVID(5-11Y) VAC(UNAPP)                                         | 3    |                         |
| PFIZER COVID-19 VACCINE (EUA)                                          | 3    |                         |
| PNEUMOVAX 23                                                           | 3    |                         |
| PREVNAR 13                                                             | 3    |                         |
| PREVNAR 20                                                             | 3    |                         |
| PROQUAD                                                                | 3    |                         |
| QUADRACEL DTAP-IPV                                                     | 3    | ACA Affordable Care Act |
| RECOMBIVAX HB (5 MCG/0.5 ML SYR, 10 MCG/ML SYR, 40 MCG/ML VIAL)        | 3    |                         |
| RECOMBIVAX HB (5 MCG/0.5 ML VL, 10 MCG/ML VIAL)                        | 3    | ACA Affordable Care Act |
| ROTARIX                                                                | 3    |                         |
| ROTATEQ                                                                | 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    |                         |
| VAQTA 25 UNITS/0.5 ML VIAL                                             | 3    | ACA Affordable Care Act |
| VARIVAX VACCINE                                                        | 3    |                         |
| VAXCHORA ACTIVE COMPONENT                                              | 3    |                         |
| VAXCHORA VACCINE                                                       | 3    |                         |
| VAXNEUVANCE                                                            | 3    |                         |
| VIVOTIF                                                                | 3    | PRV 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 300 mg/5ml solution</i>                                | 2    |                       |
| <i>famotidine (20 mg tablet, 40 mg tablet)</i>                           | 1    |                       |
| <i>famotidine 40mg/5ml susp recon</i>                                    | 2    | AL1 Up to 12 yrs old  |
| 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 (10 mg capsule dr, 20 mg capsule dr, 40 mg capsule dr)</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    |                       |
| TPOXX (NATIONAL STOCKPILE)                                               | 3    | PA                    |

| PRODUCT DESCRIPTION                                                                                                      | TIER | LIMITS & RESTRICTIONS |
|--------------------------------------------------------------------------------------------------------------------------|------|-----------------------|
| <b>INTERFERON ANTIVIRALS</b>                                                                                             |      |                       |
| 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                     |
| PEGASYS                                                                                                                  | 3    | PA<br>S               |
| PEGASYS PROCLICK                                                                                                         | 3    | PA<br>S               |
| PEGINTRON                                                                                                                | 3    | PA<br>S               |
| SYLATRON                                                                                                                 | 3    | S<br>ONC Oncology     |
| <b>NEURAMINIDASE INHIBITOR ANTIVIRALS</b>                                                                                |      |                       |
| <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   |
| <b>NUCLEOSIDE AND NUCLEOTIDE ANTIVIRALS</b>                                                                              |      |                       |
| <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    |                       |
| <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    |                       |

| PRODUCT DESCRIPTION                                                                                               | TIER | LIMITS & RESTRICTIONS |
|-------------------------------------------------------------------------------------------------------------------|------|-----------------------|
| VEMLIDY                                                                                                           | 3    |                       |
| ANXIOLYTICS, SEDATIVES AND HYPNOTICS                                                                              |      |                       |
| ANXIOLYTICS, SEDATIVES, AND HYPNOTICS, MISC                                                                       |      |                       |
| <i>buspirone 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>ramelteon</i>                                                                                                  | 2    | QL 1 TAB / 1 DAY      |
| <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       |

| PRODUCT DESCRIPTION                                                                                           | TIER | LIMITS & RESTRICTIONS                                                                       |
|---------------------------------------------------------------------------------------------------------------|------|---------------------------------------------------------------------------------------------|
| <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                                                                           |
| <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>PRV Preventive Drug<br>SC Smoking Cessation                            |
| <i>nicotine (7mg/24hr patch td24, 14mg/24hr patch td24, 21 mg/24hr patch td24)</i>                            | 2    | SC Smoking Cessation<br>PRV Preventive Drug                                                 |
| <i>nicotine polacrilex (2 mg gum, 2 mg lozenge, 2 mg lozng mini, 4 mg gum, 4 mg lozenge, 4 mg lozng mini)</i> | 2    | SC Smoking Cessation<br>PRV Preventive Drug                                                 |
| NICOTROL                                                                                                      | 3    | PRV Preventive Drug<br>SC Smoking Cessation                                                 |
| NICOTROL NS                                                                                                   | 3    | PRV Preventive Drug<br>SC Smoking Cessation                                                 |
| <i>varenicline tartrate (0.5 mg tablet, 1 mg tablet)</i>                                                      | 2    | QL 2 TABS / 1 DAY<br>ACA Affordable Care Act<br>SC Smoking Cessation<br>PRV Preventive Drug |
| PARASYMPATHOMIMETIC (CHOLINERGIC AGENTS)                                                                      |      |                                                                                             |
| <i>bethanechol chloride</i>                                                                                   | 2    |                                                                                             |
| <i>cevimeline hcl</i>                                                                                         | 2    |                                                                                             |

| PRODUCT DESCRIPTION                                                                                                                              | TIER | LIMITS & RESTRICTIONS |
|--------------------------------------------------------------------------------------------------------------------------------------------------|------|-----------------------|
| <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</i>                                                                                                                              | 2    |                       |
| <i>rivastigmine tartrate</i>                                                                                                                     | 2    |                       |
| BETA-3-ADRENERGIC AGONISTS                                                                                                                       |      |                       |
| SELECTIVE BETA-3-ADRENERGIC AGONISTS                                                                                                             |      |                       |
| MYRBETRIQ (ER 25 MG TABLET, ER 50 MG TABLET)                                                                                                     | 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    | PRV Preventive Drug   |
| SEREVENT DISKUS                                                                                                                                  | 3    | PRV Preventive Drug   |
| STRIVERDI RESPIMAT                                                                                                                               | 3    | PRV Preventive Drug   |
| VENTOLIN HFA                                                                                                                                     | 2    |                       |
| BLOOD FORMATION, COAGULATION, THROMBOSIS                                                                                                         |      |                       |
| BLOOD FORM.,COAG,THROMBOSIS AGENTS MISC.                                                                                                         |      |                       |
|                                                                                                                                                  |      | QL 3 TABS / 1 DAY     |
| OXBRYTA                                                                                                                                          | 3    | PA<br>S               |
| HEMATOPOIETIC AGENTS                                                                                                                             |      |                       |
| ARANESP                                                                                                                                          | 3    | S                     |

| PRODUCT DESCRIPTION                                                                                                                                                                                                                                       | TIER | LIMITS & RESTRICTIONS           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------------|
| FULPHILA                                                                                                                                                                                                                                                  | 3    |                                 |
| GRANIX                                                                                                                                                                                                                                                    | 3    | S                               |
| NYVEPRIA                                                                                                                                                                                                                                                  | 3    |                                 |
| 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 (2,000 UNIT/ML VIAL, 3,000 UNIT/ML VIAL, 4,000 UNIT/ML VIAL, 10,000 UNIT/ML VIAL, 20,000 UNIT/ML VIAL, 40,000 UNIT/ML VIAL)                                                                                                                      | 3    | S                               |
| UDENYCA                                                                                                                                                                                                                                                   | 3    |                                 |
| ZIEXTENZO                                                                                                                                                                                                                                                 | 3    |                                 |
| HEMORRHEOLOGIC AGENTS                                                                                                                                                                                                                                     |      |                                 |
| <i>pentoxifylline</i>                                                                                                                                                                                                                                     | 2    |                                 |
| CALCIUM-CHANNEL BLOCKING AGENTS                                                                                                                                                                                                                           |      |                                 |
| CALCIUM-CHANNEL BLOCKING AGENTS, MISC.                                                                                                                                                                                                                    |      |                                 |
| CARTIA XT                                                                                                                                                                                                                                                 | 2    | PRV Preventive Drug             |
| DILT-XR                                                                                                                                                                                                                                                   | 1    | PRV 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    | PRV 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    | PRV Preventive Drug             |
| MATZIM LA 240 MG TABLET                                                                                                                                                                                                                                   | 1    | PRV Preventive Drug             |
| TAZTIA XT (120 MG CAPSULE, 180 MG CAPSULE, 240 MG CAPSULE, 300 MG CAPSULE)                                                                                                                                                                                | 2    | PRV Preventive Drug             |

| PRODUCT DESCRIPTION                                                                                                       | TIER | LIMITS & RESTRICTIONS |
|---------------------------------------------------------------------------------------------------------------------------|------|-----------------------|
| TAZTIA XT 360 MG CAPSULE                                                                                                  | 1    | PRV Preventive Drug   |
| TIADYL T ER (ER 180 MG CAPSULE, ER 420 MG CAPSULE)                                                                        | 2    | PRV Preventive Drug   |
| <i>verapamil hcl (120 mg tablet er, 180 mg tablet er, 240 mg tablet er, 360 mg cap24h pel)</i>                            | 2    | PRV 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    | PRV Preventive Drug   |
| DIHYDROPYRIDINES                                                                                                          |      |                       |
| <i>amlodipine besylate</i>                                                                                                | 1    | PRV Preventive Drug   |
| <i>amlodipine besylate/benazepril hcl</i>                                                                                 | 2    | PRV Preventive Drug   |
| <i>amlodipine besylate/olmesartan medoxomil</i>                                                                           | 2    |                       |
| <i>amlodipine besylate/valsartan</i>                                                                                      | 1    | PRV Preventive Drug   |
| <i>amlodipine besylate/valsartan/hydrochlorothiazide</i>                                                                  | 2    | PRV Preventive Drug   |
| <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    | PRV 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    |                       |

| PRODUCT DESCRIPTION                                                                                                                   | TIER | LIMITS & RESTRICTIONS |
|---------------------------------------------------------------------------------------------------------------------------------------|------|-----------------------|
| 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    | PRV Preventive Drug   |
| <i>prazosin hcl</i>                                                                                                                   | 2    | PRV Preventive Drug   |
| <i>terazosin hcl</i>                                                                                                                  | 1    | PRV Preventive Drug   |
| BETA-ADRENERGIC BLOCKING AGENTS                                                                                                       |      |                       |
| <i>acebutolol hcl</i>                                                                                                                 | 2    |                       |
| <i>atenolol</i>                                                                                                                       | 1    | PRV Preventive Drug   |
| <i>atenolol/chlorthalidone</i>                                                                                                        | 2    | PRV Preventive Drug   |
| <i>betaxolol hcl (10 mg tablet, 20 mg tablet)</i>                                                                                     | 2    |                       |
| <i>bisoprolol fumarate</i>                                                                                                            | 2    | PRV Preventive Drug   |
| <i>bisoprolol fumarate/hydrochlorothiazide</i>                                                                                        | 1    | PRV Preventive Drug   |
| <i>carvedilol</i>                                                                                                                     | 1    | PRV Preventive Drug   |
| <i>labetalol hcl (100 mg tablet, 200 mg tablet, 300 mg tablet)</i>                                                                    | 2    | PRV Preventive Drug   |
| <i>metoprolol succinate</i>                                                                                                           | 2    | PRV Preventive Drug   |
| <i>metoprolol tartrate (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>                                                                | 1    | PRV Preventive Drug   |
| <i>metoprolol tartrate/hydrochlorothiazide</i>                                                                                        | 2    | PRV Preventive Drug   |
| <i>nadolol</i>                                                                                                                        | 1    | PRV 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    | PRV Preventive Drug   |

| PRODUCT DESCRIPTION                                                                                                          | TIER | LIMITS & RESTRICTIONS       |
|------------------------------------------------------------------------------------------------------------------------------|------|-----------------------------|
| <i>propranolol hcl/hydrochlorothiazide</i>                                                                                   | 2    | PRV Preventive Drug         |
| SOTALOL AF                                                                                                                   | 2    |                             |
| <i>sotalol hcl (80 mg tablet, 120 mg tablet, 160 mg tablet, 240 mg tablet)</i>                                               | 2    |                             |
| <i>timolol maleate (5 mg tablet, 10 mg tablet, 20 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    | PRV Preventive Drug         |
| <i>lithium citrate</i>                                                                                                       | 2    | PRV Preventive Drug         |
| CENTRAL NERVOUS SYSTEM AGENTS, MISC.                                                                                         |      |                             |
| <i>acamprosate calcium</i>                                                                                                   | 2    | PRV 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>guanfacine hcl (3 mg tab er 24h, 4 mg tab er 24h)</i>                                                                     | 2    | QL 1 TAB / 1 DAY            |
| <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 / 1 DAY<br>PA<br>S |

| PRODUCT DESCRIPTION                                                          | TIER | LIMITS & RESTRICTIONS |
|------------------------------------------------------------------------------|------|-----------------------|
| <b>OPIATE ANTAGONISTS</b>                                                    |      |                       |
| KLOXXADO                                                                     | 3    |                       |
| <i>naloxone hcl 1 mg/ml syringe</i>                                          | 2    |                       |
| <i>naltrexone hcl</i>                                                        | 2    |                       |
| NARCAN                                                                       | 3    |                       |
| <b>VESICULAR MONOAMINE TRANSPORT2 INHIBITOR</b>                              |      |                       |
| AUSTEDO                                                                      | 3    | PA<br>S               |
| INGREZZA                                                                     | 3    | PA<br>S               |
| INGREZZA INITIATION PACK                                                     | 3    | PA<br>S               |
| <i>tetrabenazine</i>                                                         | 2    | PA<br>S               |
| <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    |                       |

| PRODUCT DESCRIPTION                                                                                      | TIER | LIMITS & RESTRICTIONS     |
|----------------------------------------------------------------------------------------------------------|------|---------------------------|
| <i>cefixime 400 mg capsule</i>                                                                           | 2    | QL 1 CAP / 30 DAYS        |
| <i>cefpodoxime proxetil (100 mg tablet, 200 mg tablet)</i>                                               | 2    | QL 14 TABS / RX<br>PA     |
| <i>cefpodoxime proxetil (50 mg/5 ml susp recon, 100 mg/5ml susp recon)</i>                               | 2    | QL 100 ML / RX<br>PA      |
| CORTICOSTEROIDS (RESPIRATORY TRACT)<br>ORALLY INHALED PREPARATIONS (STEROIDS)                            |      |                           |
| ADVAIR DISKUS                                                                                            | 2    |                           |
| ADVAIR HFA                                                                                               | 3    | PRV Preventive Drug       |
| ARNUITY ELLIPTA                                                                                          | 3    | PRV Preventive Drug       |
| ASMANEX (TWISTHALER 110 MCG #30, TWISTHALER 220 MCG #30, TWISTHALER 220 MCG #60, TWISTHALR 220 MCG #120) | 3    | PRV Preventive Drug       |
| ASMANEX HFA                                                                                              | 3    | PRV Preventive Drug       |
| BREO ELLIPTA                                                                                             | 3    | PRV Preventive Drug       |
| <i>budesonide (0.25mg/2ml ampul-neb, 0.5 mg/2ml ampul-neb, 1 mg/2 ml ampul-neb)</i>                      | 2    | PRV Preventive Drug       |
| <i>budesonide/formoterol fumarate</i>                                                                    | 2    |                           |
| DULERA                                                                                                   | 3    | PA<br>PRV Preventive Drug |
| FLOVENT DISKUS                                                                                           | 3    | PRV Preventive Drug       |
| FLOVENT HFA                                                                                              | 3    | PRV Preventive Drug       |
| <i>fluticasone-salmeterol 113-14 (generic for airduo respiclick)</i>                                     | 2    | PRV Preventive Drug       |
| <i>fluticasone-salmeterol 232-14 (generic for airduo respiclick)</i>                                     | 2    | PRV Preventive Drug       |
| <i>fluticasone-salmeterol 55-14 (generic for airduo respiclick)</i>                                      | 2    | PRV Preventive Drug       |
| PULMICORT FLEXHALER                                                                                      | 3    | PRV Preventive Drug       |
| QVAR REDHALER                                                                                            | 3    | PRV Preventive Drug       |

| PRODUCT DESCRIPTION                                                    | TIER | LIMITS & RESTRICTIONS |
|------------------------------------------------------------------------|------|-----------------------|
| TRELEGY ELLIPTA                                                        | 3    | PRV 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                                                                |      |                       |
| ACCU-CHEK (AVIVA SOLUTION, MULTICLIX LANCET KIT, MULTICLIX LANCETS)    | 4    | DS Diabetic Supplies  |
| ACCU-CHEK AVIVA PLUS METER                                             | 4    | DS Diabetic Supplies  |
| ACCU-CHEK COMPACT PLUS CONTROL                                         | 4    | DS Diabetic Supplies  |
| ACCU-CHEK FASTCLIX LANCING DEV                                         | 4    | DS Diabetic Supplies  |
| ACCU-CHEK GUIDE CONTROL SOLN                                           | 4    | DS Diabetic Supplies  |
| ACCU-CHEK GUIDE ME GLUCOSE MTR                                         | 4    | DS Diabetic Supplies  |
| ACCU-CHEK GUIDE MONITOR SYSTEM                                         | 4    | DS Diabetic Supplies  |
| ACCU-CHEK SMARTVIEW CONTRL SOL                                         | 4    | DS Diabetic Supplies  |
| ACCU-CHEK SOFTCLIX (LANCET KIT, LANCETS)                               | 4    | DS Diabetic Supplies  |
| ACE AEROSOL CLOUD ENHANCER                                             | 4    |                       |
| AEROCHAMBER MINI                                                       | 4    |                       |
| AEROCHAMBER MV                                                         | 4    |                       |
| AEROCHAMBER PLUS FLOW-VU (, LARGE, MED, SMALL)                         | 4    |                       |
| AEROCHAMBER WITH FLOWSIGNAL                                            | 4    |                       |

| PRODUCT DESCRIPTION                                                                    | TIER | LIMITS & RESTRICTIONS                                                                   |
|----------------------------------------------------------------------------------------|------|-----------------------------------------------------------------------------------------|
| AEROCHAMBER Z-STAT PLUS (PLUS LARGE, PLUS W-FLOW, PLUS-MED, PLUS-SMALL)                | 4    |                                                                                         |
| AEROTRACH PLUS                                                                         | 4    |                                                                                         |
| BREATHERITE                                                                            | 4    |                                                                                         |
| BREATHRITE                                                                             | 4    |                                                                                         |
| DEXCOM                                                                                 | 4    | <div>QL</div> <div>PA</div> <div>DS</div> 1 RECEIVER / 365 DAYS<br>Diabetic Supplies    |
| DEXCOM G4 ((PED) RECEIVER KIT, RECEIVER KIT, RECEIVER-SHARE (PED), RECEIVER-SHARE KIT) | 4    | <div>QL</div> <div>PA</div> <div>DS</div> 1 RECEIVER / 365 DAYS<br>Diabetic Supplies    |
| DEXCOM G4 TRANSMITTER KIT                                                              | 4    | <div>QL</div> <div>PA</div> <div>DS</div> 1 TRANSMITTER / 180 DAYS<br>Diabetic Supplies |
| DEXCOM G5 RECEIVER KIT                                                                 | 4    | <div>QL</div> <div>PA</div> <div>DS</div> 1 RECEIVER / 365 DAYS<br>Diabetic Supplies    |
| DEXCOM G5 TRANSMITTER KIT                                                              | 4    | <div>QL</div> <div>PA</div> <div>DS</div> 1 TRANSMITTER / 90 DAYS<br>Diabetic Supplies  |
| DEXCOM G5-G4 SENSOR                                                                    | 4    | <div>QL</div> <div>PA</div> <div>DS</div> 1 KIT (4 PACK) / 28 DAYS<br>Diabetic Supplies |
| DEXCOM G6 RECEIVER                                                                     | 4    | <div>QL</div> <div>PA</div> <div>DS</div> 1 RECEIVER / 365 DAYS<br>Diabetic Supplies    |
| DEXCOM G6 SENSOR                                                                       | 4    | <div>QL</div> <div>PA</div> <div>DS</div> 3 SENSORS / 30 DAYS<br>Diabetic Supplies      |

| PRODUCT DESCRIPTION                                             | TIER | LIMITS & RESTRICTIONS                                                                  |
|-----------------------------------------------------------------|------|----------------------------------------------------------------------------------------|
| DEXCOM G6 TRANSMITTER                                           | 4    | <div>QL</div> <div>PA</div> <div>DS</div> 1 TRANSMITTER / 90 DAYS<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 DAYS<br>Diabetic Supplies     |
| FREESTYLE LIBRE 10 DAY SENSOR                                   | 4    | <div>QL</div> <div>PA</div> <div>DS</div> 3 SENSORS / 30 DAYS<br>Diabetic Supplies     |
| FREESTYLE LIBRE 14 DAY READER                                   | 4    | <div>QL</div> <div>PA</div> <div>DS</div> 1 READER / 365 DAYS<br>Diabetic Supplies     |
| FREESTYLE LIBRE 14 DAY SENSOR                                   | 4    | <div>QL</div> <div>PA</div> <div>DS</div> 2 SENSORS / 28 DAYS<br>Diabetic Supplies     |
| FREESTYLE LIBRE 2 READER                                        | 4    | <div>QL</div> <div>PA</div> <div>DS</div> 1 READER / 365 DAYS<br>Diabetic Supplies     |
| FREESTYLE LIBRE 2 SENSOR                                        | 4    | <div>QL</div> <div>PA</div> <div>DS</div> 2 SENSORS / 28 DAYS<br>Diabetic Supplies     |
| INPEN (FOR HUMALOG)                                             | 4    |                                                                                        |
| INPEN (FOR NOVOLOG OR FIASP)                                    | 4    |                                                                                        |
| LITETOUCH                                                       | 4    |                                                                                        |
| MICROCHAMBER                                                    | 4    |                                                                                        |
| MICROSPACER                                                     | 4    |                                                                                        |

| PRODUCT DESCRIPTION                         | TIER | LIMITS & RESTRICTIONS |
|---------------------------------------------|------|-----------------------|
| NOVOPEN ECHO                                | 4    |                       |
| OMNIPOD (5 PACK POD, STARTER KIT)           | 4    |                       |
| OMNIPOD DASH 5 PACK POD                     | 4    |                       |
| OMNIPOD DASH PDM KIT                        | 4    |                       |
| ONE WAY MOUTHPIECE                          | 4    |                       |
| ONETOUCH DELICA                             | 4    | DS Diabetic Supplies  |
| OPTICHAMBER                                 | 4    |                       |
| OPTICHAMBER DIAMOND (VHC, W-LRG MASK)       | 4    |                       |
| PANDA MASK                                  | 4    |                       |
| PEDIATRIC MASK                              | 4    |                       |
| PEDIATRIC MOUTHPIECE                        | 4    |                       |
| PEDIATRIC PANDA MASK                        | 4    |                       |
| POCKET CHAMBER                              | 4    |                       |
| PROCHAMBER                                  | 4    |                       |
| SIDESTREAM PEDIATRIC                        | 4    |                       |
| SILICONE MASK (MASK-INFANT, MASK-PEDIATRIC) | 4    |                       |
| SOFT TOUCH                                  | 4    | DS Diabetic Supplies  |
| TRUE METRIX (1 SOLN, 2 SOLN, 3 SOLN)        | 4    | DS Diabetic Supplies  |
| TRUE METRIX AIR GLUCOSE METER               | 4    | DS Diabetic Supplies  |
| TRUE METRIX BLOOD GLUCOSE MTR               | 4    | DS Diabetic Supplies  |
| TRUE METRIX GO                              | 4    | DS Diabetic Supplies  |
| V-GO 20                                     | 4    |                       |
| V-GO 30                                     | 4    |                       |
| V-GO 40                                     | 4    |                       |
| VORTEX                                      | 4    |                       |

| PRODUCT DESCRIPTION                                                                                | TIER | LIMITS & RESTRICTIONS                        |
|----------------------------------------------------------------------------------------------------|------|----------------------------------------------|
| DIAGNOSTIC AGENTS                                                                                  |      |                                              |
| ADRENOCORTICAL INSUFFICIENCY                                                                       |      |                                              |
| ACTHAR                                                                                             | 3    | PA<br>S                                      |
| DIABETES MELLITUS                                                                                  |      |                                              |
| ACCU-CHEK AVIVA PLUS TEST STRP                                                                     | 4    | QL 10 STRIPS / 1 DAY<br>DS Diabetic Supplies |
| ACCU-CHEK COMPACT PLUS STRIPS                                                                      | 4    | DS Diabetic Supplies                         |
| ACCU-CHEK GUIDE TEST STRIP                                                                         | 4    | QL 10 STRIPS / 1 DAY<br>DS Diabetic Supplies |
| ACCU-CHEK SMARTVIEW TEST STRIP                                                                     | 4    | QL 10 STRIPS / 1 DAY<br>DS Diabetic Supplies |
| TRUE METRIX GLUCOSE TEST STRIP                                                                     | 4    | QL 10 STRIPS / 1 DAY<br>DS Diabetic Supplies |
| DIURETICS                                                                                          |      |                                              |
| LOOP DIURETICS                                                                                     |      |                                              |
| <i>bumetanide (0.5 mg tablet, 1 mg tablet, 2 mg tablet)</i>                                        | 2    | PRV Preventive Drug                          |
| <i>furosemide (10 mg/ml solution, 20 mg tablet, 40 mg tablet, 40mg/5ml solution, 80 mg tablet)</i> | 1    | PRV Preventive Drug                          |
| <i>torseamide</i>                                                                                  | 2    | PRV Preventive Drug                          |
| POTASSIUM-SPARING DIURETICS                                                                        |      |                                              |
| <i>amiloride hcl</i>                                                                               | 2    | PRV Preventive Drug                          |
| <i>amiloride hcl/hydrochlorothiazide</i>                                                           | 2    | PRV Preventive Drug                          |
| <i>triamterene/hydrochlorothiazide</i>                                                             | 1    | PRV Preventive Drug                          |
| THIAZIDE DIURETICS                                                                                 |      |                                              |
| <i>hydrochlorothiazide</i>                                                                         | 1    | PRV Preventive Drug                          |
| THIAZIDE-LIKE DIURETICS                                                                            |      |                                              |
| <i>chlorthalidone</i>                                                                              | 2    | PRV Preventive Drug                          |

| PRODUCT DESCRIPTION                                                                                                    | TIER | LIMITS & RESTRICTIONS     |
|------------------------------------------------------------------------------------------------------------------------|------|---------------------------|
| <i>indapamide</i>                                                                                                      | 2    | PRV Preventive Drug       |
| <i>metolazone</i>                                                                                                      | 2    | PRV Preventive Drug       |
| DOPAMINE RECEPTOR AGONISTS<br>ERGOT-DERIV. DOPAMINE RECEPTOR AGONISTS                                                  |      |                           |
| <i>bromocriptine mesylate</i>                                                                                          | 2    |                           |
| <i>cabergoline</i>                                                                                                     | 2    |                           |
| CYCLOSET                                                                                                               | 3    | PA<br>PRV 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<br>ALKALINIZING AGENTS                                                        |      |                           |
| <i>potassium citrate</i>                                                                                               | 2    |                           |
| AMMONIA DETOXICANTS                                                                                                    |      |                           |
| CARBAGLU                                                                                                               | 3    | PA<br>S                   |
| 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                   |
| <i>levocarnitine 330 mg tablet</i>                                                                                     | 1    |                           |

| PRODUCT DESCRIPTION                                                                                                                                                                                             | TIER | LIMITS & RESTRICTIONS                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|------------------------------------------------|
| 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                                        |
| ESTROGENS AND ANTIESTROGENS                                                                                                                                                                                     |      |                                                |
| ESTROGEN AGONIST-ANTAGONISTS                                                                                                                                                                                    |      |                                                |
| <i>raloxifene hcl</i>                                                                                                                                                                                           | 2    | ACA Affordable Care Act                        |
| SOLTAMOX                                                                                                                                                                                                        | 3    |                                                |
| <i>tamoxifen citrate</i>                                                                                                                                                                                        | 2    | ACA Affordable Care Act<br>PRV Preventive Drug |

| PRODUCT DESCRIPTION                                                                                                                                                                                                                                                                                         | TIER | LIMITS & RESTRICTIONS                               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-----------------------------------------------------|
| 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 tdwk, .0375mg/24 patch tds, .0375mg/24 patch tdwk, 0.05mg/24h patch tds, 0.05mg/24h patch tdwk, 0.06mg/24h patch tdwk, .075mg/24h patch tds, .075mg/24h patch tdwk, 0.1mg/24hr patch tds, 0.1mg/24hr patch tdwk, 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    |                                                     |
| EENT DRUGS, MISCELLANEOUS                                                                                                                                                                                                                                                                                   |      |                                                     |
| CYSTADROPS                                                                                                                                                                                                                                                                                                  | 3    | <div>QL 5 ML / RX</div> <div>PA</div> <div>S</div>  |
| CYSTARAN                                                                                                                                                                                                                                                                                                    | 3    | <div>QL 15 ML / RX</div> <div>PA</div> <div>S</div> |

| PRODUCT DESCRIPTION                                                                   | TIER | LIMITS & RESTRICTIONS                                 |
|---------------------------------------------------------------------------------------|------|-------------------------------------------------------|
| <i>ipratropium bromide (21 mcg spray, 42 mcg spray)</i>                               | 2    |                                                       |
| OXERVATE                                                                              | 3    | <div>QL</div> <div>PA</div> <div>S</div> 1 ML / 1 DAY |
| 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    | <div>AQ1</div> Up to 64 yrs old; 30 / 1 FILL          |
| <i>promethazine hcl 6.25mg/5ml syrup</i>                                              | 1    | <div>AQ1</div> Up to 64 yrs old; 300 / 1 FILL         |
| PROMETHEGAN                                                                           | 2    |                                                       |
| GASTROINTESTINAL DRUGS<br>ANTI-INFLAMMATORY AGENTS (GI DRUGS)                         |      |                                                       |
| <i>alosetron hcl</i>                                                                  | 2    | <div>PA</div>                                         |
| <i>balsalazide disodium</i>                                                           | 2    |                                                       |

| PRODUCT DESCRIPTION                                                                                                              | TIER | LIMITS & RESTRICTIONS                       |
|----------------------------------------------------------------------------------------------------------------------------------|------|---------------------------------------------|
| <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    |                                             |
| ANTIDIARRHEA AGENTS                                                                                                              |      |                                             |
| <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                                     |
| CATHARTICS AND LAXATIVES                                                                                                         |      |                                             |
| GAVILYTE-C                                                                                                                       | 2    |                                             |
| GAVILYTE-G                                                                                                                       | 2    | ACA Affordable Care Act                     |
| GAVILYTE-N                                                                                                                       | 2    |                                             |
| <i>lubiprostone</i>                                                                                                              | 2    | QL 2 CAPS / 1 DAY                           |
| <i>peg3350/sod sulf,bicarb,cl/kcl 240-22.72g soln recon</i>                                                                      | 2    |                                             |
| <i>sodium chloride/sodium bicarbonate/potassium chloride/peg</i>                                                                 | 2    |                                             |
| SUPREP                                                                                                                           | 3    | ACA Affordable Care Act                     |
| TRILYTE WITH FLAVOR PACKETS                                                                                                      | 2    |                                             |
| CHOLELITHOLYTIC AGENTS                                                                                                           |      |                                             |
| <i>ursodiol (250 mg tablet, 300 mg capsule, 500 mg tablet)</i>                                                                   | 2    |                                             |
| DIGESTANTS                                                                                                                       |      |                                             |
| CREON                                                                                                                            | 3    |                                             |
| GI DRUGS, MISCELLANEOUS                                                                                                          |      |                                             |
| ALLI                                                                                                                             | 3    | PA<br>PRV Preventive Drug<br>WL Weight Loss |
| CHOLBAM                                                                                                                          | 3    | PA<br>S                                     |

| PRODUCT DESCRIPTION                                                                            | TIER | LIMITS & RESTRICTIONS                       |
|------------------------------------------------------------------------------------------------|------|---------------------------------------------|
| ENDARI                                                                                         | 3    | PA<br>S                                     |
| HUMIRA(CF) PEDI CROHN 80-40 MG                                                                 | 3    | QL 2 SYRINGES / 28 DAYS<br>PA<br>S          |
| L-GLUTAMINE                                                                                    | 3    | PA                                          |
| LINZESS                                                                                        | 3    | QL 1 CAP / 1 DAY                            |
| MOVANTIK                                                                                       | 3    | QL 1 TAB / 1 DAY<br>PA                      |
| SYMPROIC                                                                                       | 3    | PA                                          |
| XENICAL                                                                                        | 3    | PA<br>PRV Preventive Drug<br>WL Weight Loss |
| PROKINETIC AGENTS                                                                              |      |                                             |
| GIMOTI                                                                                         | 3    | PA                                          |
| <i>metoclopramide hcl (5 mg tab rapdis, 10 mg tab rapdis)</i>                                  | 2    | PA                                          |
| <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    |                                             |

| PRODUCT DESCRIPTION                                                         | TIER | LIMITS & RESTRICTIONS                                      |
|-----------------------------------------------------------------------------|------|------------------------------------------------------------|
| GONADOTROPINS AND ANTIGONADOTROPINS<br>ANTIGONADTROPINS                     |      |                                                            |
| MYFEMBREE                                                                   | 3    | <div>QL 28 TABS / 28 DAYS</div> <div>PA</div> <div>S</div> |
| ORGOVYX                                                                     | 3    | <div>PA</div> <div>S</div> <div>ONC Oncology</div>         |
| ORIAHNN                                                                     | 3    | <div>QL 2 CAPS / 1 DAY</div> <div>PA</div> <div>S</div>    |
| ORILISSA 150 MG TABLET                                                      | 3    | <div>QL 1 TAB / 1 DAY</div> <div>PA</div> <div>S</div>     |
| ORILISSA 200 MG TABLET                                                      | 3    | <div>QL 56 TABS / 28 DAYS</div> <div>PA</div> <div>S</div> |
| HCV ANTIVIRALS<br>HCV POLYMERASE INHIBITOR ANTIVIRALS                       |      |                                                            |
| EPCLUSA 200 MG-50 MG TABLET                                                 | 3    | <div>PA</div> <div>S</div>                                 |
| HARVONI (33.75-150 MG PELLET PK, 45-200 MG PELLET PACKET, 45-200 MG TABLET) | 3    | <div>PA</div> <div>S</div>                                 |
| <i>ledipasvir/sofosbuvir</i>                                                | 2    | <div>PA</div> <div>S</div>                                 |
| <i>sofosbuvir/velpatasvir</i>                                               | 2    | <div>PA</div> <div>S</div>                                 |
| SOVALDI (150 MG PELLET PACKET, 200 MG PELLET PACKET, 200 MG TABLET)         | 3    | <div>PA</div> <div>S</div>                                 |
| VOSEVI                                                                      | 3    | <div>PA</div> <div>S</div>                                 |

| PRODUCT DESCRIPTION                                                                                        | TIER | LIMITS & RESTRICTIONS    |
|------------------------------------------------------------------------------------------------------------|------|--------------------------|
| HCV PROTEASE INHIBITOR ANTIVIRALS                                                                          |      |                          |
| MAVYRET                                                                                                    | 3    | PA<br>S                  |
| HEAVY METAL ANTAGONISTS                                                                                    |      |                          |
| CHEMET                                                                                                     | 3    |                          |
| D-PENAMINE                                                                                                 | 2    | PA                       |
| <i>deferiasirox (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, 1,000 MG TABLET)                                                            | 3    | PA<br>S                  |
| FERRIPROX (2 TIMES A DAY)                                                                                  | 3    | PA<br>S                  |
| FERRIPROX (3 TIMES A DAY)                                                                                  | 3    | PA<br>S                  |
| <i>penicillamine 250 mg tablet</i>                                                                         | 2    | PA<br>S                  |
| HORMONES AND SYNTHETIC SUBSTITUTES                                                                         |      |                          |
| ADRENALS                                                                                                   |      |                          |
| <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    |                          |

| PRODUCT DESCRIPTION                                                                                                                                                                                        | TIER | LIMITS & RESTRICTIONS   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-------------------------|
| <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    | QL 5 CAPS / 1 DAY<br>PA |
| <i>oxandrolone 10 mg tablet</i>                                                                                                                                                                            | 2    | QL 2 TABS / 1 DAY<br>PA |
| <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                      |

| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS   |
|-----------------------|------|-------------------------|
| <b>CONTRACEPTIVES</b> |      |                         |
| AFIRMELLE             | 2    | ACA Affordable Care Act |
| ALTAVERA              | 2    | ACA Affordable Care Act |
| ALYACEN               | 2    | ACA Affordable Care Act |
| AMETHIA               | 2    | ACA Affordable Care Act |
| AMETHIA LO            | 2    | ACA Affordable Care Act |
| APRI                  | 2    | ACA Affordable Care Act |
| ARANELLE              | 2    | ACA Affordable Care Act |
| ASHLYNA               | 2    | ACA Affordable Care Act |
| AUBRA                 | 2    | ACA Affordable Care Act |
| AUBRA EQ              | 2    | ACA Affordable Care Act |
| AUROVELA              | 2    | ACA Affordable Care Act |
| AUROVELA 24 FE        | 2    | ACA Affordable Care Act |
| AUROVELA FE           | 2    | ACA Affordable Care Act |
| AVIANE                | 2    | ACA Affordable Care Act |
| AYUNA                 | 2    | ACA Affordable Care Act |
| AZURETTE              | 2    | ACA Affordable Care Act |
| BALZIVA               | 2    | ACA Affordable Care Act |
| BEKYREE               | 2    | ACA Affordable Care Act |
| BLISOVI 24 FE         | 3    | ACA Affordable Care Act |
| BLISOVI FE            | 2    | ACA Affordable Care Act |
| BRIELLYN              | 2    | ACA Affordable Care Act |
| CAMILA                | 2    | ACA Affordable Care Act |
| CAMRESE               | 2    | ACA Affordable Care Act |

| PRODUCT DESCRIPTION                                    | TIER | LIMITS & RESTRICTIONS   |
|--------------------------------------------------------|------|-------------------------|
| CAMRESE LO                                             | 2    | ACA Affordable Care Act |
| CAZANT                                                 | 2    | ACA Affordable Care Act |
| CHATEAL                                                | 2    | ACA Affordable Care Act |
| CHATEAL EQ                                             | 2    | ACA Affordable Care Act |
| CRYSSELLE                                              | 2    | ACA Affordable Care Act |
| CYCLAFEM                                               | 2    | ACA Affordable Care Act |
| CYRED                                                  | 2    | ACA Affordable Care Act |
| CYRED EQ                                               | 2    | ACA Affordable Care Act |
| DASETTA                                                | 2    | ACA Affordable Care Act |
| DAYSEE                                                 | 2    | ACA Affordable Care Act |
| DEBLITANE                                              | 2    | ACA Affordable Care Act |
| <i>desogestrel-ethinyl estradiol</i>                   | 2    | ACA Affordable Care Act |
| <i>desogestrel-ethinyl estradiol/ethinyl estradiol</i> | 2    | ACA Affordable Care Act |
| ELINEST                                                | 2    | ACA Affordable Care Act |
| ELLA                                                   | 3    | ACA Affordable Care Act |
| ELURYNG                                                | 2    | ACA Affordable Care Act |
| EMOQUETTE                                              | 2    | ACA Affordable Care Act |
| ENPRESSE                                               | 2    | ACA Affordable Care Act |
| ENSKYCE                                                | 2    | ACA Affordable Care Act |
| ERRIN                                                  | 2    | ACA Affordable Care Act |
| ESTARYLLA                                              | 2    | ACA Affordable Care Act |
| <i>ethinyl estradiol/drospirenone</i>                  | 2    | ACA Affordable Care Act |
| <i>ethynodiol diacetate-ethinyl estradiol</i>          | 2    | ACA Affordable Care Act |
| <i>etonogestrel/ethinyl estradiol</i>                  | 2    | ACA Affordable Care Act |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS   |
|---------------------|------|-------------------------|
| FALMINA             | 2    | ACA Affordable Care Act |
| FEMYNOR             | 2    | ACA Affordable Care Act |
| GIANVI              | 2    | ACA Affordable Care Act |
| HAILEY              | 2    | ACA Affordable Care Act |
| HAILEY FE           | 2    | ACA Affordable Care Act |
| HEATHER             | 2    | ACA Affordable Care Act |
| ICLEVIA             | 2    | ACA Affordable Care Act |
| INCASSIA            | 2    | ACA Affordable Care Act |
| INTROVALE           | 2    | ACA Affordable Care Act |
| ISIBLOOM            | 2    | ACA Affordable Care Act |
| JAIMIESS            | 2    | ACA Affordable Care Act |
| JASMIEL             | 2    | ACA Affordable Care Act |
| JENCYCLA            | 2    | ACA Affordable Care Act |
| JOLESSA             | 2    | ACA Affordable Care Act |
| JULEBER             | 2    | ACA Affordable Care Act |
| JUNEL               | 2    | ACA Affordable Care Act |
| JUNEL FE            | 2    | ACA Affordable Care Act |
| KALLIGA             | 2    | ACA Affordable Care Act |
| KARIVA              | 2    | ACA Affordable Care Act |
| KELNOR 1-35         | 2    | ACA Affordable Care Act |
| KELNOR 1-50         | 2    | ACA Affordable Care Act |
| KURVELO             | 2    | ACA Affordable Care Act |
| LARIN               | 2    | ACA Affordable Care Act |
| LARIN FE            | 2    | ACA Affordable Care Act |

| PRODUCT DESCRIPTION                                                                                                                                                                                                                                                                    | TIER | LIMITS & RESTRICTIONS   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-------------------------|
| LARISSIA                                                                                                                                                                                                                                                                               | 2    | ACA Affordable Care Act |
| LEENA                                                                                                                                                                                                                                                                                  | 2    | ACA Affordable Care Act |
| LESSINA                                                                                                                                                                                                                                                                                | 2    | ACA Affordable Care Act |
| LEVONEST                                                                                                                                                                                                                                                                               | 2    | ACA Affordable Care Act |
| <i>levonorgestrel</i>                                                                                                                                                                                                                                                                  | 2    | ACA Affordable Care Act |
| <i>levonorgestrel/ethinyl estradiol</i><br><i>(levonorgestrel/ethin.estradiol 0.1-0.02mg tablet,</i><br><i>levonorgestrel/ethin.estradiol 0.15-0.03 tablet,</i><br><i>levonorgestrel/ethin.estradiol 0.15-0.03 tbdspk 3mo,</i><br><i>levonorgestrel/ethin.estradiol 6-5-10 tablet)</i> | 2    | ACA Affordable Care Act |
| <i>levonorgestrel/ethinyl estradiol and ethinyl estradiol (l-norgest/e.estradiol-e.estradiol 100-20(84) tbdspk 3mo, l-norgest/e.estradiol-e.estradiol 150-30(84) tbdspk 3mo)</i>                                                                                                       | 2    | ACA Affordable Care Act |
| LEVORA-28                                                                                                                                                                                                                                                                              | 2    | ACA Affordable Care Act |
| LILLOW                                                                                                                                                                                                                                                                                 | 2    | ACA Affordable Care Act |
| LO-ZUMANDIMINE                                                                                                                                                                                                                                                                         | 2    | ACA Affordable Care Act |
| LOJAIMIESS                                                                                                                                                                                                                                                                             | 2    | ACA Affordable Care Act |
| LORYNA                                                                                                                                                                                                                                                                                 | 2    | ACA Affordable Care Act |
| LOW-OGESTREL                                                                                                                                                                                                                                                                           | 2    | ACA Affordable Care Act |
| LUTERA                                                                                                                                                                                                                                                                                 | 2    | ACA Affordable Care Act |
| LYZA                                                                                                                                                                                                                                                                                   | 2    | ACA Affordable Care Act |
| MARLISSA                                                                                                                                                                                                                                                                               | 2    | ACA Affordable Care Act |
| MICROGESTIN                                                                                                                                                                                                                                                                            | 2    | ACA Affordable Care Act |
| MICROGESTIN FE                                                                                                                                                                                                                                                                         | 2    | ACA Affordable Care Act |
| MILI                                                                                                                                                                                                                                                                                   | 2    | ACA Affordable Care Act |
| MONO-LINYAH                                                                                                                                                                                                                                                                            | 2    | ACA Affordable Care Act |
| MY WAY                                                                                                                                                                                                                                                                                 | 2    | ACA Affordable Care Act |

| PRODUCT DESCRIPTION                                                                                                                       | TIER | LIMITS & RESTRICTIONS   |
|-------------------------------------------------------------------------------------------------------------------------------------------|------|-------------------------|
| NECON                                                                                                                                     | 2    | ACA Affordable Care Act |
| NIKKI                                                                                                                                     | 2    | ACA Affordable Care Act |
| NORA-BE                                                                                                                                   | 2    | ACA Affordable Care Act |
| <i>norethindrone</i>                                                                                                                      | 2    | ACA Affordable Care Act |
| <i>norethindrone acetate-ethinyl estradiol (1mg-20mcg tablet, 1.5-0.03mg tablet)</i>                                                      | 2    | ACA Affordable Care Act |
| <i>norethindrone acetate-ethinyl estradiol/ferrous fumarate (1mg-20(21) tablet, 1mg-20(24) tablet, 1.5-30(21) tablet, 5-7-9-7 tablet)</i> | 2    | ACA Affordable Care Act |
| <i>norgestimate-ethinyl estradiol (0.25-0.035 tablet, 7daysx3 28 tablet, 7daysx3 lo tablet)</i>                                           | 2    | ACA Affordable Care Act |
| NORLYDA                                                                                                                                   | 2    | ACA Affordable Care Act |
| NORTREL                                                                                                                                   | 2    | ACA Affordable Care Act |
| NYMYO                                                                                                                                     | 2    | ACA Affordable Care Act |
| OCELLA                                                                                                                                    | 2    | ACA Affordable Care Act |
| OGESTREL                                                                                                                                  | 2    | ACA Affordable Care Act |
| ORSYTHIA                                                                                                                                  | 2    | ACA Affordable Care Act |
| PHILITH                                                                                                                                   | 2    | ACA Affordable Care Act |
| PIMTREA                                                                                                                                   | 2    | ACA Affordable Care Act |
| PIRMELLA                                                                                                                                  | 2    | ACA Affordable Care Act |
| PORTIA                                                                                                                                    | 2    | ACA Affordable Care Act |
| PREVIFEM                                                                                                                                  | 2    | ACA Affordable Care Act |
| RECLIPSEN                                                                                                                                 | 2    | ACA Affordable Care Act |
| SETLAKIN                                                                                                                                  | 2    | ACA Affordable Care Act |
| SHAROBEL                                                                                                                                  | 2    | ACA Affordable Care Act |
| SIMLIYA                                                                                                                                   | 2    | ACA Affordable Care Act |
| SIMPESSE                                                                                                                                  | 2    | ACA Affordable Care Act |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS   |
|---------------------|------|-------------------------|
| SPRINTEC            | 2    | ACA Affordable Care Act |
| SRONYX              | 2    | ACA Affordable Care Act |
| SYEDA               | 2    | ACA Affordable Care Act |
| TARINA 24 FE        | 2    | ACA Affordable Care Act |
| TARINA FE           | 2    | ACA Affordable Care Act |
| TARINA FE 1-20 EQ   | 2    | ACA Affordable Care Act |
| TILIA FE            | 2    | ACA Affordable Care Act |
| TRI FEMYNOR         | 2    | ACA Affordable Care Act |
| TRI-ESTARYLLA       | 2    | ACA Affordable Care Act |
| TRI-LEGEST FE       | 2    | ACA Affordable Care Act |
| TRI-LINYAH          | 2    | ACA Affordable Care Act |
| TRI-LO-ESTARYLLA    | 2    | ACA Affordable Care Act |
| TRI-LO-MARZIA       | 2    | ACA Affordable Care Act |
| TRI-LO-MILI         | 2    | ACA Affordable Care Act |
| TRI-LO-SPRINTEC     | 2    | ACA Affordable Care Act |
| TRI-MILI            | 2    | ACA Affordable Care Act |
| TRI-PREVIFEM        | 2    | ACA Affordable Care Act |
| TRI-SPRINTEC        | 2    | ACA Affordable Care Act |
| TRI-VYLIBRA         | 2    | ACA Affordable Care Act |
| TRI-VYLIBRA LO      | 2    | ACA Affordable Care Act |
| TRIVORA-28          | 2    | ACA Affordable Care Act |
| TULANA              | 2    | ACA Affordable Care Act |
| TYBLUME             | 2    | ACA Affordable Care Act |
| VELIVET             | 2    | ACA Affordable Care Act |

| PRODUCT DESCRIPTION                                        | TIER | LIMITS & RESTRICTIONS   |
|------------------------------------------------------------|------|-------------------------|
| VESTURA                                                    | 2    |                         |
| VIENVA                                                     | 2    | ACA Affordable Care Act |
| VIORELE                                                    | 2    | ACA Affordable Care Act |
| VOLNEA                                                     | 2    | ACA Affordable Care Act |
| VYFEMLA                                                    | 2    | ACA Affordable Care Act |
| VYLIBRA                                                    | 2    | ACA Affordable Care Act |
| WERA                                                       | 2    | ACA Affordable Care Act |
| XULANE                                                     | 2    | ACA Affordable Care Act |
| ZARAH                                                      | 2    | ACA Affordable Care Act |
| ZOVIA 1-35                                                 | 2    | ACA Affordable Care Act |
| ZOVIA 1-35E                                                | 2    | ACA Affordable Care Act |
| ZUMANDIMINE                                                | 2    | ACA Affordable Care Act |
| 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   |
| MAKENA 250 MG/ML VIAL                                      | 3    | QL 2 ML / 1 FILL<br>S   |
| MAKENA 275 MG/1.1 ML AUTOINJCT                             | 3    | QL 2.2 ML / 1 FILL<br>S |

| PRODUCT DESCRIPTION                                                              | TIER | LIMITS & RESTRICTIONS |
|----------------------------------------------------------------------------------|------|-----------------------|
| <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    |                       |
| HYPOTENSIVE AGENTS                                                               |      |                       |
| CENTRAL ALPHA-AGONISTS                                                           |      |                       |
| <i>clonidine</i>                                                                 | 2    | PRV Preventive Drug   |
| <i>clonidine hcl (0.1 mg tablet, 0.2 mg tablet, 0.3 mg tablet)</i>               | 1    | PRV Preventive Drug   |
| <i>guanfacine hcl (1 mg tablet, 2 mg tablet)</i>                                 | 1    | PRV Preventive Drug   |
| <i>methyldopa</i>                                                                | 2    | PRV Preventive Drug   |
| DIRECT VASODILATORS                                                              |      |                       |
| <i>hydralazine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet, 100 mg tablet)</i> | 2    | PRV Preventive Drug   |
| <i>minoxidil</i>                                                                 | 2    | PRV Preventive Drug   |
| INSULINS                                                                         |      |                       |
| INTERMEDIATE-ACTING INSULINS                                                     |      |                       |
| HUMULIN 70-30                                                                    | 3    | PRV Preventive Drug   |
| HUMULIN 70/30 KWIKPEN                                                            | 3    | PRV Preventive Drug   |
| HUMULIN N                                                                        | 3    | PRV Preventive Drug   |
| HUMULIN N KWIKPEN                                                                | 3    | PRV Preventive Drug   |
| <i>insulin nph hum/reg insulin hm 70-30/ml insulin pen</i>                       | 3    | PRV Preventive Drug   |
| <i>relion novolin 70-30 vial</i>                                                 | 3    | PRV Preventive Drug   |
| <i>relion novolin n 100 unit/ml</i>                                              | 3    | PRV Preventive Drug   |
| <i>relion novolin n u-100 flexpen</i>                                            | 3    | PRV Preventive Drug   |
| LONG-ACTING INSULINS                                                             |      |                       |
| LANTUS                                                                           | 3    | PRV Preventive Drug   |

| PRODUCT DESCRIPTION                                                        | TIER | LIMITS & RESTRICTIONS     |
|----------------------------------------------------------------------------|------|---------------------------|
| LANTUS SOLOSTAR                                                            | 3    | PRV Preventive Drug       |
| LEVEMIR                                                                    | 3    | PA<br>PRV Preventive Drug |
| LEVEMIR FLEXTOUCH                                                          | 3    | PA<br>PRV Preventive Drug |
| SOLIQUA 100-33                                                             | 3    | PRV Preventive Drug       |
| TOUJEO MAX SOLOSTAR                                                        | 3    | PRV Preventive Drug       |
| TOUJEO SOLOSTAR                                                            | 3    | PRV Preventive Drug       |
| XULTOPHY 100-3.6                                                           | 3    | PRV Preventive Drug       |
| RAPID-ACTING INSULINS                                                      |      |                           |
| HUMALOG                                                                    | 3    | PRV Preventive Drug       |
| HUMALOG JUNIOR KWIKPEN                                                     | 3    | PRV Preventive Drug       |
| HUMALOG KWIKPEN U-100                                                      | 3    | PRV Preventive Drug       |
| HUMALOG KWIKPEN U-200                                                      | 3    | PRV Preventive Drug       |
| HUMALOG MIX 50-50                                                          | 3    | PRV Preventive Drug       |
| HUMALOG MIX 50-50 KWIKPEN                                                  | 3    | PRV Preventive Drug       |
| HUMALOG MIX 75-25                                                          | 3    | PRV Preventive Drug       |
| HUMALOG MIX 75-25 KWIKPEN                                                  | 3    | PRV Preventive Drug       |
| <i>insulin lispro (100/ml ins pen hf, 100/ml insulin pen, 100/ml vial)</i> | 2    | PRV Preventive Drug       |
| <i>insulin lispro protamine and insulin lispro</i>                         | 2    | PRV Preventive Drug       |
| SHORT-ACTING INSULINS                                                      |      |                           |
| HUMULIN R                                                                  | 3    | PRV Preventive Drug       |
| HUMULIN R U-500                                                            | 3    | PRV Preventive Drug       |
| HUMULIN R U-500 KWIKPEN                                                    | 3    | PRV Preventive Drug       |
| <i>relion novolin r 100 unit/ml</i>                                        | 3    | PRV Preventive Drug       |

| PRODUCT DESCRIPTION                                                               | TIER | LIMITS & RESTRICTIONS |
|-----------------------------------------------------------------------------------|------|-----------------------|
| <i>relion novolin r u-100 flexpen</i>                                             | 3    | PRV Preventive Drug   |
| ION-REMOVING AGENTS                                                               |      |                       |
| PHOSPHATE-REMOVING AGENTS                                                         |      |                       |
| <i>calcium acetate 667 mg capsule</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 (40 MG/ML SUSPENSION, 200 MG TABLET)                                      | 3    | PA                    |
| MISC. BETA-LACTAM ANTIBIOTICS                                                     |      |                       |
| MONOBACTAM ANTIBIOTICS                                                            |      |                       |
| CAYSTON                                                                           | 3    | PA<br>S               |
| MISCELLANEOUS THERAPEUTIC AGENTS                                                  |      |                       |
| 5-ALPHA-REDUCTASE INHIBITORS                                                      |      |                       |
| <i>dutasteride</i>                                                                | 2    |                       |
| <i>finasteride 5 mg tablet</i>                                                    | 1    |                       |
| ALCOHOL DETERRENTS                                                                |      |                       |
| <i>disulfiram</i>                                                                 | 2    | PRV Preventive Drug   |
| ANTIDOTES                                                                         |      |                       |
| <i>leucovorin calcium (5 mg tablet, 10 mg tablet, 15 mg tablet, 25 mg tablet)</i> | 2    |                       |

| PRODUCT DESCRIPTION                                                                                                         | TIER | LIMITS & RESTRICTIONS                          |
|-----------------------------------------------------------------------------------------------------------------------------|------|------------------------------------------------|
| 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    | PRV 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                                                                                                          |      |                                                |
| <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                                                                                                                     | 2    | QL 9 ML / 1 FILL<br>PA<br>S                    |
| HAEGARDA                                                                                                                    | 3    | PA<br>S                                        |

| PRODUCT DESCRIPTION                              | TIER | LIMITS & RESTRICTIONS                  |
|--------------------------------------------------|------|----------------------------------------|
| KALBITOR                                         | 3    | PA<br>S                                |
| ORLADEYO                                         | 3    | QL 1 CAP / 1 DAY<br>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                                |
| CIMZIA (MG/ML SYRINGE KIT, MG/ML(X3)START KT)    | 3    | QL 2 SYRINGES / 28 DAYS<br>PA<br>S     |
| ENBREL (25 MG/0.5 ML SYRINGE, 25 MG/0.5 ML VIAL) | 3    | QL 4 ML (8 DOSES) / 28 DAYS<br>PA<br>S |
| ENBREL 25 MG KIT                                 | 3    | QL 8 VIALS (8 ML) / 28 DAYS<br>PA<br>S |
| ENBREL 50 MG/ML SYRINGE                          | 3    | QL 4 ML (4 DOSES) / 28 DAYS<br>PA<br>S |

| PRODUCT DESCRIPTION            | TIER | LIMITS & RESTRICTIONS                                                        |
|--------------------------------|------|------------------------------------------------------------------------------|
| ENBREL MINI                    | 3    | <div>QL</div> <div>4 ML (4 DOSES) / 28 DAYS</div> <div>PA</div> <div>S</div> |
| ENBREL SURECLICK               | 3    | <div>QL</div> <div>4 ML (4 DOSES) / 28 DAYS</div> <div>PA</div> <div>S</div> |
| HUMIRA                         | 3    | <div>QL</div> <div>2 SYRINGES / 28 DAYS</div> <div>PA</div> <div>S</div>     |
| HUMIRA PEN                     | 3    | <div>QL</div> <div>2 PENS / 28 DAYS</div> <div>PA</div> <div>S</div>         |
| HUMIRA PEN CROHN'S-UC-HS       | 3    | <div>QL</div> <div>2 PENS / 28 DAYS</div> <div>PA</div> <div>S</div>         |
| HUMIRA PEN PSOR-UEVITS-ADOL HS | 3    | <div>QL</div> <div>2 PENS / 28 DAYS</div> <div>PA</div> <div>S</div>         |
| HUMIRA(CF)                     | 3    | <div>QL</div> <div>2 SYRINGES / 28 DAYS</div> <div>PA</div> <div>S</div>     |
| HUMIRA(CF) PEDI CROHN 80MG/0.8 | 3    | <div>QL</div> <div>3 PENS / 28 DAYS</div> <div>PA</div> <div>S</div>         |
| HUMIRA(CF) PEN 40 MG/0.4 ML    | 3    | <div>QL</div> <div>2 PENS / 28 DAYS</div> <div>PA</div> <div>S</div>         |
| HUMIRA(CF) PEN 80 MG/0.8 ML    | 3    | <div>QL</div> <div>3 PENS / 28 DAYS</div> <div>PA</div> <div>S</div>         |

| PRODUCT DESCRIPTION                                                       | TIER | LIMITS & RESTRICTIONS                                                     |
|---------------------------------------------------------------------------|------|---------------------------------------------------------------------------|
| HUMIRA(CF) PEN CROHN'S-UC-HS                                              | 3    | <div>QL</div> <div>3 PENS / 28 DAYS</div> <div>PA</div> <div>S</div>      |
| HUMIRA(CF) PEN PEDIATRIC UC                                               | 3    | <div>QL</div> <div>3 PENS / 28 DAYS</div> <div>PA</div> <div>S</div>      |
| HUMIRA(CF) PEN PSOR-UV-ADOL HS                                            | 3    | <div>QL</div> <div>2 PENS / 28 DAYS</div> <div>PA</div> <div>S</div>      |
| KINERET                                                                   | 3    | <div>QL</div> <div>28 SYRINGES / 28 DAYS</div> <div>PA</div> <div>S</div> |
| <i>leflunomide</i>                                                        | 2    |                                                                           |
| OLUMIANT                                                                  | 3    | <div>QL</div> <div>1 TAB / 1 DAY</div> <div>PA</div> <div>S</div>         |
| ORENCIA (50 MG/0.4 ML SYRINGE, 87.5 MG/0.7 ML SYRINGE, 125 MG/ML SYRINGE) | 3    | <div>QL</div> <div>4 SYRINGES / 28 DAYS</div> <div>PA</div> <div>S</div>  |
| ORENCIA CLICKJECT                                                         | 3    | <div>QL</div> <div>4 ML / 28 DAYS</div> <div>PA</div> <div>S</div>        |
| OTEZLA 28 DAY STARTER PACK                                                | 3    | <div>QL</div> <div>55 TABS / 28 DAYS</div> <div>PA</div> <div>S</div>     |
| OTEZLA 30 MG TABLET                                                       | 3    | <div>QL</div> <div>2 TABS / 1 DAY</div> <div>PA</div> <div>S</div>        |
| OTEZLA STARTER PACK                                                       | 3    | <div>QL</div> <div>2 PACKS / 28 DAYS</div> <div>PA</div> <div>S</div>     |

| PRODUCT DESCRIPTION                               | TIER | LIMITS & RESTRICTIONS                                  |
|---------------------------------------------------|------|--------------------------------------------------------|
| RINVOQ                                            | 3    | <div>QL</div> <div>PA</div> <div>S</div> 1 TAB / 1 DAY |
| IMMUNOMODULATORY AGENTS                           |      |                                                        |
| AUBAGIO                                           | 3    | <div>QL</div> <div>S</div> 1 TAB / 1 DAY               |
| AVONEX (30 MCG VIAL KIT, PREFILLED SYR 30 MCG KT) | 3    | <div>QL</div> <div>S</div> 1 KIT / 28 DAYS             |
| AVONEX 30 MCG/0.5 ML SYRINGE                      | 3    | <div>QL</div> <div>S</div> 4 SYRINGES / 28 DAYS        |
| AVONEX PEN                                        | 3    | <div>QL</div> <div>S</div> 1 KIT / 28 DAYS             |
| BAFIERTAM                                         | 3    | <div>QL</div> <div>S</div> 4 CAPS / 1 DAY              |
| BETASERON 0.3 MG KIT                              | 3    | <div>QL</div> <div>S</div> 15 ML / 28 DAYS             |
| BETASERON 0.3 MG VIAL                             | 3    | <div>QL</div> <div>S</div> 15 ML / 30 DAYS             |
| <i>dimethyl fumarate</i>                          | 2    | <div>QL</div> <div>S</div> 2 CAPS / 1 DAY              |
| ENSPRYNG                                          | 3    | <div>PA</div> <div>S</div>                             |
| GILENYA                                           | 3    | <div>QL</div> <div>S</div> 1 CAP / 1 DAY               |
| <i>glatiramer acetate 20 mg/ml syringe</i>        | 2    | <div>QL</div> <div>S</div> 30 ML / 30 DAYS             |
| <i>glatiramer acetate 40 mg/ml syringe</i>        | 2    | <div>QL</div> <div>S</div> 12 ML / 28 DAYS             |

| PRODUCT DESCRIPTION                                  | TIER | LIMITS & RESTRICTIONS    |
|------------------------------------------------------|------|--------------------------|
| 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  |
| KESIMPTA PEN                                         | 3    | QL 1 PEN / 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 4 TABS / 1 DAY<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   |
| 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 |
| REDITREX                                             | 3    | PA                       |
| THALOMID                                             | 3    | S<br>ONC Oncology        |
| VUMERITY                                             | 3    | QL 4 CAPS / 1 DAY<br>S   |

| PRODUCT DESCRIPTION                                                                              | TIER | LIMITS & RESTRICTIONS        |
|--------------------------------------------------------------------------------------------------|------|------------------------------|
| ZEPOSIA 0.23-0.46 MG START PCK                                                                   | 3    | QL 7 CAPS / 180 DAYS<br>S    |
| ZEPOSIA 0.23-0.46-0.92 MG KIT                                                                    | 3    | QL 37 CAPS / 180 DAYS<br>S   |
| ZEPOSIA 0.92 MG CAPSULE                                                                          | 3    | QL 1 CAP / 1 DAY<br>S        |
| IMMUNOSUPPRESSIVE AGENTS                                                                         |      |                              |
| <i>azathioprine 50 mg tablet</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>mycophenolate sodium</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    |                              |
| 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 |
| EVRYSDI                                                                                          | 3    | PA<br>S                      |

| PRODUCT DESCRIPTION                     | TIER | LIMITS & RESTRICTIONS                                                          |
|-----------------------------------------|------|--------------------------------------------------------------------------------|
| GALAFOLD                                | 3    | <div>QL 14 CAPS / 28 DAYS</div> <div>PA</div> <div>S</div>                     |
| ILARIS                                  | 3    | <div>QL 2 ML / 28 DAYS</div> <div>PA</div> <div>S</div>                        |
| ISTURISA                                | 3    | <div>PA</div> <div>S</div>                                                     |
| <i>levocarnitine (with sugar)</i>       | 2    |                                                                                |
| <i>levocarnitine 100 mg/ml solution</i> | 2    |                                                                                |
| <i>miglustat</i>                        | 2    | <div>PA</div> <div>S</div>                                                     |
| REZUROCK                                | 3    | <div>QL 1 TAB / 1 DAY</div> <div>PA</div> <div>S</div> <div>ONC Oncology</div> |
| RUZURGI                                 | 3    | <div>QL 10 TABS / 1 DAY</div> <div>PA</div> <div>S</div>                       |
| <i>sapropterin dihydrochloride</i>      | 2    | <div>PA</div> <div>S</div>                                                     |
| THIOLA                                  | 3    | <div>PA</div> <div>S</div>                                                     |
| THIOLA EC                               | 3    | <div>PA</div> <div>S</div>                                                     |
| <i>tiopronin</i>                        | 2    | <div>PA</div> <div>S</div>                                                     |
| TYBOST                                  | 3    |                                                                                |
| ZOKINVY                                 | 3    | <div>PA</div> <div>S</div>                                                     |

| PRODUCT DESCRIPTION                                                                                             | TIER | LIMITS & RESTRICTIONS             |
|-----------------------------------------------------------------------------------------------------------------|------|-----------------------------------|
| PROTECTIVE AGENTS                                                                                               |      |                                   |
| ELMIRON                                                                                                         | 3    |                                   |
| NONHORMONAL CONTRACEPTIVES                                                                                      |      |                                   |
| CAYA CONTOURED                                                                                                  | 4    | ACA Affordable Care Act           |
| FC2 FEMALE CONDOM                                                                                               | 4    | ACA Affordable Care Act           |
| FEMCAP                                                                                                          | 4    | ACA Affordable Care Act           |
| <i>nonoxynol 9 (9 12.5 % foam/appl, 9 4 % gel/pf app)</i>                                                       | 1    | ACA Affordable Care Act           |
| TODAY CONTRACEPTIVE SPONGE                                                                                      | 3    | ACA Affordable Care Act           |
| WIDE SEAL DIAPHRAGM                                                                                             | 4    | ACA Affordable Care Act           |
| NONSTEROIDAL ANTI-INFLAMMATORY AGENTS<br>CYCLOOXYGENASE-2 (COX-2) INHIBITORS                                    |      |                                   |
| <i>celecoxib</i>                                                                                                | 2    |                                   |
| OTHER NONSTEROIDAL ANTI-INFLAM. AGENTS                                                                          |      |                                   |
| <i>diclofenac potassium 50 mg tablet</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>                                                                      | 2    | QL 20 TABS / RX                   |
| <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    |                                   |

| PRODUCT DESCRIPTION                                                                                                                                                                                             | TIER | LIMITS & RESTRICTIONS |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-----------------------|
| <i>sulindac</i>                                                                                                                                                                                                 | 2    |                       |
| <i>tolmetin sodium</i>                                                                                                                                                                                          | 2    | PA                    |
| SALICYLATES                                                                                                                                                                                                     |      |                       |
| <i>butalbital/aspirin/caffeine 50-325-40 capsule</i>                                                                                                                                                            | 1    | QL 6 CAPS / 1 DAY     |
| <i>salsalate</i>                                                                                                                                                                                                | 2    |                       |
| OXYTOCICS                                                                                                                                                                                                       |      |                       |
| <i>methylergonovine maleate 0.2 mg tablet</i>                                                                                                                                                                   | 2    |                       |
| PARATHYROID AND ANTIPARATHYROID AGENTS                                                                                                                                                                          |      |                       |
| ANTIPARATHYROID AGENTS                                                                                                                                                                                          |      |                       |
| <i>calcitonin, salmon, synthetic 200/spray spray/pump</i>                                                                                                                                                       | 2    |                       |
| <i>cinacalcet hcl</i>                                                                                                                                                                                           | 2    |                       |
| SENSIPAR                                                                                                                                                                                                        | 3    |                       |
| PARATHYROID AGENTS                                                                                                                                                                                              |      |                       |
| FORTEO                                                                                                                                                                                                          | 3    | PA<br>S               |
| <i>teriparatide</i>                                                                                                                                                                                             | 2    | PA<br>S               |
| TYMLOS                                                                                                                                                                                                          | 3    | PA<br>S               |
| PENICILLIN ANTIBIOTICS                                                                                                                                                                                          |      |                       |
| AMINOPENICILLIN ANTIBIOTICS                                                                                                                                                                                     |      |                       |
| <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    |                       |

| PRODUCT DESCRIPTION                                                                                                                                                                                                                                                                                                                                                                                                                          | TIER | LIMITS & RESTRICTIONS |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-----------------------|
| <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    |                       |
| NATURAL PENICILLIN ANTIBIOTICS                                                                                                                                                                                                                                                                                                                                                                                                               |      |                       |
| <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    |                       |
| 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 ANGIOTENSIN II RECEPTOR ANTAGONISTS                                                                                                                                                                                                                                                                                                                                                                 |      |                       |
| <i>candesartan cilexetil</i>                                                                                                                                                                                                                                                                                                                                                                                                                 | 2    |                       |
| ENTRESTO                                                                                                                                                                                                                                                                                                                                                                                                                                     | 3    | PRV Preventive Drug   |
| <i>irbesartan</i>                                                                                                                                                                                                                                                                                                                                                                                                                            | 1    | PRV Preventive Drug   |
| <i>irbesartan/hydrochlorothiazide</i>                                                                                                                                                                                                                                                                                                                                                                                                        | 2    | PRV Preventive Drug   |
| <i>losartan potassium</i>                                                                                                                                                                                                                                                                                                                                                                                                                    | 1    | PRV Preventive Drug   |
| <i>losartan potassium/hydrochlorothiazide</i>                                                                                                                                                                                                                                                                                                                                                                                                | 1    | PRV Preventive Drug   |
| <i>olmesartan medoxomil</i>                                                                                                                                                                                                                                                                                                                                                                                                                  | 2    |                       |
| <i>olmesartan medoxomil/hydrochlorothiazide</i>                                                                                                                                                                                                                                                                                                                                                                                              | 2    |                       |
| <i>telmisartan</i>                                                                                                                                                                                                                                                                                                                                                                                                                           | 2    |                       |
| <i>telmisartan/hydrochlorothiazide</i>                                                                                                                                                                                                                                                                                                                                                                                                       | 2    |                       |

| PRODUCT DESCRIPTION                                                               | TIER | LIMITS & RESTRICTIONS |
|-----------------------------------------------------------------------------------|------|-----------------------|
| <i>valsartan</i>                                                                  | 2    | PRV Preventive Drug   |
| <i>valsartan/hydrochlorothiazide</i>                                              | 2    | PRV Preventive Drug   |
| ANGIOTENSIN-CONVERTING ENZYME INHIBITORS                                          |      |                       |
| <i>benazepril hcl</i>                                                             | 1    | PRV Preventive Drug   |
| <i>benazepril hcl/hydrochlorothiazide</i>                                         | 2    | PRV Preventive Drug   |
| <i>captopril</i>                                                                  | 2    | PRV Preventive Drug   |
| <i>captopril/hydrochlorothiazide</i>                                              | 2    | PRV Preventive Drug   |
| <i>enalapril maleate (2.5 mg tablet, 5 mg tablet, 10 mg tablet, 20 mg tablet)</i> | 2    | PRV Preventive Drug   |
| <i>enalapril maleate/hydrochlorothiazide</i>                                      | 1    | PRV Preventive Drug   |
| <i>fosinopril sodium</i>                                                          | 1    | PRV Preventive Drug   |
| <i>fosinopril sodium/hydrochlorothiazide</i>                                      | 2    | PRV Preventive Drug   |
| <i>lisinopril</i>                                                                 | 1    | PRV Preventive Drug   |
| <i>lisinopril/hydrochlorothiazide</i>                                             | 1    | PRV Preventive Drug   |
| <i>moexipril hcl</i>                                                              | 2    | PRV Preventive Drug   |
| <i>perindopril erbumine</i>                                                       | 2    | PRV Preventive Drug   |
| <i>quinapril hcl</i>                                                              | 1    | PRV Preventive Drug   |
| <i>quinapril hcl/hydrochlorothiazide</i>                                          | 2    | PRV Preventive Drug   |
| <i>ramipril</i>                                                                   | 1    | PRV Preventive Drug   |
| <i>trandolapril</i>                                                               | 2    | PRV Preventive Drug   |
| MINERALOCORTICOID (ALDOSTERONE) ANTAGNISTS                                        |      |                       |
| <i>eplerenone</i>                                                                 | 2    | PRV Preventive Drug   |
| <i>spironolactone</i>                                                             | 2    | PRV Preventive Drug   |
| <i>spironolactone/hydrochlorothiazide</i>                                         | 2    | PRV Preventive Drug   |

| PRODUCT DESCRIPTION                                    | TIER | LIMITS & RESTRICTIONS                                                                    |
|--------------------------------------------------------|------|------------------------------------------------------------------------------------------|
| RESPIRATORY TRACT AGENTS                               |      |                                                                                          |
| ANTIFIBROTIC AGENTS                                    |      |                                                                                          |
| ESBRIET                                                | 3    | PA<br>S                                                                                  |
| OFEV                                                   | 3    | PA<br>S                                                                                  |
| ANTITUSSIVES                                           |      |                                                                                          |
| <i>benzonatate</i>                                     | 2    |                                                                                          |
| <i>codeine phosphate/guaifenesin 10-100mg/5 liquid</i> | 2    | QL 60 ML / 1 DAY<br>AL1 At least 18 yrs old<br>AQ1 At least 18 yrs old;<br>60 / 1 day(s) |
| <i>codeine 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 (100 mg/ml vial, 200 mg/ml vial)</i> | 2    |                                                                                          |
| PULMOZYME                                              | 3    | QL 150 ML / 30 DAYS<br>PA<br>S                                                           |
| PHOSPHODIESTERASE TYPE 4 INHIBITORS                    |      |                                                                                          |
| DALIRESP                                               | 3    | PA<br>PRV Preventive Drug                                                                |
| VASODILATING AGENTS (RESPIRATORY TRACT)                |      |                                                                                          |
| ADEMPAS                                                | 3    | PA<br>S                                                                                  |
| <i>ambrisentan</i>                                     | 2    | PA<br>S                                                                                  |
| <i>bosentan</i>                                        | 2    | PA<br>S                                                                                  |

| PRODUCT DESCRIPTION                                                                                                                                                      | TIER | LIMITS & RESTRICTIONS |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-----------------------|
| <i>epoprostenol sodium</i>                                                                                                                                               | 2    | PA<br>S               |
| <i>epoprostenol sodium (glycine) 1.5 mg vial</i>                                                                                                                         | 2    | PA<br>S               |
| FLOLAN 1.5 MG VIAL                                                                                                                                                       | 3    | PA<br>S               |
| OPSUMIT                                                                                                                                                                  | 3    | PA<br>S               |
| TRACLEER 32 MG TABLET FOR SUSP                                                                                                                                           | 3    | PA<br>S               |
| <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 (200 MCG TABLET, 200-800 TITRATION PACK, 400 MCG TABLET, 600 MCG TABLET, 800 MCG TABLET, 1,000 MCG TABLET, 1,200 MCG TABLET, 1,400 MCG TABLET, 1,600 MCG TABLET) | 3    | PA<br>S               |
| VENTAVIS                                                                                                                                                                 | 3    | PA<br>S               |
| SKELETAL MUSCLE RELAXANTS                                                                                                                                                |      |                       |
| CENTRALLY ACTING SKELETAL MUSCLE RELAXANT                                                                                                                                |      |                       |
| <i>chlorzoxazone 500 mg tablet</i>                                                                                                                                       | 2    |                       |
| <i>cyclobenzaprine hcl (5 mg tablet, 10 mg tablet)</i>                                                                                                                   | 2    |                       |
| <i>methocarbamol (500 mg tablet, 750 mg tablet)</i>                                                                                                                      | 2    |                       |
| <i>tizanidine hcl (2 mg tablet, 4 mg tablet)</i>                                                                                                                         | 2    |                       |

| PRODUCT DESCRIPTION                                                                                                                       | TIER | LIMITS & RESTRICTIONS |
|-------------------------------------------------------------------------------------------------------------------------------------------|------|-----------------------|
| <b>DIRECT-ACTING SKELETAL MUSCLE RELAXANTS</b>                                                                                            |      |                       |
| <i>dantrolene sodium (25 mg capsule, 50 mg capsule, 100 mg capsule)</i>                                                                   | 2    |                       |
| <b>GABA-DERIVATIVE SKELETAL MUSCLE RELAXANT</b>                                                                                           |      |                       |
| <i>baclofen (5 mg tablet, 10 mg tablet, 20 mg tablet)</i>                                                                                 | 2    |                       |
| <b>SKIN AND MUCOUS MEMBRANE AGENTS<br/>ANTIPRURITICS AND LOCAL ANESTHETICS</b>                                                            |      |                       |
| <i>lidocaine/prilocaine 2.5 %-2.5% cream (g)</i>                                                                                          | 2    | QL 60 GM / 1 FILL     |
| <i>phenazopyridine hcl (100 mg tablet, 200 mg tablet)</i>                                                                                 | 1    |                       |
| <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    | PA                    |
| <i>adapalene 0.1 % gel (gram)</i>                                                                                                         | 2    |                       |
| AMNESTEEM                                                                                                                                 | 2    |                       |
| <i>azelaic acid</i>                                                                                                                       | 2    |                       |
| <i>calcipotriene (0.005 % cream (g), 0.005 % oint. (g), 0.005 % solution)</i>                                                             | 2    | QL 120 GM / 30 DAYS   |
| CLARAVIS                                                                                                                                  | 2    |                       |
| COSENTYX (2 SYRINGES)                                                                                                                     | 3    | PA<br>S               |

| PRODUCT DESCRIPTION                                                              | TIER | LIMITS & RESTRICTIONS          |
|----------------------------------------------------------------------------------|------|--------------------------------|
| COSENTYX PEN                                                                     | 3    | PA<br>S                        |
| COSENTYX PEN (2 PENS)                                                            | 3    | PA<br>S                        |
| COSENTYX SYRINGE                                                                 | 3    | PA<br>S                        |
| DIFFERIN 0.1% GEL                                                                | 3    |                                |
| DUPIXENT 300 MG/2 ML PEN                                                         | 3    | QL 2 PENS / 28 DAYS<br>PA<br>S |
| DUPIXENT 300 MG/2 ML SYRINGE                                                     | 3    | QL 4 ML / 28 DAYS<br>PA<br>S   |
| <i>imiquimod 5 % cream pack</i>                                                  | 2    |                                |
| <i>isotretinoin (10 mg capsule, 20 mg capsule, 30 mg capsule, 40 mg capsule)</i> | 2    |                                |
| MYORISAN                                                                         | 2    |                                |
| <i>pimecrolimus</i>                                                              | 2    |                                |
| <i>podofilox</i>                                                                 | 2    |                                |
| SKYRIZI                                                                          | 3    | PA<br>S                        |
| SKYRIZI (2 SYRINGES) KIT                                                         | 3    | PA<br>S                        |
| SKYRIZI PEN                                                                      | 3    | PA<br>S                        |
| <i>tacrolimus (0.03 % oint. (g), 0.1 % oint. (g))</i>                            | 2    |                                |
| <i>tazarotene 0.1 % cream (g)</i>                                                | 2    | QL 30 GM / 30 DAYS             |
| ZENATANE                                                                         | 2    |                                |

| PRODUCT DESCRIPTION                                                                                                                              | TIER | LIMITS & RESTRICTIONS     |
|--------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------|
| 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    | PRV Preventive Drug       |
| SOMATOSTATIN AGONISTS AND ANTAGONISTS                                                                                                            |      |                           |
| SOMATOSTATIN AGONISTS                                                                                                                            |      |                           |
| BYNFEZIA                                                                                                                                         | 3    | PA<br>S                   |
| <i>octreotide acetate (100 mcg/ml ampul, 100 mcg/ml vial)</i>                                                                                    | 2    | QL 5 ML / 1 DAY<br>S      |
| <i>octreotide acetate (50 mcg/ml ampul, 50 mcg/ml vial)</i>                                                                                      | 2    | QL 3 ML / 1 DAY<br>S      |
| <i>octreotide acetate (50 mcg/ml syringe, 100 mcg/ml syringe, 500 mcg/ml syringe)</i>                                                            | 2    | S                         |
| <i>octreotide acetate (500 mcg/ml ampul, 500 mcg/ml vial)</i>                                                                                    | 2    | QL 7 ML / DAY<br>S        |
| <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                   |

| PRODUCT DESCRIPTION                                                                                                                                                                                                      | TIER | LIMITS & RESTRICTIONS |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-----------------------|
| SYMPATHOMIMETIC (ADRENERGIC) AGENTS                                                                                                                                                                                      |      |                       |
| ALPHA- AND BETA-ADRENERGIC AGONISTS                                                                                                                                                                                      |      |                       |
| <i>epinephrine 0.15 mg auto-inject (teva)</i>                                                                                                                                                                            | 2    |                       |
| <i>epinephrine 0.15 mg auto-inject (generic for epi-pen jr / mylan)</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 / mylan)</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    |                       |
| THYROID AGENTS                                                                                                                                                                                                           |      |                       |
| <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    |                       |
| URINE AND FECES CONTENTS                                                                                                                                                                                                 |      |                       |
| KETONES                                                                                                                                                                                                                  |      |                       |
| KETONE TEST STRIP                                                                                                                                                                                                        | 4    | DS Diabetic Supplies  |
| KETOSTIX REAGENT                                                                                                                                                                                                         | 4    | DS Diabetic Supplies  |

| PRODUCT DESCRIPTION                                                                                                                                          | TIER | LIMITS & RESTRICTIONS                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-------------------------------------------------|
| TRUEPLUS KETONE TEST STRIP                                                                                                                                   | 4    | DS Diabetic Supplies                            |
| SUGAR                                                                                                                                                        |      |                                                 |
| DIASTIX REAGENT                                                                                                                                              | 4    | DS Diabetic Supplies                            |
| VASODILATING AGENTS<br>NITRATES AND NITRITES                                                                                                                 |      |                                                 |
| <i>isosorbide dinitrate (5 mg tablet, 10 mg tablet, 20 mg tablet, 30 mg tablet)</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    | QL 1 TAB / 1 DAY<br>SD Sexual Dysfunction       |
| <i>tadalafil (2.5 mg tablet, 5 mg tablet)</i>                                                                                                                | 2    | QL 1 TAB / 1 DAY<br>PA<br>SD Sexual Dysfunction |
| <i>tadalafil 20 mg tablet (generic for adcirca)</i>                                                                                                          | 2    | QL 2 TABS / 1 DAY<br>PA                         |
| VASODILATING AGENTS, MISCELLANEOUS                                                                                                                           |      |                                                 |
| <i>aspirin/dipyridamole</i>                                                                                                                                  | 2    | PRV Preventive Drug                             |
| <i>dipyridamole</i>                                                                                                                                          | 2    | PRV Preventive Drug                             |
| VERQUVO                                                                                                                                                      | 3    | PA                                              |
| VITAMINS<br>MULTIVITAMIN PREPARATIONS                                                                                                                        |      |                                                 |
| <i>multivitamin combination no.51/ferrous fumarate/folic acid</i>                                                                                            | 2    | PA                                              |
| O-CAL PRENATAL                                                                                                                                               | 1    | PRV Preventive Drug                             |
| PRENATA                                                                                                                                                      | 3    |                                                 |

| PRODUCT DESCRIPTION                                                      | TIER | LIMITS & RESTRICTIONS |
|--------------------------------------------------------------------------|------|-----------------------|
| PRENATABS FA                                                             | 1    | PRV Preventive Drug   |
| PRENATABS RX                                                             | 2    | PRV Preventive Drug   |
| <i>prenatal vit/iron fum/folic ac 65 mg-1 mg tablet</i>                  | 1    | PRV Preventive Drug   |
| <i>prenatal vitamin 27 with calcium/ferrous fumarate/folic acid</i>      | 1    | PRV Preventive Drug   |
| <i>prenatal vitamin with calcium no.76/iron,carbonyl/folic acid</i>      | 2    | PRV Preventive Drug   |
| <i>prenatal vitamins no.14/ferrous fumarate/folic acid</i>               | 2    | PRV Preventive Drug   |
| <i>prenatal vits with calcium 118/ferrous fumarate/folic acid</i>        | 1    |                       |
| <i>prenatal vits with calcium 136/ferrous fumarate/folic acid</i>        | 1    | PRV Preventive Drug   |
| <i>prenatal vits with calcium no.72/ferrous fumarate/folic acid</i>      | 1    | PRV Preventive Drug   |
| <i>prenatal vits with calcium no.72/iron,carbonyl/folic acid</i>         | 1    | PRV Preventive Drug   |
| PRENATE ELITE                                                            | 3    | PA                    |
| PUREFE OB PLUS                                                           | 1    |                       |
| TRINATE                                                                  | 2    | PRV Preventive Drug   |
| VINATE CARE                                                              | 1    | PRV Preventive Drug   |
| VITAMIN B COMPLEX                                                        |      |                       |
| <i>cyanocobalamin (vitamin b-12) 1000mcg/ml vial</i>                     | 1    |                       |
| <i>folic acid 1 mg tablet</i>                                            | 1    |                       |
| VITAMIN D                                                                |      |                       |
| <i>calcitriol (0.25 mcg capsule, 0.5 mcg capsule, 1 mcg/ml solution)</i> | 2    |                       |
| <i>ergocalciferol (vitamin d2) 1250 mcg capsule</i>                      | 1    |                       |
| VITAMIN K ACTIVITY                                                       |      |                       |
| <i>phytonadione (vit k1) 5 mg tablet</i>                                 | 2    | QL 3 TABS / 1 FILL    |

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| hydromorphone hcl                    | 4     |
| hydroxychloroquine sulfate           | 51    |
| hydroxyprogesterone caproate/pf      | 93    |
| hydroxyurea                          | 40    |
| hydroxyzine hcl                      | 64    |
| hydroxyzine pamoate                  | 64    |
| hyoscyamine sulfate                  | 17    |

## I

|                    |       |
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| ibandronate sodium | 97    |
| IBRANCE            | 40    |
| ibuprofen          | 105   |
| ICLEVIA            | 89    |
| ICLUSIG            | 40,41 |
| icosapent ethyl    | 32    |
| IDELVION           | 30    |
| IDHIFA             | 41    |
| ILARIS             | 104   |
| imatinib mesylate  | 41    |
| IMBRUVICA          | 41    |
| imipramine hcl     | 23    |
| imiquimod          | 112   |
| INBRIJA            | 51    |
| INCASSIA           | 89    |
| INCRUSE ELLIPTA    | 17    |

|                                                      |       |                                |        |
|------------------------------------------------------|-------|--------------------------------|--------|
| indapamide                                           | 78    | JAKAFI                         | 42     |
| indomethacin                                         | 105   | JANSSEN COVID-19 VACCINE (EUA) | 60     |
| INFANRIX DTAP                                        | 58    | JARDIANCE                      | 25     |
| INGREZZA                                             | 71    | JASMIEL                        | 89     |
| INGREZZA INITIATION PACK                             | 71    | JENCYCLA                       | 89     |
| INLYTA                                               | 41    | JENTADUETO                     | 24     |
| INPEN (FOR HUMALOG)                                  | 75    | JENTADUETO XR                  | 24     |
| INPEN (FOR NOVOLOG OR FIASP)                         | 75    | JINTELI                        | 80     |
| INQOVI                                               | 42    | JIVI                           | 30     |
| INREBIC                                              | 42    | JOLESSA                        | 89     |
| insulin lispro                                       | 95    | JULEBER                        | 89     |
| insulin lispro protamine and insulin lispro          | 95    | JULUCA                         | 55     |
| insulin nph human isophane/insulin regular,<br>human | 94    | JUNEL                          | 89     |
| INTELENCE                                            | 55    | JUNEL FE                       | 89     |
| INTRON A                                             | 63    | JUXTAPID                       | 32     |
| INTROVALE                                            | 89    | K                              |        |
| INVIRASE                                             | 56    | KALBITOR                       | 98     |
| INVOKAMET                                            | 25    | KALETRA                        | 56     |
| INVOKAMET XR                                         | 25    | KALLIGA                        | 89     |
| INVOKANA                                             | 25    | KALYDECO                       | 73     |
| IPOL                                                 | 60    | KARIVA                         | 89     |
| ipratropium bromide                                  | 17,81 | KELNOR 1-35                    | 89     |
| ipratropium bromide/albuterol sulfate                | 17    | KELNOR 1-50                    | 89     |
| irbesartan                                           | 107   | KESIMPTA PEN                   | 102    |
| irbesartan/hydrochlorothiazide                       | 107   | ketoconazole                   | 27     |
| IRESSA                                               | 42    | KETONE TEST STRIP              | 114    |
| ISENTRESS                                            | 55    | ketorolac tromethamine         | 12,105 |
| ISENTRESS HD                                         | 55    | KETOSTIX REAGENT               | 114    |
| ISIBLOOM                                             | 89    | KINERET                        | 100    |
| isoniazid                                            | 35    | KINRIX                         | 60     |
| isosorbide dinitrate                                 | 115   | KISQALI                        | 42     |
| isosorbide mononitrate                               | 115   | KISQALI FEMARA CO-PACK         | 42,43  |
| isotretinoin                                         | 112   | KLOR-CON M10                   | 79     |
| ISTURISA                                             | 104   | KLOR-CON M15                   | 79     |
| itraconazole                                         | 27    | KLOR-CON M20                   | 79     |
| ivermectin                                           | 9     | KLOXXADO                       | 71     |
| IXINITY                                              | 30    | KOATE                          | 30     |
| J                                                    |       | KOGENATE FS                    | 30     |
| JAIMIESS                                             | 89    | KOSELUGO                       | 43     |
|                                                      |       | KOVALTRY                       | 30     |

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| KURVELO                                                | 89     | LEXIVA                                 | 56  |
| L                                                      |        | lidocaine hcl                          | 81  |
| L-GLUTAMINE                                            | 83     | lidocaine/prilocaine                   | 111 |
| labetalol hcl                                          | 69     | LILLOW                                 | 90  |
| lactulose                                              | 78     | linezolid                              | 16  |
| lamivudine                                             | 56     | LINZESS                                | 83  |
| lamivudine/zidovudine                                  | 56     | liothyronine sodium                    | 114 |
| lamotrigine                                            | 20     | lisinopril                             | 108 |
| LAMPIT                                                 | 52     | lisinopril/hydrochlorothiazide         | 108 |
| lansoprazole                                           | 62     | LITETOUCH                              | 75  |
| LANTUS                                                 | 94     | lithium carbonate                      | 70  |
| LANTUS SOLOSTAR                                        | 95     | lithium citrate                        | 70  |
| lapatinib ditosylate                                   | 43     | LO-ZUMANDIMINE                         | 90  |
| LARIN                                                  | 89     | LOJAIMIESS                             | 90  |
| LARIN FE                                               | 89     | LOMAIRA                                | 7   |
| LARISSIA                                               | 90     | LONSURF                                | 43  |
| latanoprost                                            | 28     | lopinavir/ritonavir                    | 56  |
| LATUDA                                                 | 53     | LOPREEZA                               | 80  |
| ledipasvir/sofosbuvir                                  | 84     | lorazepam                              | 65  |
| LEENA                                                  | 90     | LORAZEPAM INTENSOL                     | 65  |
| leflunomide                                            | 100    | LORBRENA                               | 44  |
| LESSINA                                                | 90     | LORCET                                 | 4   |
| letrozole                                              | 43     | LORCET HD                              | 4   |
| leucovorin calcium                                     | 96     | LORCET PLUS                            | 4   |
| LEUKERAN                                               | 43     | LORYNA                                 | 90  |
| levalbuterol tartrate                                  | 66     | losartan potassium                     | 107 |
| LEVEMIR                                                | 95     | losartan potassium/hydrochlorothiazide | 107 |
| LEVEMIR FLEXTOUCH                                      | 95     | loteprednol etabonate                  | 12  |
| levetiracetam                                          | 20     | lovastatin                             | 33  |
| levobunolol hcl                                        | 28     | LOW-OGESTREL                           | 90  |
| levocarnitine                                          | 78,104 | loxapine succinate                     | 52  |
| levocarnitine (with sugar)                             | 104    | lubiprostone                           | 82  |
| levofloxacin                                           | 15     | LUMAKRAS                               | 44  |
| LEVONEST                                               | 90     | LUMIGAN                                | 28  |
| levonorgestrel                                         | 90     | LUTERA                                 | 90  |
| levonorgestrel/ethinyl estradiol                       | 90     | LYBALVI                                | 53  |
| levonorgestrel/ethinyl estradiol and ethinyl estradiol | 90     | LYNPARZA                               | 44  |
| LEVORA-28                                              | 90     | LYSODREN                               | 44  |
| levothyroxine sodium                                   | 114    | LYZA                                   | 90  |

## M

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| M-M-R II VACCINE                                       | 60  | methylidopa                             | 94    |
| MAKENA                                                 | 93  | methylergonovine maleate                | 106   |
| malathion                                              | 12  | methylphenidate hcl                     | 8     |
| MARLISSA                                               | 90  | methylprednisolone                      | 86    |
| MATULANE                                               | 44  | methyltestosterone                      | 86    |
| MATZIM LA                                              | 67  | metoclopramide hcl                      | 83    |
| MAVENCLAD                                              | 103 | metolazone                              | 78    |
| MAVYRET                                                | 85  | metoprolol succinate                    | 69    |
| MAYZENT                                                | 102 | metoprolol tartrate                     | 69    |
| MEDROL                                                 | 86  | metoprolol tartrate/hydrochlorothiazide | 69    |
| medroxyprogesterone acetate                            | 94  | metronidazole                           | 11,52 |
| mefloquine hcl                                         | 52  | mexiletine hcl                          | 15    |
| megestrol acetate                                      | 94  | MICROCHAMBER                            | 75    |
| MEKINIST                                               | 44  | MICROGESTIN                             | 90    |
| MEKTOVI                                                | 44  | MICROGESTIN FE                          | 90    |
| meloxicam                                              | 105 | MICROSPACER                             | 75    |
| melphalan                                              | 45  | midodrine hcl                           | 114   |
| memantine hcl                                          | 70  | miglitol                                | 23    |
| MENACTRA                                               | 60  | miglustat                               | 104   |
| MENQUADFI                                              | 60  | MILI                                    | 90    |
| MENVEO A-C-Y-W-135-DIP                                 | 60  | MILLIPRED                               | 86    |
| MENVEO MENA COMPONENT                                  | 60  | MIMVEY LO                               | 80    |
| MENVEO MENCYW-135 COMPONENT                            | 60  | minocycline hcl                         | 16    |
| mercaptopurine                                         | 45  | minoxidil                               | 94    |
| mesalamine                                             | 82  | mirtazapine                             | 22    |
| METADATE ER                                            | 8   | misoprostol                             | 62    |
| metformin hcl                                          | 23  | modafinil                               | 9     |
| metformin hcl 1,000 mg tablet (generic for glucophage) | 23  | MODERNA COVID-19 VACCINE (EUA)          | 60    |
| metformin hcl 500 mg tablet (generic for glucophage)   | 23  | moexipril hcl                           | 108   |
| methadone hcl                                          | 5   | mometasone furoate                      | 14    |
| METHADONE INTENSOL                                     | 5   | MONDOXYNE NL                            | 16    |
| METHADOSE                                              | 5   | MONO-LINYAH                             | 90    |
| methazolamide                                          | 28  | MONONINE                                | 30    |
| methimazole                                            | 114 | montelukast sodium                      | 13    |
| methocarbamol                                          | 110 | morphine sulfate                        | 5     |
| methotrexate sodium                                    | 45  | MORPHINE SULFATE IR 15 MG TAB (BRAND)   | 5     |
| methotrexate sodium/pf                                 | 45  | MORPHINE SULFATE IR 30 MG TAB (BRAND)   | 5     |
|                                                        |     | MOUTHPIECE                              | 76    |
|                                                        |     | MOVANTIK                                | 83    |
|                                                        |     | moxifloxacin hcl                        | 10,15 |
|                                                        |     | MULTAQ                                  | 15    |

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| multivitamin combination no.51/ferrous fumarate/folic acid | 115 |
| mupirocin                                                  | 11  |
| mupirocin calcium                                          | 11  |
| MY WAY                                                     | 90  |
| mycophenolate mofetil                                      | 103 |
| mycophenolate sodium                                       | 103 |
| MYFEMBREE                                                  | 84  |
| MYLERAN                                                    | 45  |
| MYORISAN                                                   | 112 |
| MYRBETRIQ                                                  | 66  |

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| nabumetone                                          | 105 |
| nadolol                                             | 69  |
| naloxone hcl                                        | 71  |
| naltrexone hcl                                      | 71  |
| naproxen                                            | 105 |
| naratriptan hcl                                     | 34  |
| NARCAN                                              | 71  |
| nateglinide                                         | 25  |
| NAYZILAM                                            | 21  |
| NECON                                               | 91  |
| nefazodone hcl                                      | 23  |
| neomycin sulfate                                    | 15  |
| neomycin sulfate/bacitracin/polymyxin b             | 10  |
| neomycin sulfate/polymyxin b sulfate/gramicidin d   | 10  |
| neomycin sulfate/polymyxin b sulfate/hydrocortisone | 10  |
| neomycin/polymyxin b sulfate/dexamethasone          | 10  |
| NERLYNX                                             | 45  |
| NEUPRO                                              | 78  |
| nevirapine                                          | 55  |
| NEXAVAR                                             | 45  |
| nicotine                                            | 65  |
| nicotine polacrilex                                 | 65  |
| NICOTROL                                            | 65  |
| NICOTROL NS                                         | 65  |
| nifedipine                                          | 68  |
| NIKKI                                               | 91  |

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| nimodipine                                               | 68    |
| NINLARO                                                  | 45    |
| nitazoxanide                                             | 52    |
| NITRO-BID                                                | 115   |
| nitrofurantoin                                           | 9     |
| nitrofurantoin macrocrystal                              | 9     |
| nitrofurantoin monohydrate/macrocrystals                 | 9     |
| nitroglycerin                                            | 115   |
| nonoxynol 9                                              | 105   |
| NORA-BE                                                  | 91    |
| NORDITROPIN FLEXP                                        | 93    |
| norethindrone                                            | 91    |
| norethindrone acetate                                    | 94    |
| norethindrone acetate-ethinyl estradiol                  | 80,91 |
| norethindrone acetate-ethinyl estradiol/ferrous fumarate | 91    |
| norgestimate-ethinyl estradiol                           | 91    |
| NORLYDA                                                  | 91    |
| NORPACE CR                                               | 14    |
| NORTREL                                                  | 91    |
| nortriptyline hcl                                        | 23    |
| NORVIR                                                   | 57    |
| NOURIANZ                                                 | 70    |
| NOVAVAX COVID19 VAC,ADJ(UNAPP)                           | 60    |
| NOVOEIGHT                                                | 30    |
| NOVOPEN ECHO                                             | 76    |
| NOVOSEVEN RT                                             | 30    |
| NUBEQA                                                   | 45    |
| NUCALA                                                   | 13    |
| NUPLAZID                                                 | 53    |
| NURTEC ODT                                               | 34    |
| NUWIQ                                                    | 30    |
| NUZYRA                                                   | 114   |
| NYMYO                                                    | 91    |
| nystatin                                                 | 27,28 |
| NYVEPRIA                                                 | 67    |

## O

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| O-CAL PRENATAL | 115 |
| OBIZUR         | 30  |
| OCELLA         | 91  |

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| octreotide acetate                       | 113 | oxycodone hcl/acetaminophen      | 6   |
| ODACTRA                                  | 57  | oxycodone hcl/aspirin            | 6   |
| ODEFSEY                                  | 56  | OXYCONTIN                        | 6   |
| ODOMZO                                   | 45  | OZEMPIC                          | 24  |
| OFEV                                     | 109 |                                  |     |
| ofloxacin                                | 10  | P                                |     |
| OGESTREL                                 | 91  | PACERONE                         | 15  |
| olanzapine                               | 53  | PALFORZIA                        | 57  |
| olmesartan medoxomil                     | 107 | paliperidone                     | 53  |
| olmesartan medoxomil/hydrochlorothiazide | 107 | PANDA MASK                       | 76  |
| olopatadine hcl                          | 80  | pantoprazole sodium              | 62  |
| OLUMIANT                                 | 100 | paregoric                        | 82  |
| omega-3 acid ethyl esters                | 32  | PAROEX                           | 10  |
| omeprazole                               | 62  | paroxetine hcl                   | 23  |
| OMNIPOD                                  | 76  | PEDIARIX                         | 60  |
| OMNIPOD DASH 5 PACK POD                  | 76  | PEDIATRIC MASK                   | 76  |
| OMNIPOD DASH PDM KIT                     | 76  | PEDIATRIC PANDA MASK             | 76  |
| ondansetron                              | 26  | PEDVAXHIB                        | 60  |
| ondansetron hcl                          | 26  | peg 3350/sod sulf/sod bicarb/sod |     |
| ONE WAY MOUTHPIECE                       | 76  | chloride/potassium chloride      | 82  |
| ONETOUCH DELICA                          | 76  | PEGASYS                          | 63  |
| ONUREG                                   | 45  | PEGASYS PROCLICK                 | 63  |
| OPSUMIT                                  | 110 | PEGINTRON                        | 63  |
| OPTICHAMBER                              | 76  | PEMAZYRE                         | 46  |
| OPTICHAMBER DIAMOND                      | 76  | penicillamine                    | 85  |
| ORENCIA                                  | 100 | penicillin v potassium           | 107 |
| ORENCIA CLICKJECT                        | 100 | PENTACEL                         | 60  |
| ORGOVYX                                  | 84  | PENTACEL ACTHIB COMPONENT        | 60  |
| ORIAHNN                                  | 84  | PENTACEL DTAP-IPV COMPONENT      | 61  |
| ORILISSA                                 | 84  | pentoxifylline                   | 67  |
| ORKAMBI                                  | 73  | perindopril erbumine             | 108 |
| ORLADEYO                                 | 98  | PERIOGARD                        | 10  |
| ORSYTHIA                                 | 91  | permethrin                       | 12  |
| oseltamivir phosphate                    | 63  | perphenazine                     | 54  |
| OTEZLA                                   | 100 | PFIZER COVID(12Y UP) VAC(UNAP)   | 61  |
| oxandrolone                              | 86  | PFIZER COVID(5-11Y) VAC(UNAPP)   | 61  |
| OXBRYTA                                  | 66  | PFIZER COVID-19 VACCINE (EUA)    | 61  |
| oxcarbazepine                            | 20  | PHENADOZ                         | 81  |
| OXERVATE                                 | 81  | phenazopyridine hcl              | 111 |
| oxybutynin chloride                      | 83  | phenelzine sulfate               | 22  |
| oxycodone hcl                            | 5,6 | phenobarbital                    | 64  |

|                                                     |       |                                                                 |     |
|-----------------------------------------------------|-------|-----------------------------------------------------------------|-----|
| phenoxybenzamine hcl                                | 3     | pregabalin                                                      | 20  |
| phentermine hcl                                     | 7     | PREMARIN                                                        | 80  |
| phenylephrine hcl                                   | 81    | PREMPRO                                                         | 80  |
| phenylephrine hcl/promethazine hcl                  | 81    | PRENATA                                                         | 115 |
| phenytoin                                           | 21    | PRENATABS FA                                                    | 116 |
| phenytoin sodium extended                           | 21    | PRENATABS RX                                                    | 116 |
| PHILITH                                             | 91    | prenatal vitamin 27 with calcium/ferrous<br>fumarate/folic acid | 116 |
| PHOSLYRA                                            | 96    | prenatal vitamin with calcium<br>no.76/iron,carbonyl/folic acid | 116 |
| phytonadione (vit k1)                               | 116   | prenatal vitamins no.14/ferrous fumarate/folic<br>acid          | 116 |
| PICATO                                              | 46    | prenatal vitamins with calcium/ferrous<br>fumarate/folic acid   | 116 |
| pilocarpine hcl                                     | 28,66 | prenatal vits with calcium 118/ferrous<br>fumarate/folic acid   | 116 |
| pimecrolimus                                        | 112   | prenatal vits with calcium 136/ferrous<br>fumarate/folic acid   | 116 |
| PIMTREA                                             | 91    | prenatal vits with calcium no.72/ferrous<br>fumarate/folic acid | 116 |
| pioglitazone hcl                                    | 26    | prenatal vits with calcium                                      |     |
| pioglitazone hcl/glimepiride                        | 26    | no.72/iron,carbonyl/folic acid                                  | 116 |
| pioglitazone hcl/metformin hcl                      | 26    | PRENATE ELITE                                                   | 116 |
| PIRMELLA                                            | 91    | pretomanid                                                      | 35  |
| piroxicam                                           | 105   | PREVALITE                                                       | 32  |
| PLEGRIDY                                            | 102   | PREVIFEM                                                        | 91  |
| PLEGRIDY PEN                                        | 102   | PREVNAR 13                                                      | 61  |
| PNEUMOVAX 23                                        | 61    | PREVNAR 20                                                      | 61  |
| POCKET CHAMBER                                      | 76    | PREVYMIS                                                        | 62  |
| podofilox                                           | 112   | PREZCOBIX                                                       | 57  |
| polymyxin b sulfate/trimethoprim                    | 10    | PREZISTA                                                        | 57  |
| POMALYST                                            | 46    | PRIFTIN                                                         | 35  |
| PORTIA                                              | 91    | primidone                                                       | 21  |
| posaconazole                                        | 27    | probenecid                                                      | 79  |
| potassium chloride                                  | 79    | probenecid/colchicine                                           | 79  |
| potassium citrate                                   | 78    | PROCHAMBER                                                      | 76  |
| PRADAXA                                             | 18    | prochlorperazine                                                | 26  |
| pramipexole di-hcl                                  | 78    | prochlorperazine maleate                                        | 26  |
| prasugrel hcl                                       | 57    | PROCTO-MED HC                                                   | 14  |
| pravastatin sodium                                  | 33    | PROCTOSOL-HC                                                    | 14  |
| praziquantel                                        | 9     | PROCTOZONE-HC                                                   | 14  |
| prazosin hcl                                        | 69    |                                                                 |     |
| prednisolone                                        | 86    |                                                                 |     |
| prednisolone ac 1% eye drop (generic pred<br>forte) | 12    |                                                                 |     |
| prednisolone sodium phosphate                       | 12,86 |                                                                 |     |
| prednisone                                          | 86    |                                                                 |     |
| PREDNISONE INTENSOL                                 | 86    |                                                                 |     |

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| PROFILNINE                            | 30  |
| progesterone, micronized              | 94  |
| PROMACTA                              | 67  |
| promethazine hcl                      | 81  |
| promethazine hcl/dextromethorphan hbr | 109 |
| PROMETHEGAN                           | 81  |
| propafenone hcl                       | 15  |
| propantheline bromide                 | 17  |
| propranolol hcl                       | 69  |
| propranolol hcl/hydrochlorothiazide   | 70  |
| propylthiouracil                      | 114 |
| PROQUAD                               | 61  |
| PULMICORT FLEXHALER                   | 72  |
| PULMOZYME                             | 109 |
| PUREFE OB PLUS                        | 116 |
| pyrazinamide                          | 35  |
| pyridostigmine bromide                | 66  |

## Q

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| QINLOCK                           | 46  |
| QUADRACEL DTAP-IPV                | 61  |
| quetiapine fumarate               | 53  |
| QUILLICHEW ER                     | 8   |
| QUILLIVANT XR                     | 9   |
| quinapril hcl                     | 108 |
| quinapril hcl/hydrochlorothiazide | 108 |
| quinidine sulfate                 | 15  |
| QVAR REDIMALER                    | 72  |

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| rabeprazole sodium  | 62  |
| RAGWITEK            | 57  |
| raloxifene hcl      | 79  |
| ramelteon           | 64  |
| ramipril            | 108 |
| rasagiline mesylate | 51  |
| RASUVO              | 46  |
| REBIF               | 102 |
| REBIF REBIDOSE      | 102 |
| REBINYN             | 31  |
| RECLIPSEN           | 91  |

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| RECOMBINATE                    | 31  |
| RECOMBIVAX HB                  | 61  |
| REDITREX                       | 102 |
| RELENZA                        | 63  |
| relion novolin 70-30 vial      | 94  |
| relion novolin n 100 unit/ml   | 94  |
| relion novolin n u-100 flexpen | 94  |
| relion novolin r 100 unit/ml   | 95  |
| relion novolin r u-100 flexpen | 96  |
| repaglinide                    | 25  |
| REPATHA PUSHTRONEX             | 33  |
| REPATHA SURECLICK              | 33  |
| REPATHA SYRINGE                | 33  |
| RESTASIS                       | 12  |
| RESTASIS MULTIDOSE             | 12  |
| RETACRIT                       | 67  |
| RETEVMO                        | 46  |
| REVCovi                        | 79  |
| REVLIMID                       | 46  |
| REXULTI                        | 53  |
| REYATAZ                        | 57  |
| REYVOW                         | 34  |
| REZUROCK                       | 104 |
| RHOPRESSA                      | 29  |
| ribavirin                      | 63  |
| RIDAURA                        | 83  |
| rifabutin                      | 35  |
| rifampin                       | 35  |
| riluzole                       | 70  |
| rimantadine hcl                | 62  |
| RINVOQ                         | 101 |
| risperidone                    | 53  |
| ritonavir                      | 57  |
| rivastigmine                   | 66  |
| rivastigmine tartrate          | 66  |
| RIXUBIS                        | 31  |
| rizatriptan benzoate           | 34  |
| ROCKLATAN                      | 29  |
| ropinirole hcl                 | 78  |
| ROSADAN                        | 11  |
| rosuvastatin calcium           | 33  |

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| ROTARIX                                       | 61  | SKYRIZI                                                      | 112   |
| ROTATEQ                                       | 61  | SKYRIZI (2 SYRINGES) KIT                                     | 112   |
| ROZLYTREK                                     | 46  | SKYRIZI PEN                                                  | 112   |
| RUCONEST                                      | 98  | sodium chloride/sodium bicarbonate/potassium<br>chloride/peg | 82    |
| rufinamide                                    | 20  | sodium phenylbutyrate                                        | 78    |
| RUKOBIA                                       | 55  | sodium polystyrene sulfonate                                 | 96    |
| RUZURGI                                       | 104 | sofosbuvir/velpatasvir                                       | 84    |
| RYBELSUS                                      | 24  | SOFT TOUCH                                                   | 76    |
| RYDAPT                                        | 47  | solifenacin succinate                                        | 83    |
| RYTARY                                        | 51  | SOLQUA 100-33                                                | 95    |
| S                                             |     | SOLTAMOX                                                     | 79    |
| salsalate                                     | 106 | SOLU-CORTEF                                                  | 86    |
| SANDOSTATIN LAR DEPOT                         | 113 | SOTALOL AF                                                   | 70    |
| sapropterin dihydrochloride                   | 104 | sotalol hcl                                                  | 70    |
| scopolamine                                   | 26  | SOVALDI                                                      | 84    |
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| selegiline hcl                                | 51  | spironolactone/hydrochlorothiazide                           | 108   |
| selenium sulfide                              | 11  | SPRINTEC                                                     | 92    |
| SELZENTRY                                     | 55  | SPRYCEL                                                      | 47    |
| SENSIPAR                                      | 106 | SRONYX                                                       | 92    |
| SEREVENT DISKUS                               | 66  | SSD                                                          | 11    |
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| SIGNIFOR                                      | 113 | sulfacetamide sodium/prednisolone sodium<br>phosphate        | 10    |
| sildenafil 20 mg tablet (generic for revatio) | 115 | sulfacetamide sodium/sulfur                                  | 111   |
| SILICONE MASK                                 | 76  | sulfacetamide sodium/sulfur/urea                             | 11    |
| silver sulfadiazine                           | 11  | sulfamethoxazole/trimethoprim                                | 15,16 |
| SIMLIYA                                       | 91  | sulfasalazine                                                | 16    |
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| SYNJARDY                                      | 25      | tetrabenazine                                         | 71    |
| SYNJARDY XR                                   | 25      | THALOMID                                              | 102   |
| SYNTHROID                                     | 114     | theophylline anhydrous                                | 113   |
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| TARINA FE 1-20 EQ                             | 92      | tizanidine hcl                                        | 110   |
| TASIGNA                                       | 47      | TOBRADEX                                              | 10    |
| tazarotene                                    | 112     | tobramycin                                            | 10    |
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