



**HSA and Non-HSA Plans  
Deductible/Copay Plans  
Copay/Coinsurance Plans**

**\$3500 HSA Silver  
\$8200 HSA Bronze  
\$9200 Catastrophic  
\$1000 Gold  
\$2650 Plus Silver  
\$2800 Plus Silver  
\$3600 Plus Silver  
\$3850 Plus Silver  
\$6500 Plus Bronze**

2025 Formulary

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(List of covered drugs)



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

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## What's the drug list?

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

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

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

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## How do you use the drug list?

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

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

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

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

- Find the tier status for your medicine.
  - Review your Summary of Plan Benefits or contract for the copay or coinsurance for that Tier Status. Or,
  - Log on to your *myHealthPartners* account to check your pharmacy benefits.
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- **Tier 1** – Formulary Low-Cost Generics
  - **Tier 2** – Formulary High-Cost Generics
  - **Tier 3** - Formulary Preferred Brands
  - **Tier 4** - Formulary Non-Preferred Generics & Brands
  - **Tier 5** - Specialty Generics & Brands
  - **Tier 6** – Oral Chemotherapy
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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 researching for. The abbreviations let you know there might be a special program or rule for the medicine. Use this key to help you navigate the drug list:

- PA - Prior Authorization Required
- ST - Step Therapy Required
- AL1 - Age Limit
- AQ1 – Age Quantity Limit
- SC – Smoking Cessation Benefit
- ONC – Oncology Benefit
- OH – Oncology Health
- TD – Trial Drug Program
- 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 Limit (AL1)?**

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

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

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

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

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

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

The trial drug program is for new prescriptions for certain medicines 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 Oncology Benefit (ONC)?**

These are oncology (cancer) medicines that must be filled at a specialty pharmacy. Log on to your secure account to check your benefits for coverage details.

## LIST OF COVERED PRESCRIPTION MEDICATIONS

| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS                              |
|---|------|--|
| <b>ALPHA-ADRENERGIC BLOCKING AGENT(SYMPATH)<br/>NON-SEL.ALPHA-ADRENERGIC BLOCKING AGENTS</b>  |      |  |
| <i>dihydroergotamine 1 mg/ml amp</i>  | 4    | QL 24 MG (AMPS) / 28 DAYS<br>PA                    |
| <i>ergoloid mesylates</i>   | 2    | PA   |
| ERGOMAR   | 4    | QL 20 TABS / 30 DAYS<br>PA                         |
| <i>ergotamine-caffeine</i>  | 4    | QL 40 TABS / 30 DAYS<br>PA                         |
| <i>phenoxybenzamine hcl</i>   | 4    | PA   |
| <b>SELECTIVE ALPHA-1-ADRENERGIC BLOCK.AGENT</b>   |      |  |
| <i>alfuzosin hcl er</i>   | 2    |  |
| <i>silodosin</i>  | 2    |  |
| <i>tamsulosin hcl</i>   | 1    |  |
| <b>ANALGESICS AND ANTIPYRETICS<br/>NON-OPIOID ANALGESICS</b>                                  |      |  |
| <i>butalbital-acetaminophn 50-325</i>   | 2    | QL 6 TABS / 1 DAY                                  |
| TENCON  | 2    | QL 6 TABS / 1 DAY                                  |
| <b>OPIOID AGONISTS (28:08)</b>  |      |  |
| <i>acetamin-caff-dihydrocodeine</i>   | 4    | QL 8 CAPS / 1 DAY<br>PA<br>AL1 At least 12 yrs old |
| <i>acetamin-codein 300-30 mg/12.5</i>   | 2    | QL 60 ML / 1 DAY<br>AL1 At least 12 yrs old        |
| <i>acetaminophen-codeine (#2 tablet, #3 tablet, #4 tablet)</i>                                | 2    | QL 8 TABS / 1 DAY<br>AL1 At least 12 yrs old       |
| <i>acetaminophen-codeine (acetaminop-codein 240-24 mg/10, acetaminop-codeine 120-12 mg/5)</i> | 1    | QL 60 ML / 1 DAY<br>AL1 At least 12 yrs old        |

| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS   |
|---|------|---|
| <i>asa-butalb-caffeine-codeine</i>  | 2    | <span>QL</span> 6 CAPS / 1 DAY<br><span>AL1</span> At least 12 yrs old                    |
| ASCOMP WITH CODEINE   | 2    | <span>QL</span> 6 CAPS / 1 DAY<br><span>AL1</span> At least 12 yrs old                    |
| <i>benzhydrocodone-acetaminophen</i>  | 4    | <span>PA</span>   |
| <i>butalb-acetamin-caf-cod 50-300</i>   | 4    | <span>QL</span> 6 CAPS / 1 DAY<br><span>PA</span><br><span>AL1</span> At least 12 yrs old |
| <i>butalb-acetamin-caf-cod 50-325</i>   | 2    | <span>QL</span> 6 TABS / 1 DAY<br><span>AL1</span> At least 12 yrs old                    |
| <i>butalbital compound-codeine</i>  | 2    | <span>QL</span> 6 CAPS / 1 DAY<br><span>AL1</span> At least 12 yrs old                    |
| <i>codeine sulfate</i>  | 2    | <span>QL</span> 8 TABS / 1 DAY<br><span>AL1</span> At least 12 yrs old                    |
| ENDOCET 10-325 MG TABLET  | 2    | <span>QL</span> 5 TABS / 1 DAY  |
| ENDOCET 5-325 MG TABLET   | 2    | <span>QL</span> 8 TABS / 1 DAY  |
| ENDOCET 7.5-325 MG TABLET   | 2    | <span>QL</span> 7 TABS / 1 DAY  |
| <i>fentanyl (12 mcg/hr patch, 25 mcg/hr patch, 50 mcg/hr patch, 75 mcg/hr patch, 100 mcg/hr patch)</i>  | 2    | <span>PA</span>   |
| <i>hydrocodone bitartrate er (er 10 mg capsule, er 15 mg capsule, er 20 mg capsule, er 30 mg capsule, er 40 mg capsule, er 50 mg capsule)</i> | 2    | <span>PA</span>   |
| <i>hydrocodone-acetamin 5-325 mg</i>  | 1    | <span>QL</span> 8 TABS / 1 DAY  |
| <i>hydrocodone-acetaminophen (7.5-325, 10-325 mg)</i>   | 2    | <span>QL</span> 8 TABS / 1 DAY  |
| <i>hydrocodone-acetaminophen (hydrocodone-acetamin 2.5-108/5, hydrocodone-acetamin 5-217/10, hydrocodone-acetamn 7.5-325/15)</i>              | 2    | <span>QL</span> 120 ML / 1 DAY  |
| <i>hydrocodone-ibuprofen 7.5-200</i>  | 2    | <span>QL</span> 8 TABS / 1 DAY  |
| <i>hydromorphone 2 mg tablet</i>  | 2    | <span>QL</span> 8 TABS / 1 DAY  |

| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS   |
|---|------|-------------------------|
| <i>hydromorphone 3 mg suppos</i>  | 2    | QL 8 SUPP / 1 DAY       |
| <i>hydromorphone 4 mg tablet</i>  | 2    | QL 4 TABS / 1 DAY       |
| <i>hydromorphone 8 mg tablet</i>  | 2    | QL 2 TABS / 1 DAY       |
| <i>hydromorphone er</i>   | 2    | PA                      |
| <i>hydromorphone hcl (1 mg/ml solution, 5 mg/5 ml soln)</i>   | 2    | QL 17 ML / 1 DAY        |
| <i>levorphanol tartrate</i>   | 2    | PA                      |
| <i>methadone hcl (5 mg/5 ml solution, hcl 5 mg tablet, 10 mg/5 ml solution, 10 mg/ml oral conc, hcl 10 mg tablet, 40 mg tablet dispr)</i> | 2    | PA                      |
| METHADONE INTENSOL  | 2    | PA                      |
| METHADOSE 40 MG TABLET DISPR  | 2    | PA                      |
| <i>morphine sulf 100 mg/5 ml conc</i>   | 2    | QL 4 ML / 1 DAY         |
| <i>morphine sulf 20 mg/5 ml soln</i>  | 2    | QL 20 ML / 1 DAY        |
| <i>morphine sulfate (10 mg/5 ml cup, 10 mg/5 ml soln)</i>   | 2    | QL 30 ML / 1 DAY        |
| <i>morphine sulfate (5 mg suppos, 10 mg suppos, 20 mg suppos, 30 mg suppos)</i>   | 2    | QL 8 SUPP / 1 DAY       |
| <i>morphine sulfate er (er 15 mg tablet, er 30 mg tablet, er 60 mg tablet, er 100 mg tablet, er 200 mg tablet)</i>                        | 2    | PA                      |
| <i>morphine sulfate ir 15 mg tab</i>  | 2    | QL 5 TABS / 1 DAY       |
| MORPHINE SULFATE IR 15 MG TAB (BRAND)   | 3    | QL 5 TABS / 1 DAY       |
| <i>morphine sulfate ir 30 mg tab</i>  | 2    | QL 2 TABS / 1 DAY       |
| MORPHINE SULFATE IR 30 MG TAB (BRAND)   | 3    | QL 2 TABS / 1 DAY       |
| NUCYNTA 100 MG TABLET   | 4    | QL 2 TABS / 1 DAY<br>PA |
| NUCYNTA 50 MG TABLET  | 4    | QL 4 TABS / 1 DAY<br>PA |
| NUCYNTA 75 MG TABLET  | 4    | QL 3 TABS / 1 DAY<br>PA |

| PRODUCT DESCRIPTION  | TIER | LIMITS & RESTRICTIONS                              |
|--|------|--|
| <i>oxycodone hcl (5 mg/5 ml cup, 5 mg/5 ml soln)</i>       | 1    | QL 40 ML / 1 DAY                                   |
| <i>oxycodone hcl (ir) 10 mg tab</i>                        | 2    | QL 5 TABS / 1 DAY                                  |
| <i>oxycodone hcl (ir) 15 mg tab</i>                        | 2    | QL 3 TABS / 1 DAY                                  |
| <i>oxycodone hcl (ir) 20 mg tab</i>                        | 2    | QL 2 TABS / 1 DAY                                  |
| <i>oxycodone hcl (ir) 30 mg tab</i>                        | 2    | PA   |
| <i>oxycodone hcl (ir) 5 mg cap</i>                         | 2    | QL 8 CAPS / 1 DAY                                  |
| <i>oxycodone hcl (ir) 5 mg tablet</i>                      | 2    | QL 8 TABS / 1 DAY                                  |
| <i>oxycodone hcl 100 mg/5 ml conc</i>                      | 2    | QL 2 ML / 1 DAY                                    |
| <i>oxycodone hcl er (er 10 mg tablet, er 20 mg tablet)</i> | 2    | PA   |
| <i>oxycodone hcl er (er 40 mg tablet, er 80 mg tablet)</i> | 1    | PA   |
| <i>oxycodone-acetaminophen 10-325</i>                      | 2    | QL 5 TABS / 1 DAY                                  |
| <i>oxycodone-acetaminophen 5-325</i>                       | 2    | QL 8 TABS / 1 DAY                                  |
| <i>oxycodone-acetaminophn 7.5-325</i>                      | 2    | QL 7 TABS / 1 DAY                                  |
| OXYCONTIN  | 3    | PA   |
| <i>oxymorphone hcl 10 mg tablet</i>                        | 2    | QL 2 TABS / 1 DAY<br>PA                            |
| <i>oxymorphone hcl 5 mg tablet</i>                         | 2    | QL 5 TABS / 1 DAY<br>PA                            |
| <i>oxymorphone hcl er</i>                                  | 2    | PA   |
| <i>tramadol er 100 mg tablet (generic for ryzolt)</i>      | 2    | QL 3 TABS / 1 DAY<br>PA<br>AL1 At least 12 yrs old |
| <i>tramadol er 200 mg tablet (generic for ryzolt)</i>      | 2    | QL 1 TAB / 1 DAY<br>PA<br>AL1 At least 12 yrs old  |
| <i>tramadol er 300 mg tablet (generic for ryzolt)</i>      | 2    | QL 1 TAB / 1 DAY<br>PA<br>AL1 At least 12 yrs old  |

| PRODUCT DESCRIPTION  | TIER | LIMITS & RESTRICTIONS  |
|--|------|--|
| <i>tramadol hcl 50 mg tablet</i>                                   | 1    | <ul style="list-style-type: none"> <li>QL 8 TABS / 1 DAY</li> <li>AL1 At least 12 yrs old</li> </ul>             |
| <i>tramadol hcl er 100 mg capsule (generic for conzip)</i>         | 2    | <ul style="list-style-type: none"> <li>QL 3 CAPS / 1 DAY</li> <li>PA</li> <li>AL1 At least 12 yrs old</li> </ul> |
| <i>tramadol hcl er 100 mg tablet (generic for ultram er)</i>       | 2    | <ul style="list-style-type: none"> <li>QL 3 TABS / 1 DAY</li> <li>PA</li> <li>AL1 At least 12 yrs old</li> </ul> |
| <i>tramadol hcl er 200 mg capsule (generic for conzip)</i>         | 2    | <ul style="list-style-type: none"> <li>QL 1 CAP / 1 DAY</li> <li>PA</li> <li>AL1 At least 12 yrs old</li> </ul>  |
| <i>tramadol hcl er 200 mg tablet (generic for ultram er)</i>       | 2    | <ul style="list-style-type: none"> <li>QL 1 TAB / 1 DAY</li> <li>PA</li> <li>AL1 At least 12 yrs old</li> </ul>  |
| <i>tramadol hcl er 300 mg capsule (generic for conzip)</i>         | 2    | <ul style="list-style-type: none"> <li>QL 1 CAP / 1 DAY</li> <li>PA</li> <li>AL1 At least 12 yrs old</li> </ul>  |
| <i>tramadol hcl er 300 mg tablet (generic for ultram er)</i>       | 2    | <ul style="list-style-type: none"> <li>QL 1 TAB / 1 DAY</li> <li>PA</li> <li>AL1 At least 12 yrs old</li> </ul>  |
| <i>tramadol hcl-acetaminophen</i>                                  | 2    | <ul style="list-style-type: none"> <li>QL 8 TABS / 1 DAY</li> <li>PA</li> <li>AL1 At least 12 yrs old</li> </ul> |
| <b>OPIOID PARTIAL AGONISTS</b>                                     |      |  |
| <i>buprenorphine</i>   | 2    | <ul style="list-style-type: none"> <li>PA</li> </ul>   |
| <i>buprenorphine 2 mg tablet sl</i>                                | 2    | <ul style="list-style-type: none"> <li>QL 12 TABS / 1 DAY</li> </ul>   |
| <i>buprenorphine 8 mg tablet sl</i>                                | 2    | <ul style="list-style-type: none"> <li>QL 3 TABS / 1 DAY</li> </ul>  |
| <i>buprenorphine-nalox 12-3mg flm</i>                              | 2    | <ul style="list-style-type: none"> <li>QL 2 FILMS / 1 DAY</li> </ul>   |
| <i>buprenorphine-naloxone (2-0.5mg fm, 4-1mg film, 8-2mg film)</i> | 2    | <ul style="list-style-type: none"> <li>QL 3 FILMS / 1 DAY</li> </ul>   |



| PRODUCT DESCRIPTION  | TIER | LIMITS & RESTRICTIONS   |
|--|------|-------------------------|
| <i>buprenorphine-naloxone (2-0.5mg tb, 8-2 mg tab)</i>   | 2    | QL 3 TABS / 1 DAY       |
| <i>pentazocine-naloxone hcl</i>  | 2    | QL 8 TABS / 1 DAY<br>PA |
| <b>ANOREXIGENICS;RESPIRATORY,CNS STIMULANTS</b>  |      |                         |
| <b>AMPHETAMINES</b>  |      |                         |
| <i>amphetamine sulfate</i>   | 4    | QL 4 TABS / 1 DAY<br>PA |
| <i>dextroamp-amphet er 25 mg cap (generic adderall xr)</i>   | 2    | QL 2 CAPS / 1 DAY       |
| <i>dextroamp-amphetamin 15 mg tab (generic adderall)</i>   | 2    | QL 3 TABS / 1 DAY       |
| <i>dextroamp-amphetamin 20 mg tab (generic adderall)</i>   | 2    | QL 3 TABS / 1 DAY       |
| <i>dextroamp-amphetamin 30 mg tab</i>  | 2    | QL 2 TABS / 1 DAY       |
| <i>dextroamphetamine sulfate (5 mg tab, 10 mg tab)</i>   | 2    | QL 4 TABS / 1 DAY       |
| <i>dextroamphetamine sulfate er</i>  | 2    | QL 4 CAPS / 1 DAY       |
| <i>dextroamphetamine-amphet er (er 5 mg cap, er 10 mg cap, er 15 mg cap, er 20 mg cap, er 30 mg cap)</i>   | 2    | QL 2 CAPS / 1 DAY       |
| <i>dextroamphetamine-amphetamine (dextroamp-amphetam 7.5 mg tab, dextroamp-amphetam 12.5 mg tab, dextroamp-amphetamin 10 mg tab, dextroamp-amphetamine 5 mg tab)</i> | 2    | QL 3 TABS / 1 DAY       |
| <i>lisdexamfetamine dimesylate (10 mg capsule, 20 mg capsule, 30 mg capsule)</i>   | 2    | QL 2 CAPS / 1 DAY       |
| <i>lisdexamfetamine dimesylate (10 mg tb chew, 20 mg tb chew, 30 mg tb chew)</i>   | 2    | QL 2 TABS / 1 DAY       |
| <i>lisdexamfetamine dimesylate (40 mg capsule, 50 mg capsule, 60 mg capsule, 70 mg capsule)</i>  | 2    | QL 1 CAP / 1 DAY        |
| <i>lisdexamfetamine dimesylate (40 mg tb chew, 50 mg tb chew, 60 mg tb chew)</i>   | 2    | QL 1 TAB / 1 DAY        |
| <b>RESPIRATORY AND CNS STIMULANTS</b>  |      |                         |
| <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        |

| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| <i>dexmethylphenidate hcl</i>   | 2    | QL 2 TABS / 1 DAY     |
| <i>dexmethylphenidate hcl er (er 25 mg cp, er 30 mg cp, er 35 mg cp, er 40 mg cp)</i> | 2    | QL 1 CAP / 1 DAY      |
| <i>dexmethylphenidate hcl er (er 5 mg cap, er 10 mg cp, er 15 mg cp, er 20 mg cp)</i> | 2    | QL 2 CAPS / 1 DAY     |
| METADATE ER   | 2    | QL 3 TABS / 1 DAY     |
| <i>methylphenidate 10 mg/5 ml sol</i>   | 2    | QL 30 ML / 1 DAY      |
| <i>methylphenidate 5 mg/5 ml soln</i>   | 2    | QL 60 ML / 1 DAY      |
| <i>methylphenidate er (er 10 mg cap, er 15 mg cap, er 20 mg cap, er 30 mg cap)</i>    | 2    | QL 2 CAPS / 1 DAY     |
| <i>methylphenidate er (er 18 mg tab, er 27 mg tab, er 36 mg tab)</i>                  | 2    | QL 2 TABS / 1 DAY     |
| <i>methylphenidate er (er 40 mg cap, er 50 mg cap, er 60 mg cap)</i>                  | 2    | QL 1 CAP / 1 DAY      |
| <i>methylphenidate er (la) (10mg cp, 20mg cp, 30mg cp)</i>                            | 2    | QL 2 CAPS / 1 DAY     |
| <i>methylphenidate er (la) (40mg cp, 60mg cp)</i>                                     | 2    | QL 1 CAP / 1 DAY      |
| <i>methylphenidate er 10 mg cap (authorized generic)</i>                              | 2    | QL 2 CAPS / 1 DAY     |
| <i>methylphenidate er 10 mg tab</i>   | 2    | QL 4 TABS / 1 DAY     |
| <i>methylphenidate er 15 mg cap (authorized generic)</i>                              | 2    | QL 2 CAPS / 1 DAY     |
| <i>methylphenidate er 20 mg cap (authorized generic)</i>                              | 2    | QL 2 CAPS / 1 DAY     |
| <i>methylphenidate er 20 mg tab</i>   | 2    | QL 3 TABS / 1 DAY     |
| <i>methylphenidate er 30 mg cap (authorized generic)</i>                              | 2    | QL 2 CAPS / 1 DAY     |
| <i>methylphenidate er 40 mg cap (authorized generic)</i>                              | 2    | QL 1 CAP / 1 DAY      |
| <i>methylphenidate er 50 mg cap (authorized generic)</i>                              | 2    | QL 1 CAP / 1 DAY      |
| <i>methylphenidate er 54 mg tab</i>   | 2    | QL 1 TAB / 1 DAY      |
| <i>methylphenidate er 60 mg cap (authorized generic)</i>                              | 2    | QL 1 CAP / 1 DAY      |
| <i>methylphenidate hcl (5 mg tablet, 10 mg tablet, 20 mg tablet)</i>                  | 2    | QL 3 TABS / 1 DAY     |

| PRODUCT DESCRIPTION  | TIER | LIMITS & RESTRICTIONS                 |
|--|------|---------------------------------------|
| <i>methylphenidate hcl cd (10 mg cap, 20 mg cap, 30 mg cap)</i>  | 2    | QL 2 CAPS / 1 DAY                     |
| <i>methylphenidate hcl cd (40 mg cap, 50 mg cap, 60 mg cap)</i>  | 2    | QL 1 CAP / 1 DAY                      |
| <i>methylphenidate hcl er (cd) (10mg cp, 20mg cp, 30mg cp)</i>   | 2    | QL 2 CAPS / 1 DAY                     |
| <i>methylphenidate hcl er (cd) (40mg cp, 50mg cp, 60mg cp)</i>   | 2    | QL 1 CAP / 1 DAY                      |
| <i>methylphenidate la (10 mg cap, 20 mg cap, 30 mg cap)</i>      | 2    | QL 2 CAPS / 1 DAY                     |
| <i>methylphenidate la (40 mg cap, 60 mg cap)</i>                 | 2    | QL 1 CAP / 1 DAY                      |
| <b>WAKEFULNESS-PROMOTING AGENTS</b>                              |      |                                       |
| <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                     |
| <i>sodium oxybate</i>  | 5    | QL 18 ML / 1 DAY<br>PA<br>S Specialty |
| SUNOSI   | 4    | QL 1 TAB / 1 DAY<br>PA                |
| <b>ANTI-INFECTIVE AGENTS</b>                                     |      |                                       |
| <b>ANTHELMINTICS</b>   |      |                                       |
| <i>albendazole</i>   | 2    | PA                                    |
| <i>ivermectin 3 mg tablet</i>                                    | 2    | QL 40 TABS / RX                       |
| <i>praziquantel</i>  | 4    |                                       |
| <b>URINARY ANTI-INFECTIVES</b>                                   |      |                                       |
| <i>fosfomycin tromethamine</i>                                   | 4    | QL 1 PACKET / RX                      |
| <i>methenamine hippurate</i>                                     | 2    |                                       |
| <i>nitrofurantoin (25 mg/5 ml susp, mcr 25 mg cap)</i>           | 2    | AL1 Up to 12 yrs old                  |
| <i>nitrofurantoin (50 mg cap, 100 mg cap)</i>                    | 2    |                                       |
| <i>nitrofurantoin mono-macro</i>                                 | 2    |                                       |

| PRODUCT DESCRIPTION  | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| <i>trimethoprim</i>  | 1    |                       |
| ANTI-INFECTIVES (EENT)<br>ANTI-INFECTIVES, MISCELLANEOUS (52:04) |      |                       |
| <i>acetic acid 2% ear solution</i>                               | 2    |                       |
| <i>hydrocortisone-acetic acid</i>                                | 2    |                       |
| ANTIBACTERIALS (52:04)   |      |                       |
| AK-POLY-BAC  | 2    |                       |
| AZASITE  | 4    | PA                    |
| <i>bacitracin 500 unit/gm ophth</i>                              | 2    |                       |
| <i>bacitracin-polymyxin</i>                                      | 2    |                       |
| BESIVANCE  | 3    | PA                    |
| <i>ciprofloxacin 0.2% otic soln</i>                              | 4    | PA                    |
| <i>ciprofloxacin 0.3% eye drop</i>                               | 1    |                       |
| <i>ciprofloxacin hcl-fluocinolone</i>                            | 4    | PA                    |
| <i>ciprofloxacin-dexamethasone</i>                               | 4    |                       |
| <i>doxycycline hyclate 20 mg tab</i>                             | 1    |                       |
| <i>erythromycin (0.5% eye ointment, 2% gel)</i>                  | 2    |                       |
| <i>erythromycin 2% solution</i>                                  | 1    | QL 60 ML / 30 DAYS    |
| <i>gatifloxacin</i>  | 2    |                       |
| GENTAK   | 2    |                       |
| <i>gentamicin 0.3% eye drop</i>                                  | 2    |                       |
| <i>levofloxacin 0.5% eye drops</i>                               | 4    | PA                    |
| <i>levofloxacin 1.5% eye drops</i>                               | 2    | PA                    |
| <i>moxifloxacin 0.5% eye drops</i>                               | 1    |                       |
| <i>moxifloxacin hcl</i>  | 2    |                       |
| NEO-POLY-CIN   | 2    |                       |
| <i>neomycin-bacitracin-polymyxin</i>                             | 2    |                       |

| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| <i>neomycin-polymyxin-dexameth (neomyc-polym-dexamet ointm, neomyc-polym-dexameth drop)</i> | 2    |                       |
| <i>neomycin-polymyxin-gramicidin</i>  | 1    |                       |
| <i>neomycin-polymyxin-hc ear susp</i>   | 2    |                       |
| <i>neomycin-polymyxin-hydrocort</i>   | 2    |                       |
| <i>ofloxacin (ear drops, eye drops)</i>   | 2    |                       |
| POLYCIN   | 2    |                       |
| <i>polymyxin b sul-trimethoprim</i>   | 2    |                       |
| <i>sulfacetamide sodium (drops, ointment)</i>   | 2    |                       |
| <i>sulfacetamide-prednisolone</i>   | 2    |                       |
| <i>tobramycin 0.3% eye drop</i>   | 2    |                       |
| <i>tobramycin-dexamethasone</i>   | 2    |                       |
| ZYLET   | 4    | PA                    |
| <b>ANTIVIRALS (EENT)</b>  |      |                       |
| <i>trifluridine</i>   | 2    |                       |
| ZIRGAN  | 4    |                       |
| <b>ASTRINGENTS (52:04)</b>  |      |                       |
| <i>chlorhexidine gluconate (15 ml cup, rinse)</i>   | 1    |                       |
| PAROEX  | 2    |                       |
| PERIOGARD   | 2    |                       |
| <b>ANTI-INFECTIVES (SKIN, MUCOUS MEMBRANE)</b>  |      |                       |
| <b>ANTIBACTERIALS (84:04)</b>   |      |                       |
| ALTABAX   | 3    | ST                    |
| <i>azelaic acid</i>   | 2    |                       |
| <i>clind ph-benzoyl perox 1.2-5%</i>  | 2    |                       |
| <i>clindamycin-benzoyl peroxide (clindamycin-benzoyl, clindamycin-bnz pmp)</i>              | 2    |                       |
| <i>dapsone 5% gel</i>   | 4    |                       |
| <i>erythromycin-benzoyl peroxide</i>  | 2    |                       |

| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| <i>gentamicin 0.1% cream</i>  | 2    |                       |
| <i>gentamicin 0.1% ointment</i>   | 1    |                       |
| <i>mafenide acetate</i>   | 4    | PA                    |
| <i>metronidazole (0.75% cream, 0.75% lotion, top 1% gel pump, topical 0.75% gl, topical 1% gel)</i> | 2    |                       |
| <i>mupirocin 2% ointment</i>  | 1    | QL 44 GM / 1 FILL     |
| NEUAC GEL   | 2    |                       |
| ROSADAN 0.75% CREAM   | 2    |                       |
| <i>tetracycline hcl (250 mg capsule, 500 mg capsule)</i>  | 4    | PA                    |
| <b>ANTIVIRALS (SKIN AND MUCOUS MEMBRANE)</b>  |      |                       |
| <i>acyclovir 5% ointment</i>  | 2    | QL 15 GM / 1 FILL     |
| <b>ASTRINGENTS, ANTI-INFECTIVE</b>  |      |                       |
| <i>selenium sulfide 2.5% lotion</i>   | 2    |                       |
| <i>silver sulfadiazine</i>  | 2    |                       |
| SSD   | 2    |                       |
| <b>LOCAL ANTI-INFECTIVES, MISCELLANEOUS</b>   |      |                       |
| <i>sod sulfacet-sulfur 10-5% clsr</i>   | 2    | QL 12 ML / 1 DAY      |
| <i>sulfacetamide sodium (sod top susp, sodium lotn)</i>   | 2    |                       |
| <b>SCABICIDES AND PEDICULICIDES</b>   |      |                       |
| EURAX 10% CREAM   | 4    | PA                    |
| <i>lindane</i>  | 4    | PA                    |
| <i>malathion</i>  | 2    |                       |
| <i>permethrin</i>   | 2    |                       |
| <i>spinosad</i>   | 4    | PA                    |
| ULESFIA   | 3    | PA                    |

| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS                             |
|---|------|---|
| <b>ANTI-INFLAMMATORY AGENTS (EENT)<br/>CORTICOSTEROIDS (EENT)</b>         |      |   |
| <i>flunisolide</i>  | 2    |   |
| <i>fluocinolone acetonide oil</i>   | 2    |   |
| <i>fluorometholone</i>  | 2    |   |
| <i>fluticasone prop 50 mcg spray</i>                                      | 1    |   |
| <i>fluticasone prop 50 mcg spray (rx only)</i>                            | 1    |   |
| <i>loteprednol etabonate (etabonate drp, ophthalmc gel)</i>               | 2    |   |
| <i>prednisolone ac 1% eye drop (generic pred forte)</i>                   | 2    |   |
| <i>prednisolone sod 1% eye drop</i>                                       | 1    |   |
| <b>EENT NONSTEROIDAL ANTI-INFLAM. AGENTS</b>                              |      |   |
| <i>bromfenac sodium 0.09% eye drp</i>                                     | 2    |   |
| <i>diclofenac 0.1% eye drops</i>  | 1    |   |
| <i>ketorolac tromethamine (0.4% solution, 0.5% solution)</i>              | 2    |   |
| <b>ANTI-INFLAMMATORY AGENTS (RESPIRATORY)<br/>INTERLEUKIN ANTAGONISTS</b> |      |   |
| ARCALYST  | 5    | PA<br>S Specialty                                 |
| FASENRA PEN   | 5    | QL 1 SYRINGE / 56 DAYS<br>PA<br>S Specialty       |
| ILARIS  | 5    | QL 1 ML / 56 DAYS<br>PA<br>S Specialty            |
| NUCALA (40 MG/0.4 ML SYRINGE, 100 MG/ML SYRINGE)                          | 5    | QL 1 SYRINGE / 28 DAYS<br>PA<br>S Specialty       |
| NUCALA 100 MG/ML AUTO-INJECTOR  | 5    | QL 1 AUTO-INJECTOR / 28 DAYS<br>PA<br>S Specialty |

| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS   |
|---|------|-------------------------|
| <b>LEUKOTRIENE MODIFIERS</b>  |      |                         |
| <i>montelukast sod 10 mg tablet</i>   | 1    |                         |
| <i>montelukast sodium (4 mg granules, 4 mg tab chew, 5 mg tab chew)</i>                                     | 2    |                         |
| <i>zafirlukast</i>  | 4    | PA                      |
| <i>zileuton er</i>  | 4    | QL 4 TABS / 1 DAY<br>PA |
| <b>MAST-CELL STABILIZERS</b>  |      |                         |
| <i>cromolyn 20 mg/2 ml neb soln</i>   | 4    | PA                      |
| <b>ANTI-INFLAMMATORY AGENTS (SKIN, MUCOUS)<br/>CORTICOSTEROIDS (SKIN, MUCOUS MEMBRANE)</b>                  |      |                         |
| ALA-CORT 1% CREAM   | 2    |                         |
| <i>alclometasone dipropionate</i>   | 2    |                         |
| <i>amcinonide 0.1% cream</i>  | 4    | PA                      |
| <i>anucort-hc</i>   | 2    |                         |
| <i>betamethasone diprop augmented (gel, lot, oin)</i>   | 4    |                         |
| <i>betamethasone dipropionate (crm, lot, oint)</i>  | 2    |                         |
| <i>betamethasone dp aug 0.05% crm</i>   | 1    |                         |
| <i>betamethasone valerate (va cream, va lotion, valer ointm)</i>  | 2    |                         |
| <i>clobetasol emollient 0.05% crm</i>   | 2    |                         |
| <i>clobetasol propionate (cream, gel, ointment, shampoo, solution)</i>                                      | 2    |                         |
| CORDRAN 4 MCG/SQ CM TAPE LARGE  | 4    | PA                      |
| <i>desonide (cream, lotion, ointment)</i>   | 2    |                         |
| <i>desoximetasone (cream, ointment)</i>   | 2    |                         |
| <i>diflorasone diacetate</i>  | 4    | PA                      |
| <i>fluocinolone 0.01% solution</i>  | 2    | QL 60 ML / 30 DAYS      |
| <i>fluocinolone acetonide (0.01% body oil, 0.01% cream, 0.01% scalp oil, 0.025% cream, 0.025% ointment)</i> | 2    |                         |



| PRODUCT DESCRIPTION  | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| <i>fluocinonide (0.05% cream, 0.05% gel, 0.05% ointment, 0.05% solution, 0.1% cream)</i>   | 2    |                       |
| <i>fluocinonide-e</i>  | 2    |                       |
| <i>fluticasone propionate (0.005% oint, 0.05% cream)</i>   | 2    |                       |
| <i>halobetasol prop 0.05% foam</i>   | 4    | PA                    |
| <i>halobetasol propionate (cream, ointmnt)</i>   | 2    |                       |
| <i>hydrocortisone (1% cream, 2.5% cream, 2.5% lotion)</i>  | 2    |                       |
| <i>hydrocortisone 1% cream (rx only)</i>   | 2    |                       |
| <i>hydrocortisone 100 mg/60 ml</i>   | 4    |                       |
| <i>hydrocortisone 2.5% ointment</i>  | 1    |                       |
| <i>hydrocortisone ac 25 mg supp</i>  | 2    |                       |
| <i>hydrocortisone butyrate (buty cream, butyr oint)</i>  | 2    |                       |
| <i>hydrocortisone val 0.2% cream</i>   | 2    |                       |
| <i>hydrocortisone val 0.2% ointmt</i>  | 4    |                       |
| <i>hydrocortisone-1% ointment</i>  | 2    |                       |
| <i>hydrocortisone-pramoxine (hydrocort-pramoxin 2.35-1% crm, hydrocort-pramoxine 1%-1% crm, hydrocort-pramoxine 2.5-1% crm)</i>              | 2    |                       |
| <i>mometasone furoate (cream, oint, soln)</i>  | 2    |                       |
| <i>nystatin-triamcinolone</i>  | 2    |                       |
| ORALONE  | 2    |                       |
| PROCTO-MED HC  | 2    |                       |
| PROCTOCORT 1% CREAM  | 3    |                       |
| PROCTOSOL-HC   | 2    |                       |
| PROCTOZONE-HC  | 2    |                       |
| <i>triamcinolone 0.1% paste</i>  | 1    |                       |
| <i>triamcinolone acetanide (0.025% cream, 0.025% lotion, 0.025% oint, 0.1% cream, 0.1% lotion, 0.1% ointment, 0.5% cream, 0.5% ointment)</i> | 2    |                       |

| PRODUCT DESCRIPTION                               | TIER | LIMITS & RESTRICTIONS                         |
|---|------|---|
| <b>IMMUNOMODULATORY AGENTS (84:06)</b>            |      |   |
| <i>pimecrolimus</i>                               | 2    | QL 100 GM / 30 DAYS                           |
| SKYRIZI 150 MG/ML SYRINGE                         | 5    | QL 1 SYRINGE / 84 DAYS<br>PA<br>S Specialty   |
| SKYRIZI ON-BODY                                   | 5    | QL 1 CARTRIDGE / 56 DAYS<br>PA<br>S Specialty |
| SKYRIZI PEN                                       | 5    | QL 1 PEN / 84 DAYS<br>PA<br>S Specialty       |
| <i>tacrolimus (0.03% ointment, 0.1% ointment)</i> | 2    | QL 100 GM / 30 DAYS                           |
| <b>NONSTEROIDAL ANTI-INFLAMMAT.AGENTS(SKIN)</b>   |      |   |
| <i>diclofenac sodium 3% gel</i>                   | 4    | PA  |
| <b>PHOSPHODIESTERASE-4 INHIBITORS (84:06)</b>     |      |   |
| EUCRISA   | 3    | QL 60 GM / 30 DAYS<br>ST                      |
| <b>ANTIARRHYTHMIC AGENTS</b>                      |      |   |
| <b>CLASS IA ANTIARRHYTHMICS</b>                   |      |   |
| <i>disopyramide phosphate</i>                     | 2    |   |
| NORPACE CR  | 3    |   |
| <i>quinidine sulfate</i>                          | 2    |   |
| <b>CLASS IB ANTIARRHYTHMICS</b>                   |      |   |
| <i>mexiletine hcl</i>                             | 2    |   |
| <b>CLASS IC ANTIARRHYTHMICS</b>                   |      |   |
| <i>flecainide acetate</i>                         | 2    |   |
| <i>propafenone hcl</i>                            | 2    |   |

| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| <b>CLASS III ANTIARRHYTHMICS</b>  |      |                       |
| <i>amiodarone hcl (100 mg tablet, 200 mg tablet, 400 mg tablet)</i>   | 2    |                       |
| <i>dofetilide</i>   | 2    |                       |
| MULTAQ  | 4    | PA                    |
| PACERONE  | 2    |                       |
| <b>CLASS IV ANTIARRHYTHMICS</b>   |      |                       |
| CARTIA XT   | 2    |                       |
| DILT-XR   | 1    |                       |
| <i>diltiazem 24hr er (24hr er 120 mg cap, 24hr er 180 mg cap, 24hr er 240 mg cap, 24hr er 300 mg cap, 24hr er 420 mg cap)</i> | 2    |                       |
| <i>diltiazem 24hr er (cd) (24h 120 mg cp, 24h 180 mg cp, 24h 240 mg cp, 24h 300 mg cp)</i>                                    | 2    |                       |
| <i>diltiazem 24hr er (xr)</i>   | 1    |                       |
| <i>diltiazem 24hr er 360 mg cap</i>   | 1    |                       |
| <i>diltiazem 24hr er 360 mg cap (generic for cardizem cd)</i>   | 2    |                       |
| <i>diltiazem hcl (30 mg tablet, 60 mg tablet, 90 mg tablet, 120 mg tablet)</i>  | 2    |                       |
| TAZTIA XT (120 MG CAPSULE, 180 MG CAPSULE, 240 MG CAPSULE, 300 MG CAPSULE)  | 2    |                       |
| TAZTIA XT 360 MG CAPSULE  | 1    |                       |
| TIADYLT ER (ER 120 MG CAPSULE, ER 180 MG CAPSULE, ER 240 MG CAPSULE, ER 300 MG CAPSULE, ER 420 MG CAPSULE)                    | 2    |                       |
| TIADYLT ER 360 MG CAPSULE   | 1    |                       |
| <i>verapamil er (er 120 mg capsule, er 180 mg capsule, er 240 mg capsule)</i>   | 1    |                       |
| <i>verapamil er (er 120 mg tablet, er 180 mg tablet, er 240 mg tablet)</i>  | 2    |                       |
| <i>verapamil hcl (40 mg tablet, 80 mg tablet, 120 mg tablet)</i>  | 1    |                       |
| <i>verapamil sr (sr 120 mg capsule, sr 180 mg capsule, sr 240 mg capsule)</i>   | 1    |                       |
| <i>verapamil sr 360 mg capsule</i>  | 2    |                       |

| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS   |
|---|------|---|
| <b>ANTIBACTERIALS (08:12)</b>   |      |   |
| <b>AMINOGLYCOSIDE ANTIBIOTICS</b>   |      |   |
| <i>neomycin sulfate</i>   | 2    |   |
| <i>tobramycin 300 mg/5 ml ampule</i>  | 5    | <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #8b4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #a52a2a; color: white; padding: 2px 5px; border-radius: 3px;">S</div> </div> <div>           1 CARTON (56 AMPULES) / 56 DAYS<br/>           Specialty         </div> </div> |
| <b>QUINOLONE ANTIBIOTICS</b>  |      |   |
| BAXDELA 450 MG TABLET   | 4    | PA  |
| CIPRO (5% SUSPENSION, 10% SUSPENSION)   | 3    | AL1 Up to 12 yrs old  |
| CIPRO HC  | 4    |   |
| <i>ciprofloxacin</i>  | 2    | AL1 Up to 12 yrs old  |
| <i>ciprofloxacin hcl (100 mg tab, 250 mg tab, 500 mg tab, 750 mg tab)</i>           | 1    |   |
| FACTIVE   | 3    | PA  |
| <i>levofloxacin (250 mg tablet, 500 mg tablet, 750 mg tablet)</i>                   | 1    |   |
| <i>levofloxacin 25 mg/ml solution</i>   | 2    | AL1 Up to 12 yrs old  |
| <b>SULFONAMIDE ANTIBIOTICS (SYSTEMIC)</b>   |      |   |
| <i>sulfadiazine</i>   | 4    | PA  |
| <i>sulfamethoxazole-trimethoprim (20 ml cup, ds tablet, ss tablet, susp)</i>        | 1    |   |
| <i>sulfasalazine</i>  | 2    |   |
| <i>sulfasalazine dr</i>   | 2    |   |
| SULFATRIM   | 2    |   |
| <b>TETRACYCLINE ANTIBIOTICS</b>   |      |   |
| <i>demeclocycline hcl</i>   | 2    | PA  |
| <i>doxycycline 25 mg/5 ml susp</i>  | 2    | AL1 Up to 12 yrs old  |
| <i>doxycycline hyclate (50 mg cap, 100 mg cap, 100 mg tab)</i>                      | 1    |   |
| <i>doxycycline monohydrate (50 mg cap, 50 mg tablet, 100 mg cap, 100 mg tablet)</i> | 2    |   |

| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS  |
|---|------|------------------------|
| <i>minocycline hcl (50 mg capsule, 75 mg capsule, 100 mg capsule)</i>             | 2    |                        |
| <b>ANTIBACTERIALS, MISCELLANEOUS</b>  |      |                        |
| <b>GLYCOPEPTIDE ANTIBIOTICS</b>   |      |                        |
| <i>vancomycin hcl 125 mg capsule</i>  | 2    |                        |
| <i>vancomycin hcl 250 mg capsule</i>  | 1    |                        |
| <b>LINCOMYCIN ANTIBIOTICS</b>   |      |                        |
| CLEOCIN 100 MG VAGINAL OVULE  | 4    |                        |
| <i>clindamycin (pediatric)</i>  | 2    | AL1 Up to 12 yrs old   |
| <i>clindamycin hcl (150 mg capsule, 300 mg capsule)</i>                           | 1    |                        |
| <i>clindamycin hcl 75 mg capsule</i>  | 2    |                        |
| <i>clindamycin ph 1% gel (generic for cleocin t)</i>                              | 2    |                        |
| <i>clindamycin ph 1% solution</i>   | 2    | QL 60 ML / 30 DAYS     |
| <i>clindamycin phosphate (phos 1% pledget, phosp 1% lotion, 2% vaginal cream)</i> | 2    |                        |
| <b>OXAZOLIDINONE ANTIBIOTICS</b>  |      |                        |
| <i>linezolid 100 mg/5 ml susp</i>   | 2    | PA                     |
| <i>linezolid 600 mg tablet</i>  | 2    | QL 28 TABS / RX        |
| <b>RIFAMYCIN ANTIBIOTICS</b>  |      |                        |
| XIFAXAN   | 3    | PA                     |
| <b>ANTICHOLINERGIC AGENTS</b>   |      |                        |
| <b>ANTIMUSCARINICS/ANTISPASMODICS</b>   |      |                        |
| ANORO ELLIPTA   | 3    |                        |
| ATROVENT HFA  | 3    | QL 1 INHALER / 25 DAYS |
| COMBIVENT RESPIMAT  | 3    | QL 1 INHALER / 30 DAYS |
| <i>dicyclomine 10 mg capsule</i>  | 2    |                        |
| <i>dicyclomine hcl (10 mg/5 ml soln, 20 mg tablet)</i>                            | 1    |                        |
| <i>ed-spaz</i>  | 2    |                        |
| <i>glycopyrrolate (1 mg tablet, 2 mg tablet)</i>                                  | 2    |                        |

| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS                             |
|---|------|---|
| <i>glycopyrrolate 1 mg/5 ml soln</i>  | 2    | PA  |
| <i>hyoscyamine sulfate (0.125 mg odt, 0.125 mg tab sl, 0.125 mg/5 ml elix, 0.125 mg/ml drop, sulf 0.125 mg tab)</i> | 2    |   |
| <i>hyoscyamine sulfate er</i>   | 2    |   |
| <i>hyoscyamine sulfate sr</i>   | 2    |   |
| <i>hyosyne</i>  | 2    |   |
| INCRUSE ELLIPTA   | 3    |   |
| <i>ipratropium br 0.02% soln</i>  | 2    |   |
| <i>ipratropium-albuterol</i>  | 2    |   |
| <i>methscopolamine bromide</i>  | 4    | PA  |
| <i>oscimin</i>  | 2    |   |
| <i>oscimin sl</i>   | 2    |   |
| <i>scopolamine</i>  | 2    |   |
| <i>symax-sr</i>   | 2    |   |
| TRELEGY ELLIPTA   | 3    |   |
| <b>ANTICOAGULANTS</b>   |      |   |
| <b>COUMARIN DERIVATIVES</b>   |      |   |
| <i>jantoven</i>   | 1    |   |
| <i>warfarin sodium</i>  | 1    |   |
| <b>DIRECT FACTOR XA INHIBITORS</b>  |      |   |
| ELIQUIS (5 MG TABLET, DVT-PE TREAT START 5MG)   | 3    | QL 74 TABS / 30 DAYS                              |
| ELIQUIS 2.5 MG TABLET   | 3    | QL 2 TABS / 1 DAY                                 |
| XARELTO (10 MG TABLET, 20 MG TABLET)  | 3    | QL 1 TAB / 1 DAY                                  |
| XARELTO (2.5 MG TABLET, 15 MG TABLET)   | 3    | QL 2 TABS / 1 DAY                                 |
| XARELTO 1 MG/ML SUSPENSION  | 3    | QL 20 ML / 1 DAY<br>PA<br>AL1 At least 18 yrs old |
| XARELTO DVT-PE TREAT START 30D  | 3    | QL 51 TABS / 30 DAYS                              |

| PRODUCT DESCRIPTION  | TIER | LIMITS & RESTRICTIONS      |
|--|------|----------------------------|
| <b>DIRECT THROMBIN INHIBITORS</b>  |      |                            |
| <i>dabigatran etexilate</i>  | 2    | QL 2 CAPS / 1 DAY          |
| <b>HEPARINS</b>  |      |                            |
| <i>enoxaparin 300 mg/3 ml vial</i>   | 2    | QL 2 VIALS / 1 DAY         |
| <i>enoxaparin sodium (30 mg/0.3 ml syr, 40 mg/0.4 ml syr, 60 mg/0.6 ml syr, 80 mg/0.8 ml syr, 100 mg/ml syringe, 120 mg/0.8 ml syr, 150 mg/ml syringe)</i>   | 2    | QL 2 SYRINGES / 1 DAY      |
| <i>heparin sodium (sod 1,000 unit/ml vial, 2,000 unit/2 ml vial, 5,000 unit/ml carpuct, sod 5,000 unit/0.5 ml, sod 5,000 unit/ml syrg, sod 5,000 unit/ml vial, 10,000 unit/10 ml vial, sod 10,000 unit/ml vl, sod 20,000 unit/ml vl, 30,000 unit/30 ml vial, 40,000 unit/4 ml vial, 50,000 unit/10 ml vial, 50,000 unit/5 ml vial)</i> | 2    |                            |
| <b>INDIRECT FACTOR XA INHIBITORS</b>   |      |                            |
| <i>fondaparinux sodium</i>   | 2    | QL 1 SYRINGE / 1 DAY<br>PA |
| <b>ANTICONVULSANTS</b>   |      |                            |
| <b>ANTICONVULSANTS, MISCELLANEOUS</b>  |      |                            |
| BRIVIACT (10 MG TABLET, 25 MG TABLET, 50 MG TABLET, 75 MG TABLET, 100 MG TABLET)   | 4    | QL 2 TABS / 1 DAY<br>PA    |
| BRIVIACT 10 MG/ML ORAL SOLN  | 4    | QL 10 ML / 1 DAY<br>PA     |
| <i>carbamazepine (100 mg tab chew, 100 mg/5 ml cup, 100 mg/5 ml susp, 200 mg tab chew, 200 mg tablet)</i>  | 2    |                            |
| <i>carbamazepine er (er 100 mg cap, er 200 mg cap, er 300 mg cap)</i>  | 4    |                            |
| <i>carbamazepine er (er 100 mg tablet, er 200 mg tablet, er 400 mg tablet)</i>   | 2    |                            |
| EPITOL   | 2    |                            |
| <i>felbamate (400 mg tablet, 600 mg tablet, 600 mg/5 ml susp, 600 mg/5 ml susp cup)</i>  | 2    |                            |
| FYCOMPA (4 MG TABLET, 6 MG TABLET, 8 MG TABLET, 10 MG TABLET, 12 MG TABLET)  | 4    | QL 1 TAB / 1 DAY<br>PA     |

| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS   |
|---|------|-------------------------|
| FYCOMPA 0.5 MG/ML ORAL SUSP   | 4    | QL 8 ML / 1 DAY<br>PA   |
| FYCOMPA 2 MG TABLET   | 4    | QL 2 TABS / 1 DAY<br>PA |
| <i>lamotrigine (25 mg tablet, 100 mg tablet, 150 mg tablet, 200 mg tablet)</i>  | 2    |                         |
| <i>lamotrigine (5 mg disper tablet, 25 mg disper tab)</i>   | 4    |                         |
| <i>levetiracetam (100 mg/ml soln, 250 mg tablet, 500 mg tablet, 750 mg tablet, 1,000 mg tablet, 1,000mg/10ml cup)</i> | 2    |                         |
| <i>levetiracetam er</i>   | 1    |                         |
| SUBVENITE   | 2    |                         |
| <i>topiramate (15 mg cap, 25 mg cap)</i>  | 4    | PA                      |
| <i>topiramate (25 mg tablet, 50 mg tablet, 100 mg tablet, 200 mg tablet)</i>  | 1    |                         |
| <b>BARBITURATES (ANTICONVULSANTS)</b>   |      |                         |
| <i>primidone</i>  | 2    |                         |
| <b>BENZODIAZEPINES (ANTICONVULSANTS)</b>  |      |                         |
| <i>clobazam 10 mg tablet</i>  | 2    | QL 4 TABS / 1 DAY       |
| <i>clobazam 2.5 mg/ml suspension</i>  | 2    | QL 16 ML / 1 DAY        |
| <i>clobazam 20 mg tablet</i>  | 2    | QL 2 TABS / 1 DAY       |
| <i>clonazepam (0.125 mg dis tab, 0.125 mg odt, 0.25 mg odt, 0.5 mg dis tablet, 0.5 mg odt)</i>                        | 4    | QL 6 TABS / 1 DAY       |
| <i>clonazepam (1 mg dis tablet, 1 mg odt)</i>   | 4    | QL 4 TABS / 1 DAY       |
| <i>clonazepam 0.5 mg tablet</i>   | 1    | QL 6 TABS / 1 DAY       |
| <i>clonazepam 1 mg tablet</i>   | 1    | QL 4 TABS / 1 DAY       |
| <i>clonazepam 2 mg odt</i>  | 4    | QL 2 TABS / 1 DAY       |
| <i>clonazepam 2 mg tablet</i>   | 1    | QL 2 TABS / 1 DAY       |



| PRODUCT DESCRIPTION  | TIER | LIMITS & RESTRICTIONS                      |
|--|------|--|
| <b>GABA-MEDIATED ANTICONVULSANTS</b>   |      |  |
| DIACOMIT 250 MG CAPSULE  | 5    | QL 12 CAPS / 1 DAY<br>PA<br>S Specialty    |
| DIACOMIT 250 MG POWDER PACKET  | 5    | QL 12 PACKETS / 1 DAY<br>PA<br>S Specialty |
| DIACOMIT 500 MG CAPSULE  | 5    | QL 6 CAPS / 1 DAY<br>PA<br>S Specialty     |
| DIACOMIT 500 MG POWDER PACKET  | 5    | QL 6 PACKETS / 1 DAY<br>PA<br>S Specialty  |
| <i>divalproex dr 125 mg cap sprnk</i>  | 4    |  |
| <i>divalproex sodium (dr 125 mg tab, dr 250 mg tab, dr 500 mg tab)</i>                           | 2    |  |
| <i>divalproex sodium er</i>  | 1    |  |
| <i>gabapentin (100 mg capsule, 300 mg capsule)</i>   | 2    | QL 12 CAPS / 1 DAY                         |
| <i>gabapentin (250 mg/5 ml soln, 250 mg/5ml soln cup, 300 mg/6 ml soln, 300 mg/6ml soln cup)</i> | 2    | QL 72 ML / 1 DAY                           |
| <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>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)</i>                  | 2    | QL 6 CAPS / 1 DAY                          |
| <i>pregabalin 150 mg capsule</i>   | 2    | QL 4 CAPS / 1 DAY                          |
| <i>pregabalin 20 mg/ml solution</i>  | 4    | QL 30 ML / 1 DAY<br>PA                     |

| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS    |
|---|------|--------------------------|
| <i>pregabalin 200 mg capsule</i>  | 2    | QL 3 CAPS / 1 DAY        |
| <i>tiagabine hcl</i>  | 4    |                          |
| <i>valproic acid (250 mg capsule, 250 mg/5 ml cup, 250 mg/5 ml soln, 500 mg/10 ml cup)</i>                  | 2    |                          |
| <i>vigabatrin</i>   | 5    | PA<br>S Specialty        |
| VIGADRONE   | 5    | PA<br>S Specialty        |
| VIGPODER  | 5    | PA<br>S Specialty        |
| <b>HYDANTOINS</b>   |      |                          |
| DILANTIN 30 MG CAPSULE  | 3    |                          |
| <i>phenytoin (50 mg infatab chew, 50 mg tablet chew, 100 mg/4 ml susp cup, 125 mg/5 ml susp)</i>            | 2    |                          |
| <i>phenytoin sodium extended</i>  | 2    |                          |
| <b>ION CHANNEL INHIBITION AGENTS</b>  |      |                          |
| APTIOM  | 4    | PA                       |
| <i>lacosamide (10 mg/ml solution, 50 mg/5 ml cup, 100 mg/10 ml cup, 150 mg/15 ml cup, 200 mg/20 ml cup)</i> | 2    | QL 40 ML / 1 DAY         |
| <i>lacosamide (150 mg tablet, 200 mg tablet)</i>  | 2    | QL 2 TABS / 1 DAY        |
| <i>lacosamide 100 mg tablet</i>   | 2    | QL 4 TABS / 1 DAY        |
| <i>lacosamide 50 mg tablet</i>  | 2    | QL 8 TABS / 1 DAY        |
| <i>oxcarbazepine (150 mg tablet, 300 mg tablet, 300 mg/5 ml cup, 300 mg/5 ml susp, 600 mg tablet)</i>       | 2    |                          |
| <i>rufinamide 200 mg tablet</i>   | 4    | QL 16 TABS / 1 DAY<br>PA |
| <i>rufinamide 40 mg/ml suspension</i>   | 4    | QL 80 ML / 1 DAY<br>PA   |
| <i>rufinamide 400 mg tablet</i>   | 4    | QL 8 TABS / 1 DAY<br>PA  |

| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| <i>zonisamide</i>   | 1    |                       |
| <b>SUCCINIMIDES</b>   |      |                       |
| <i>ethosuximide (250 mg capsule, 250 mg/5 ml soln)</i>                  | 2    |                       |
| <i>methsuximide</i>   | 2    | PA                    |
| <b>ANTIDEPRESSANTS</b>  |      |                       |
| <b>ANTIDEPRESSANTS, MISCELLANEOUS</b>                                   |      |                       |
| <i>bupropion hcl</i>  | 2    |                       |
| <i>bupropion hcl sr</i>   | 2    |                       |
| <i>bupropion hcl sr 150 mg tablet (tab er - smoking cessation)</i>      | 2    |                       |
| <i>bupropion xl (150 mg tablet, 300 mg tablet)</i>                      | 2    |                       |
| <b>MONOAMINE OXIDASE INHIBITORS</b>                                     |      |                       |
| <i>phenelzine sulfate</i>   | 2    |                       |
| <i>tranylcypromine sulfate</i>  | 2    |                       |
| <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 (dr 20 mg cap, dr 30 mg cap, dr 60 mg cap)</i>        | 2    |                       |
| <b>FETZIMA</b>  | 4    | PA                    |
| <i>venlafaxine hcl</i>  | 2    |                       |
| <i>venlafaxine hcl er (er 37.5 mg cap, er 75 mg cap, er 150 mg cap)</i> | 2    |                       |
| <b>SELECTIVE-SEROTONIN REUPTAKE INHIBITORS</b>                          |      |                       |
| <i>citalopram hbr (10 mg tablet, 20 mg tablet, 40 mg tablet)</i>        | 1    |                       |
| <i>citalopram hbr (10 mg/5 ml soln, 20 mg/10 ml cup)</i>                | 2    |                       |
| <i>escitalopram oxalate (5 mg tablet, 10 mg tablet, 20 mg tablet)</i>   | 1    |                       |
| <i>escitalopram oxalate 5 mg/5 ml</i>                                   | 4    |                       |
| <i>fluoxetine hcl (10 mg capsule, 20 mg capsule, 40 mg capsule)</i>     | 1    |                       |

| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS        |
|---|------|------------------------------|
| <i>fluoxetine hcl (20 mg/5 ml soln cup, 20 mg/5 ml solution)</i>  | 2    |                              |
| <i>flvoxamine maleate</i>   | 2    |                              |
| <i>olanzapine-fluoxetine hcl</i>  | 4    | PA                           |
| <i>paroxetine hcl (10 mg tablet, 20 mg tablet, 30 mg tablet, 40 mg tablet)</i>  | 1    |                              |
| <i>paroxetine hcl 10 mg/5 ml susp</i>   | 4    |                              |
| <i>sertraline 20 mg/ml oral conc</i>  | 4    |                              |
| <i>sertraline hcl (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>   | 1    |                              |
| <b>SEROTONIN MODULATORS</b>   |      |                              |
| <i>mirtazapine (7.5 mg tablet, 15 mg tablet, 30 mg tablet, 45 mg tablet)</i>  | 2    |                              |
| <i>nefazodone hcl</i>   | 2    |                              |
| <i>trazodone hcl</i>  | 1    |                              |
| TRINTELLIX  | 4    | PA                           |
| VIIBRYD 10-20 MG STARTER PACK   | 3    | PA                           |
| <i>vilazodone hcl</i>   | 2    |                              |
| <b>TRICYCLICS, OTHER NOREPI-RU INHIBITORS</b>   |      |                              |
| <i>amitriptyline hcl</i>  | 2    |                              |
| <i>amoxapine</i>  | 2    |                              |
| <i>chlordiazepoxide-amitriptyline</i>   | 2    | PA                           |
| <i>clomipramine hcl</i>   | 2    |                              |
| <i>desipramine hcl</i>  | 2    |                              |
| <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    |                              |
| <i>doxepin hcl (3 mg tablet, 6 mg tablet)</i>   | 4    | PA                           |
| <i>imipramine hcl</i>   | 2    |                              |
| <i>nortriptyline hcl (10 mg/5 ml soln, hcl 10 mg cap, hcl 25 mg cap, hcl 50 mg cap, hcl 75 mg cap)</i>                              | 2    |                              |
| <i>perphenazine-amitriptyline</i>   | 2    | PA<br>AL1 At least 7 yrs old |

| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS            |
|---|------|----------------------------------|
| <i>protriptyline hcl</i>                                      | 4    |                                  |
| <i>trimipramine maleate</i>                                   | 2    |                                  |
| <b>ANTIDIABETIC AGENTS</b>                                    |      |                                  |
| <b>ALPHA-GLUCOSIDASE INHIBITORS</b>                           |      |                                  |
| <i>acarbose</i>   | 1    |                                  |
| <i>miglitol</i>   | 2    |                                  |
| <b>BIGUANIDES</b>   |      |                                  |
| <i>metformin hcl 1,000 mg tablet (generic for glucophage)</i> | 1    |                                  |
| <i>metformin hcl 500 mg tablet (generic for glucophage)</i>   | 1    |                                  |
| <i>metformin hcl 850 mg tablet</i>                            | 1    |                                  |
| <i>metformin hcl er</i>                                       | 1    |                                  |
| <b>DIPEPTIDYL PEPTIDASE-4(DPP-4) INHIBITORS</b>               |      |                                  |
| JENTADUETO  | 3    | QL 2 TABS / 1 DAY                |
| JENTADUETO XR   | 3    | QL 2 TABS / 1 DAY                |
| TRADJENTA   | 3    | QL 1 TAB / 1 DAY                 |
| <b>INCRETIN MIMETICS</b>                                      |      |                                  |
| <i>liraglutide</i>  | 2    | QL 3 PENS (9 ML) / 30 DAYS<br>PA |
| MOUNJARO  | 3    | QL 4 PENS (2 ML) / 28 DAYS<br>PA |
| OZEMPIC   | 3    | QL 1 PEN (3 ML) / 28 DAYS<br>PA  |
| RYBELSUS  | 3    | QL 1 TAB / 1 DAY<br>PA           |
| TRULICITY   | 3    | QL 4 PENS (2 ML) / 28 DAYS<br>PA |

| PRODUCT DESCRIPTION  | TIER | LIMITS & RESTRICTIONS   |
|--|------|---|
| VICTOZA 2-PAK  | 3    | <div style="display: flex; align-items: center;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <div>3 PENS (9 ML) / 30 DAYS</div> </div> <div style="background-color: #f39c12; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 5px; width: fit-content;">PA</div> |
| VICTOZA 3-PAK  | 3    | <div style="display: flex; align-items: center;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <div>3 PENS (9 ML) / 30 DAYS</div> </div> <div style="background-color: #f39c12; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 5px; width: fit-content;">PA</div> |
| <b>MEGLITINIDES</b>  |      |   |
| <i>nateglinide</i>   | 2    |   |
| <i>repaglinide</i>   | 2    |   |
| <b>SODIUM-GLUC COTRANSPORT 2 (SGLT2) INHIB</b>             |      |   |
| GLYXAMBI   | 3    | <div style="display: flex; align-items: center;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <div>1 TAB / 1 DAY</div> </div>   |
| JARDIANCE  | 3    | <div style="display: flex; align-items: center;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <div>1 TAB / 1 DAY</div> </div>   |
| SYNJARDY   | 3    | <div style="display: flex; align-items: center;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <div>2 TABS / 1 DAY</div> </div>  |
| SYNJARDY XR (10-1,000 MG TABLET, 25-1,000 MG TABLET)       | 3    | <div style="display: flex; align-items: center;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <div>1 TAB / 1 DAY</div> </div>   |
| SYNJARDY XR (5-1,000 MG TABLET, 12.5-1,000 MG TAB)         | 3    | <div style="display: flex; align-items: center;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <div>2 TABS / 1 DAY</div> </div>  |
| TRIJARDY XR (10-5-1,000 MG TAB, 25-5-1,000 MG TAB)         | 3    | <div style="display: flex; align-items: center;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <div>1 TAB / 1 DAY</div> </div>   |
| TRIJARDY XR (5-2.5-1,000 MG TAB, 12.5-2.5-1,000 MG)        | 3    | <div style="display: flex; align-items: center;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <div>2 TABS / 1 DAY</div> </div>  |
| <b>SULFONYLUREAS</b>                                       |      |   |
| <i>glimepiride (1 mg tablet, 2 mg tablet, 4 mg tablet)</i> | 1    |   |
| <i>glipizide</i>   | 1    |   |
| <i>glipizide er</i>  | 1    |   |
| <i>glipizide xl</i>  | 1    |   |
| <i>glipizide-metformin</i>                                 | 1    |   |
| <i>glyburide</i>   | 2    |   |
| <i>glyburide micronized</i>                                | 2    |   |
| <i>glyburide-metformin hcl</i>                             | 2    |   |
| <b>THIAZOLIDINEDIONES</b>                                  |      |   |
| <i>pioglitazone hcl</i>                                    | 1    |   |

| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| <i>pioglitazone-glimepiride</i>                                       | 2    |                       |
| <i>pioglitazone-metformin</i>   | 2    |                       |
| ANTIDOTE THERAPEUTICS   |      |                       |
| ALCOHOL DETERRENTS (91:02)  |      |                       |
| <i>acamprosate calcium</i>  | 2    |                       |
| <i>disulfiram</i>   | 2    |                       |
| ANTIDOTES (91:04)   |      |                       |
| ACETAMINOPHEN ANTIDOTE  |      |                       |
| <i>acetylcysteine (10% vial, 20% vial)</i>                            | 2    |                       |
| CHEMOTHERAPY ANTIDOTES/PROTECTANTS                                    |      |                       |
| ELMIRON   | 4    |                       |
| <i>leucovorin calcium (5 mg tab, 10 mg tab, 15 mg tab, 25 mg tab)</i> | 2    | OH OncoHealth         |
| MESNEX 400 MG TABLET  | 3    | OH OncoHealth         |
| FLUOROPYRIMIDINE ANTIDOTE   |      |                       |
| VISTOGARD   | 5    | PA<br>S Specialty     |
| ANTIEMETICS   |      |                       |
| 5-HT3 RECEPTOR ANTAGONISTS  |      |                       |
| ANZEMET   | 4    | PA                    |
| <i>granisetron hcl 1 mg tablet</i>                                    | 4    | PA<br>OH OncoHealth   |
| <i>ondansetron hcl (4 mg tablet, 8 mg tablet)</i>                     | 2    | OH OncoHealth         |
| <i>ondansetron hcl (4 mg/5 ml soln cup, 4 mg/5 ml solution)</i>       | 1    | OH OncoHealth         |
| <i>ondansetron odt (odt 4 mg tablet, odt 8 mg tablet)</i>             | 2    | OH OncoHealth         |
| ANTIHISTAMINES (GI DRUGS)   |      |                       |
| COMPRO  | 2    |                       |
| <i>meclizine 25 mg tablet</i>   | 2    |                       |
| <i>meclizine 25 mg tablet (rx)</i>                                    | 2    |                       |

| PRODUCT DESCRIPTION  | TIER | LIMITS & RESTRICTIONS    |
|--|------|--------------------------|
| <i>prochlorperazine</i>  | 2    |                          |
| <i>prochlorperazine maleate</i>  | 1    |                          |
| <i>trimethobenzamide hcl</i>   | 2    |                          |
| <b>NEUROKININ-1 RECEPTOR ANTAGONISTS</b>   |      |                          |
| <i>aprepitant</i>  | 2    | OH OncoHealth            |
| EMEND 125 MG POWDER PACKET   | 4    | OH OncoHealth            |
| <b>ANTIFUNGAL (SYSTEMIC)<br/>ANTIFUNGALS, MISCELLANEOUS</b>                              |      |                          |
| <i>griseofulvin (125 mg/5 ml susp, micro 500 mg tab)</i>                                 | 2    |                          |
| <i>griseofulvin ultramicrosize</i>   | 2    |                          |
| <b>AZOLE ANTIFUNGALS</b>   |      |                          |
| CRESEMBA (74.5 MG CAPSULE, 186 MG CAPSULE)   | 4    | PA                       |
| <i>fluconazole (10 mg/ml susp, 40 mg/ml susp)</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    |                          |
| NOXAFIL 300 MG POWDERMIX SUSP  | 3    | PA                       |
| <i>posaconazole (dr 100 mg tablet, 200 mg/5 ml susp)</i>                                 | 2    | PA                       |
| <i>voriconazole (40 mg/ml susp, 50 mg tablet, 200 mg tablet)</i>                         | 2    | PA                       |
| <b>PYRIMIDINE ANTIFUNGALS</b>  |      |                          |
| <i>flucytosine</i>   | 2    | PA                       |
| <b>ANTIFUNGALS (SKIN AND MUCOUS MEMBRANE)<br/>ALLYLAMINES (SKIN AND MUCOUS MEMBRANE)</b> |      |                          |
| <i>naftifine hcl 1% cream</i>  | 4    | PA                       |
| <i>naftifine hcl 2% cream</i>  | 4    | QL 60 GM / 30 DAYS<br>PA |
| <i>naftifine hcl 2% gel</i>  | 2    | PA                       |
| <i>terbinafine hcl</i>   | 1    |                          |



| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS    |
|---|------|--------------------------|
| <b>AZOLES (SKIN AND MUCOUS MEMBRANE)</b>                            |      |                          |
| <i>clotrimazole (10 mg lozenge, 10 mg troche)</i>                   | 2    |                          |
| <i>clotrimazole-betamethasone crm</i>                               | 2    |                          |
| <i>econazole nitrate</i>  | 2    | QL 85 GM / 30 DAYS       |
| <b>ERTACZO</b>  | 4    | PA                       |
| <i>ketoconazole 2% cream</i>  | 1    | QL 60 GM / 30 DAYS       |
| <i>ketoconazole 2% shampoo</i>                                      | 2    |                          |
| <i>ketoconazole 200 mg tablet</i>                                   | 1    |                          |
| <i>luliconazole</i>   | 4    | PA                       |
| <i>oxiconazole nitrate</i>  | 4    | QL 60 GM / 30 DAYS<br>PA |
| <i>sulconazole nitrate (cream, soln)</i>                            | 4    | PA                       |
| <i>terconazole (0.4% cream, 0.8% cream, 80 mg suppository)</i>      | 2    |                          |
| <b>BENZYLAMINES (SKIN AND MUCOUS MEMBRANE)</b>                      |      |                          |
| <b>MENTAX</b>   | 4    | PA                       |
| <b>HYDROXYPYRIDONES (SKIN, MUCOUS MEMBRANE)</b>                     |      |                          |
| <i>ciclopirox (0.77% cream, 0.77% gel, 1% shampoo, 8% solution)</i> | 2    |                          |
| <i>ciclopirox 0.77% topical susp</i>                                | 2    | QL 60 ML / 30 DAYS       |
| <b>POLYENES (SKIN AND MUCOUS MEMBRANE)</b>                          |      |                          |
| <b>KLAYESTA</b>   | 2    | QL 240 GM / RX           |
| <b>NYAMYC</b>   | 2    | QL 240 GM / RX           |
| <i>nystatin (100,000 unit/ml susp, 500,000 unit/5 ml cup)</i>       | 2    | QL 480 ML / RX           |
| <i>nystatin (unit/gm cream, unit/gm oint)</i>                       | 2    |                          |
| <i>nystatin 100,000 unit/gm powd</i>                                | 2    | QL 240 GM / RX           |
| <i>nystatin 500,000 unit oral tab</i>                               | 1    |                          |
| <b>NYSTOP</b>   | 2    | QL 240 GM / RX           |

| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| <b>ANTIGLAUCOMA AGENTS</b>  |      |                       |
| <b>ALPHA-ADRENERGIC AGONISTS (EENT)</b>   |      |                       |
| <i>apraclonidine hcl</i>  | 4    | PA                    |
| <i>brimonidine tartrate (tartrate 0.1% drop, tartrate 0.15% drp, 0.2% eye drop)</i> | 2    |                       |
| <b>BETA-ADRENERGIC BLOCKING AGENTS (EENT)</b>                                       |      |                       |
| <i>betaxolol hcl 0.5% eye drop</i>  | 2    |                       |
| <i>carteolol hcl</i>  | 1    |                       |
| <i>dorzolamide-timolol 2%-0.5%/pf (generic for cosopt pf)</i>                       | 4    | PA                    |
| <i>dorzolamide-timolol eye drops (generic for cosopt)</i>                           | 2    |                       |
| <i>levobunolol hcl</i>  | 1    |                       |
| <i>timolol maleate (0.25%, 0.5%, 0.5% gfs)</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</i>  | 1    |                       |
| <i>acetazolamide er</i>   | 2    |                       |
| <i>brinzolamide</i>   | 2    |                       |
| <i>dorzolamide hcl</i>  | 2    |                       |
| <i>methazolamide</i>  | 2    |                       |
| SIMBRINZA   | 3    |                       |
| <b>MIOTICS</b>  |      |                       |
| PHOSPHOLINE IODIDE  | 3    |                       |
| <i>pilocarpine hcl (1% drops, 2% drops, 4% drops)</i>                               | 2    |                       |
| <b>PROSTAGLANDIN ANALOGS</b>  |      |                       |
| <i>bimatoprost 0.03% eye drops</i>  | 2    |                       |
| <i>latanoprost</i>  | 2    |                       |
| LUMIGAN   | 3    |                       |
| <i>tafluprost</i>   | 2    | PA                    |

| PRODUCT DESCRIPTION                           | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| <i>travoprost</i>                             | 2    |                       |
| <b>RHO KINASE INHIBITORS</b>                  |      |                       |
| RHOPRESSA                                     | 3    |                       |
| ROCKLATAN                                     | 3    |                       |
| <b>ANTIHEMORRHAGIC AGENTS<br/>HEMOSTATICS</b> |      |                       |
| ADVATE  | 5    | PA<br>S Specialty     |
| ADYNOVATE                                     | 5    | PA<br>S Specialty     |
| AFSTYLA                                       | 5    | PA<br>S Specialty     |
| ALPHANATE                                     | 5    | PA<br>S Specialty     |
| ALPHANINE SD                                  | 5    | PA<br>S Specialty     |
| ALPROLIX                                      | 5    | PA<br>S Specialty     |
| ALTUVIIIIO                                    | 5    | PA<br>S Specialty     |
| BENEFIX                                       | 5    | PA<br>S Specialty     |
| COAGADEX                                      | 5    | PA<br>S Specialty     |
| CORIFACT                                      | 5    | PA<br>S Specialty     |
| ELOCTATE                                      | 5    | PA<br>S Specialty     |
| ESPEROCT                                      | 5    | PA<br>S Specialty     |

| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| FEIBA   | 5    | PA<br>S Specialty     |
| HEMLIBRA  | 5    | PA<br>S Specialty     |
| HEMOFIL M   | 5    | PA<br>S Specialty     |
| HUMATE-P  | 5    | PA<br>S Specialty     |
| IDELVION  | 5    | PA<br>S Specialty     |
| IXINITY   | 5    | PA<br>S Specialty     |
| JIVI (500 UNIT VIAL, 1,000 UNIT VIAL, 2,000 UNIT VIAL, 3,000 UNIT VIAL) | 5    | PA<br>S Specialty     |
| KOATE   | 5    | PA<br>S Specialty     |
| KOGENATE FS   | 5    | PA<br>S Specialty     |
| KOVALTRY  | 5    | PA<br>S Specialty     |
| MONONINE  | 5    | PA<br>S Specialty     |
| NOVOEIGHT   | 5    | PA<br>S Specialty     |
| NOVOSEVEN RT  | 5    | PA<br>S Specialty     |
| NUWIQ   | 5    | PA<br>S Specialty     |

| PRODUCT DESCRIPTION                  | TIER | LIMITS & RESTRICTIONS |
|--------------------------------------|------|-----------------------|
| OBIZUR                               | 5    | PA<br>S Specialty     |
| PROFILNINE                           | 5    | PA<br>S Specialty     |
| REBINYN                              | 5    | PA<br>S Specialty     |
| RECOMBINATE                          | 5    | PA<br>S Specialty     |
| RIASTAP                              | 5    | PA<br>S Specialty     |
| RIXUBIS                              | 5    | PA<br>S Specialty     |
| SEVENFACT                            | 5    | PA<br>S Specialty     |
| <i>tranexamic acid 650 mg tablet</i> | 2    | QL 30 TABS / RX       |
| TRETTEN                              | 5    | PA<br>S Specialty     |
| VONVENDI                             | 5    | PA<br>S Specialty     |
| WILATE                               | 5    | PA<br>S Specialty     |
| XYNTHA                               | 5    | PA<br>S Specialty     |
| XYNTHA SOLOFUSE                      | 5    | PA<br>S Specialty     |

| PRODUCT DESCRIPTION                                   | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| <b>ANTIHISTAMINE DRUGS</b>                            |      |                       |
| <b>FIRST GENERATION ANTIHISTAMINES</b>                |      |                       |
| <i>carbinoxamine maleate 4 mg tab</i>                 | 4    | PA                    |
| <b>SECOND GENERATION ANTIHISTAMINES</b>               |      |                       |
| <i>desloratadine 5 mg tablet</i>                      | 4    | PA                    |
| <i>levocetirizine 5 mg tablet</i>                     | 2    |                       |
| <i>levocetirizine 5 mg tablet (rx only)</i>           | 2    |                       |
| <b>ANTIHYPOGLYCEMIC AGENTS</b>                        |      |                       |
| <b>GLYCOGENOLYTIC AGENTS</b>                          |      |                       |
| BAQSIMI   | 3    | QL 4 VIALS / RX       |
| <i>glucagon 1 mg emergency kit</i>                    | 2    | QL 4 VIALS / RX       |
| <i>glucagon 1 mg emergency kit (generic glucagen)</i> | 2    | QL 4 VIALS / RX       |
| <i>glucagon hcl</i>                                   | 2    | QL 4 VIALS / RX       |
| GVOKE   | 3    | QL 0.8 ML / RX        |
| GVOKE HYPOPEN 1-PK 1 MG/0.2 ML                        | 3    | QL 0.8 ML / RX        |
| GVOKE HYPOPEN 1PK 0.5MG/0.1 ML                        | 3    | QL 0.4 ML / RX        |
| GVOKE HYPOPEN 2-PK 1 MG/0.2 ML                        | 3    | QL 0.8 ML / RX        |
| GVOKE HYPOPEN 2PK 0.5MG/0.1 ML                        | 3    | QL 0.4 ML / RX        |
| GVOKE PFS 1-PK 1 MG/0.2 ML SYR                        | 3    | QL 0.8 ML / RX        |
| GVOKE PFS 1PK 0.5MG/0.1 ML SYR                        | 3    | QL 0.4 ML / RX        |
| GVOKE PFS 2-PK 1 MG/0.2 ML SYR                        | 3    | QL 0.8 ML / RX        |
| GVOKE PFS 2PK 0.5MG/0.1 ML SYR                        | 3    | QL 0.4 ML / RX        |
| ZEGALOGUE AUTOINJECTOR                                | 3    | QL 2.4 ML / RX        |
| ZEGALOGUE SYRINGE                                     | 3    | QL 2.4 ML / RX        |

| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| <b>ANTILIPEMIC AGENTS</b>   |      |                       |
| <b>BILE ACID SEQUESTRANTS</b>   |      |                       |
| <i>cholestyramine (packet, powder)</i>  | 2    |                       |
| <i>cholestyramine light (packet, powder)</i>  | 2    |                       |
| <i>colesevelam 625 mg tablet</i>  | 2    |                       |
| <i>colestipol hcl 1 gm tablet</i>   | 2    |                       |
| PREVALITE (PACKET, POWDER)  | 2    |                       |
| <b>CHOLESTEROL ABSORPTION INHIBITORS</b>  |      |                       |
| <i>ezetimibe</i>  | 1    |                       |
| <i>ezetimibe-simvastatin</i>  | 2    |                       |
| <b>FIBRIC ACID DERIVATIVES</b>  |      |                       |
| <i>fenofibrate (48 mg tablet, 67 mg capsule, 134 mg capsule, 145 mg tablet, 200 mg capsule)</i> | 1    |                       |
| <i>fenofibrate (54 mg tablet, 160 mg tablet)</i>  | 2    |                       |
| <i>fenofibric acid (dr 45 mg cap, dr 135 mg cap)</i>  | 2    |                       |
| <i>gemfibrozil</i>  | 1    |                       |
| <b>HMG-COA REDUCTASE INHIBITORS</b>   |      |                       |
| <i>atorvastatin calcium</i>   | 1    |                       |
| <i>fluvastatin er</i>   | 4    | PA                    |
| <i>fluvastatin sodium</i>   | 4    | PA                    |
| <i>lovastatin</i>   | 1    |                       |
| <i>pravastatin sodium</i>   | 1    |                       |
| <i>rosuvastatin calcium</i>   | 1    |                       |
| <i>simvastatin</i>  | 1    |                       |
| <b>MTP PROTEIN INHIBITORS</b>   |      |                       |
| JUXTAPID  | 5    | PA<br>S Specialty     |
| <b>OMEGA-3-MEDIATED ANTILIPEMICS</b>  |      |                       |
| <i>icosapent ethyl (0.5 gm capsule, 500 mg capsule)</i>   | 2    | PA                    |

| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS      |
|---|------|----------------------------|
| <i>icosapent ethyl 1 gram capsule</i>   | 4    | PA                         |
| <i>omega-3 acid ethyl esters</i>  | 1    |                            |
| <b>PCSK9 INHIBITORS</b>   |      |                            |
| REPATHA PUSHTRONEX  | 3    | QL 1 PEN / 28 DAYS         |
| REPATHA SURECLICK   | 3    | QL 2 PENS / 28 DAYS        |
| REPATHA SYRINGE   | 3    | QL 2 PENS / 28 DAYS        |
| <b>ANTIMETABOLITES, IMMUNOSUPPRESS THERAPY<br/>ANTIMETABOLITES, IMMUNOSUPP THERAPY MISC</b> |      |                            |
| <i>azathioprine 50 mg tablet</i>  | 2    |                            |
| <i>mycophenolate mofetil (200 mg/ml susp, 250 mg capsule, 500 mg tablet)</i>                | 2    |                            |
| <i>mycophenolic acid</i>  | 2    |                            |
| <b>ANTIMIGRAINE AGENTS<br/>CALCITONIN GENE-RELATED PEPTIDE ANTAG.</b>                       |      |                            |
| AJOVY AUTOINJECTOR  | 3    | QL 1.5 ML / 28 DAYS<br>PA  |
| AJOVY SYRINGE   | 3    | QL 4.5 ML / 84 DAYS<br>PA  |
| EMGALITY 120 MG/ML SYRINGE  | 3    | QL 1 ML / 28 DAYS<br>PA    |
| EMGALITY PEN  | 3    | QL 1 ML / 28 DAYS<br>PA    |
| EMGALITY SYRINGE (100 MG/ML SYR(1 OF 3), 300 MG (100 MG X3SYR))                             | 3    | QL 3 ML / 28 DAYS<br>PA    |
| NURTEC ODT  | 3    | QL 8 TABS / 30 DAYS<br>PA  |
| <b>SELECTIVE SEROTONIN AGONISTS</b>   |      |                            |
| <i>eletriptan hbr</i>   | 2    | QL 12 TABS / 28 DAYS<br>PA |



| PRODUCT DESCRIPTION  | TIER | LIMITS & RESTRICTIONS      |
|--|------|----------------------------|
| <i>naratriptan hcl</i>   | 1    | QL 12 TABS / 30 DAYS       |
| REYVOW   | 3    | QL 8 TABS / 30 DAYS<br>PA  |
| <i>rizatriptan</i>   | 2    | QL 12 TABS / 28 DAYS       |
| <i>sumatriptan</i>   | 2    | QL 12 SPRAYS / 30 DAYS     |
| <i>sumatriptan succ-naproxen sod</i>   | 4    | QL 18 TABS / 28 DAYS<br>PA |
| <i>sumatriptan succinate (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>   | 2    | QL 12 TABS / 28 DAYS       |
| <i>sumatriptan succinate (4 mg/0.5 ml cart, 4 mg/0.5 ml inject, 6 mg/0.5 ml cart, 6 mg/0.5 ml syrng, 6 mg/0.5 ml vial, 6 mg/0.5ml autoinj)</i> | 2    | QL 5 ML / 30 DAYS          |
| <i>zolmitriptan (2.5 mg tablet, 5 mg tablet)</i>   | 2    | QL 12 TABS / 28 DAYS       |
| <i>zolmitriptan odt</i>  | 2    | QL 12 TABS / 28 DAYS       |
| ZOMIG (2.5 MG TABLET, 5 MG TABLET)   | 2    | QL 12 TABS / 28 DAYS       |
| <b>ANTIMYCOBACTERIALS</b>  |      |                            |
| <b>ANTILEPROSY AGENTS</b>  |      |                            |
| <i>dapsone (25 mg tablet, 100 mg tablet)</i>   | 2    |                            |
| <b>ANTITUBERCULOSIS AGENTS</b>   |      |                            |
| <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>  | 4    | PA                         |
| PRIFTIN  | 3    |                            |
| <i>pyrazinamide</i>  | 2    |                            |
| <i>rifabutin</i>   | 2    |                            |
| <i>rifampin (150 mg capsule, 300 mg capsule)</i>   | 1    |                            |

| PRODUCT DESCRIPTION             | TIER | LIMITS & RESTRICTIONS   |
|---------------------------------|------|---|
| SIRTURO                         | 4    | PA  |
| TRECTOR                         | 4    | PA  |
| <b>ANTINEOPLASTIC AGENTS</b>    |      |   |
| <i>abiraterone acetate</i>      | 6    | PA<br>S Specialty<br>OH OncoHealth<br>ONC Oncology<br>TD Trial Drug |
| AKEEGA                          | 6    | PA<br>S Specialty<br>OH OncoHealth<br>ONC Oncology<br>TD Trial Drug |
| <i>anastrozole</i>              | 1    | OH OncoHealth   |
| BALVERSA                        | 6    | PA<br>S Specialty<br>OH OncoHealth<br>ONC Oncology<br>TD Trial Drug |
| BESREMI                         | 5    | PA<br>S Specialty<br>OH OncoHealth                                  |
| <i>bexarotene 75 mg capsule</i> | 6    | PA<br>S Specialty<br>OH OncoHealth<br>ONC Oncology<br>TD Trial Drug |
| <i>bicalutamide</i>             | 1    | OH OncoHealth   |
| BRUKINSA                        | 6    | PA<br>S Specialty<br>OH OncoHealth<br>ONC Oncology<br>TD Trial Drug |

| PRODUCT DESCRIPTION  | TIER | LIMITS & RESTRICTIONS  |
|--|------|--|
| <i>capecitabine</i>  | 6    | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"><span style="background-color: #c0392b; color: white; padding: 2px 5px; border-radius: 3px;">S</span> Specialty</div> <div style="display: flex; align-items: center;"><span style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px;">OH</span> OncoHealth</div> <div style="display: flex; align-items: center;"><span style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px;">ONC</span> Oncology</div> </div>  |
| CAPRELSA   | 6    | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #a67c52; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="display: flex; align-items: center;"><span style="background-color: #c0392b; color: white; padding: 2px 5px; border-radius: 3px;">S</span> Specialty</div> <div style="display: flex; align-items: center;"><span style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px;">OH</span> OncoHealth</div> <div style="display: flex; align-items: center;"><span style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px;">ONC</span> Oncology</div> </div>   |
| COMETRIQ 100 MG DAILY-DOSE PK  | 6    | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6b46c1; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="display: flex; align-items: center;"><span style="background-color: #6b46c1; color: white; padding: 2px 5px; border-radius: 3px;">2 TABS / 1 DAY</span></div> <div style="background-color: #a67c52; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="display: flex; align-items: center;"><span style="background-color: #c0392b; color: white; padding: 2px 5px; border-radius: 3px;">S</span> Specialty</div> <div style="display: flex; align-items: center;"><span style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px;">OH</span> OncoHealth</div> <div style="display: flex; align-items: center;"><span style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px;">ONC</span> Oncology</div> <div style="display: flex; align-items: center;"><span style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px;">TD</span> Trial Drug</div> </div> |
| COMETRIQ 140 MG DAILY-DOSE PK  | 6    | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6b46c1; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="display: flex; align-items: center;"><span style="background-color: #6b46c1; color: white; padding: 2px 5px; border-radius: 3px;">4 CAPS / 1 DAY</span></div> <div style="background-color: #a67c52; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="display: flex; align-items: center;"><span style="background-color: #c0392b; color: white; padding: 2px 5px; border-radius: 3px;">S</span> Specialty</div> <div style="display: flex; align-items: center;"><span style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px;">OH</span> OncoHealth</div> <div style="display: flex; align-items: center;"><span style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px;">ONC</span> Oncology</div> <div style="display: flex; align-items: center;"><span style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px;">TD</span> Trial Drug</div> </div> |
| COMETRIQ 60 MG DAILY-DOSE PACK   | 6    | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6b46c1; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="display: flex; align-items: center;"><span style="background-color: #6b46c1; color: white; padding: 2px 5px; border-radius: 3px;">3 CAPS / 1 DAY</span></div> <div style="background-color: #a67c52; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="display: flex; align-items: center;"><span style="background-color: #c0392b; color: white; padding: 2px 5px; border-radius: 3px;">S</span> Specialty</div> <div style="display: flex; align-items: center;"><span style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px;">OH</span> OncoHealth</div> <div style="display: flex; align-items: center;"><span style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px;">ONC</span> Oncology</div> <div style="display: flex; align-items: center;"><span style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px;">TD</span> Trial Drug</div> </div> |
| COTELLIC   | 6    | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #a67c52; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="display: flex; align-items: center;"><span style="background-color: #c0392b; color: white; padding: 2px 5px; border-radius: 3px;">S</span> Specialty</div> <div style="display: flex; align-items: center;"><span style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px;">OH</span> OncoHealth</div> <div style="display: flex; align-items: center;"><span style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px;">ONC</span> Oncology</div> </div>   |
| <i>cyclophosphamide (25 mg capsule, 25 mg tablet, 50 mg capsule, 50 mg tablet)</i> | 2    | <div style="display: flex; align-items: center;"><span style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px;">OH</span> OncoHealth</div>   |
| CYCLOPHOSPHAMIDE 25 MG CAPSULE (BRAND)   | 2    | <div style="display: flex; align-items: center;"><span style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px;">OH</span> OncoHealth</div>   |

| PRODUCT DESCRIPTION  | TIER | LIMITS & RESTRICTIONS  |
|--|------|--|
| CYCLOPHOSPHAMIDE 50 MG CAPSULE (BRAND)   | 2    | OH OncoHealth  |
| <i>dasatinib</i>   | 6    | PA<br>S Specialty<br>OH OncoHealth<br>ONC Oncology<br>TD Trial Drug                      |
| EMCYT  | 3    |  |
| ERIVEDGE   | 6    | PA<br>S Specialty<br>OH OncoHealth<br>ONC Oncology<br>TD Trial Drug                      |
| ERLEADA  | 6    | PA<br>S Specialty<br>OH OncoHealth<br>ONC Oncology                                       |
| <i>erlotinib hcl</i>   | 6    | PA<br>S Specialty<br>OH OncoHealth<br>ONC Oncology<br>TD Trial Drug                      |
| <i>etoposide 50 mg capsule</i>   | 2    | OH OncoHealth  |
| <i>everolimus (0.25 mg tablet, 0.5 mg tablet, 0.75 mg tablet, 1 mg tablet)</i> | 2    | PA   |
| <i>everolimus (2 mg tab susp, 5 mg tab susp)</i>                               | 6    | QL 2 TABS / 1 DAY<br>PA<br>S Specialty<br>OH OncoHealth<br>ONC Oncology<br>TD Trial Drug |

| PRODUCT DESCRIPTION                      | TIER | LIMITS & RESTRICTIONS  |
|--|------|--|
| <i>everolimus 3 mg tab for susp</i>      | 6    | <ul style="list-style-type: none"> <li>QL 3 TABS / 1 DAY</li> <li>PA</li> <li>S Specialty</li> <li>OH OncoHealth</li> <li>ONC Oncology</li> <li>TD Trial Drug</li> </ul> |
| <i>exemestane</i>                        | 1    | <ul style="list-style-type: none"> <li>OH OncoHealth</li> </ul>  |
| <i>flutamide</i>                         | 2    | <ul style="list-style-type: none"> <li>OH OncoHealth</li> </ul>  |
| <i>gefitinib</i>                         | 6    | <ul style="list-style-type: none"> <li>PA</li> <li>S Specialty</li> <li>OH OncoHealth</li> <li>ONC Oncology</li> <li>TD Trial Drug</li> </ul>                            |
| GILOTRIF                                 | 6    | <ul style="list-style-type: none"> <li>QL 1 TAB / 1 DAY</li> <li>PA</li> <li>S Specialty</li> <li>OH OncoHealth</li> <li>ONC Oncology</li> </ul>                         |
| GLEOSTINE                                | 6    | <ul style="list-style-type: none"> <li>S Specialty</li> <li>OH OncoHealth</li> <li>ONC Oncology</li> </ul>   |
| HYCAMTIN (0.25 MG CAPSULE, 1 MG CAPSULE) | 6    | <ul style="list-style-type: none"> <li>S Specialty</li> <li>OH OncoHealth</li> <li>ONC Oncology</li> </ul>   |
| <i>hydroxyurea</i>                       | 2    | <ul style="list-style-type: none"> <li>OH OncoHealth</li> </ul>  |
| IBRANCE                                  | 6    | <ul style="list-style-type: none"> <li>QL 21 CAPS / 28 DAYS</li> <li>PA</li> <li>S Specialty</li> <li>OH OncoHealth</li> <li>ONC Oncology</li> </ul>                     |

| PRODUCT DESCRIPTION                      | TIER | LIMITS & RESTRICTIONS  |
|--|------|--|
| IDHIFA                                   | 6    | <ul style="list-style-type: none"> <li>QL 1 TAB / 1 DAY</li> <li>PA</li> <li>S Specialty</li> <li>OH OncoHealth</li> <li>ONC Oncology</li> </ul>                         |
| <i>imatinib mesylate</i>                 | 6    | <ul style="list-style-type: none"> <li>S Specialty</li> <li>OH OncoHealth</li> <li>ONC Oncology</li> <li>TD Trial Drug</li> </ul>  |
| IMBRUVICA (420 MG TABLET, 560 MG TABLET) | 6    | <ul style="list-style-type: none"> <li>QL 1 TAB / 1 DAY</li> <li>PA</li> <li>S Specialty</li> <li>OH OncoHealth</li> <li>ONC Oncology</li> </ul>                         |
| IMBRUVICA 140 MG CAPSULE                 | 6    | <ul style="list-style-type: none"> <li>QL 3 CAPS / 1 DAY</li> <li>PA</li> <li>S Specialty</li> <li>OH OncoHealth</li> <li>ONC Oncology</li> </ul>                        |
| IMBRUVICA 70 MG/ML SUSPENSION            | 6    | <ul style="list-style-type: none"> <li>QL 6 ML / 1 DAY</li> <li>PA</li> <li>S Specialty</li> <li>OH OncoHealth</li> <li>ONC Oncology</li> </ul>                          |
| INLYTA                                   | 6    | <ul style="list-style-type: none"> <li>PA</li> <li>S Specialty</li> <li>OH OncoHealth</li> <li>ONC Oncology</li> <li>TD Trial Drug</li> </ul>                            |
| JAKAFI                                   | 6    | <ul style="list-style-type: none"> <li>QL 2 TABS / 1 DAY</li> <li>PA</li> <li>S Specialty</li> <li>OH OncoHealth</li> <li>ONC Oncology</li> <li>TD Trial Drug</li> </ul> |

| PRODUCT DESCRIPTION           | TIER | LIMITS & RESTRICTIONS  |
|-------------------------------|------|--|
| KISQALI 200 MG DAILY DOSE     | 6    | <ul style="list-style-type: none"> <li>QL 21 TABS / 28 DAYS</li> <li>PA</li> <li>S Specialty</li> <li>OH OncoHealth</li> <li>ONC Oncology</li> </ul> |
| KISQALI 400 MG DAILY DOSE     | 6    | <ul style="list-style-type: none"> <li>QL 42 TABS / 28 DAYS</li> <li>PA</li> <li>S Specialty</li> <li>OH OncoHealth</li> <li>ONC Oncology</li> </ul> |
| KISQALI 600 MG DAILY DOSE     | 6    | <ul style="list-style-type: none"> <li>QL 63 TABS / 28 DAYS</li> <li>PA</li> <li>S Specialty</li> <li>OH OncoHealth</li> <li>ONC Oncology</li> </ul> |
| KISQALI FEMARA 200 MG CO-PACK | 6    | <ul style="list-style-type: none"> <li>QL 49 TABS / 28 DAYS</li> <li>PA</li> <li>S Specialty</li> <li>OH OncoHealth</li> <li>ONC Oncology</li> </ul> |
| KISQALI FEMARA 400 MG CO-PACK | 6    | <ul style="list-style-type: none"> <li>QL 70 TABS / 28 DAYS</li> <li>PA</li> <li>S Specialty</li> <li>OH OncoHealth</li> <li>ONC Oncology</li> </ul> |
| KISQALI FEMARA 600 MG CO-PACK | 6    | <ul style="list-style-type: none"> <li>QL 91 TABS / 28 DAYS</li> <li>PA</li> <li>S Specialty</li> <li>OH OncoHealth</li> <li>ONC Oncology</li> </ul> |
| KOSELUGO 10 MG CAPSULE        | 5    | <ul style="list-style-type: none"> <li>QL 8 CAPS / 1 DAY</li> <li>PA</li> <li>S Specialty</li> </ul>   |

| PRODUCT DESCRIPTION  | TIER | LIMITS & RESTRICTIONS  |
|--|------|--|
| KOSELUGO 25 MG CAPSULE   | 5    | <ul style="list-style-type: none"> <li>QL 4 CAPS / 1 DAY</li> <li>PA</li> <li>S Specialty</li> </ul>   |
| KRAZATI  | 6    | <ul style="list-style-type: none"> <li>PA</li> <li>S Specialty</li> <li>OH OncoHealth</li> <li>ONC Oncology</li> <li>TD Trial Drug</li> </ul>                            |
| <i>lapatinib</i>   | 6    | <ul style="list-style-type: none"> <li>PA</li> <li>S Specialty</li> <li>OH OncoHealth</li> <li>ONC Oncology</li> </ul>   |
| <i>lenalidomide (2.5 mg capsule, 5 mg capsule, 10 mg capsule, 15 mg capsule)</i> | 6    | <ul style="list-style-type: none"> <li>QL 1 CAP / 1 DAY</li> <li>S Specialty</li> <li>OH OncoHealth</li> <li>ONC Oncology</li> </ul>                                     |
| <i>lenalidomide (20 mg capsule, 25 mg capsule)</i>                               | 6    | <ul style="list-style-type: none"> <li>QL 21 CAPS / 28 DAYS</li> <li>S Specialty</li> <li>OH OncoHealth</li> <li>ONC Oncology</li> </ul>                                 |
| <i>letrozole</i>   | 1    | <ul style="list-style-type: none"> <li>OH OncoHealth</li> </ul>  |
| LEUKERAN   | 3    | <ul style="list-style-type: none"> <li>OH OncoHealth</li> </ul>  |
| LUMAKRAS   | 6    | <ul style="list-style-type: none"> <li>PA</li> <li>S Specialty</li> <li>OH OncoHealth</li> <li>ONC Oncology</li> <li>TD Trial Drug</li> </ul>                            |
| LYNPARZA   | 6    | <ul style="list-style-type: none"> <li>QL 4 TABS / 1 DAY</li> <li>PA</li> <li>S Specialty</li> <li>OH OncoHealth</li> <li>ONC Oncology</li> <li>TD Trial Drug</li> </ul> |



| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS   |
|---|------|---|
| LYSODREN  | 6    | PA<br>S Specialty<br>OH OncoHealth<br>ONC Oncology<br>TD Trial Drug |
| LYTGOBI   | 6    | PA<br>S Specialty<br>OH OncoHealth<br>ONC Oncology                  |
| MATULANE  | 6    | PA<br>S Specialty<br>OH OncoHealth<br>ONC Oncology                  |
| MEKINIST (0.05 MG/ML SOLUTION, 0.5 MG TABLET, 2 MG TABLET)              | 6    | PA<br>S Specialty<br>OH OncoHealth<br>ONC Oncology                  |
| <i>melphalan</i>  | 2    | OH OncoHealth   |
| <i>mercaptopurine</i>   | 2    | OH OncoHealth   |
| <i>methotrexate (2.5 mg tablet, 50 mg/2 ml vial, 250 mg/10 ml vial)</i> | 2    | OH OncoHealth   |
| <i>methotrexate sodium</i>  | 2    | OH OncoHealth   |
| MYLERAN   | 3    | OH OncoHealth   |
| NEXAVAR   | 6    | PA<br>S Specialty<br>OH OncoHealth<br>ONC Oncology<br>TD Trial Drug |
| NINLARO   | 6    | PA<br>S Specialty<br>OH OncoHealth<br>ONC Oncology                  |

| PRODUCT DESCRIPTION  | TIER | LIMITS & RESTRICTIONS  |
|----------------------|------|--|
| NUBEQA               | 6    | PA<br>S Specialty<br>OH OncoHealth<br>ONC Oncology<br>TD Trial Drug        |
| ODOMZO               | 6    | PA<br>S Specialty<br>OH OncoHealth<br>ONC Oncology<br>TD Trial Drug        |
| ONUREG               | 6    | PA<br>S Specialty<br>OH OncoHealth<br>ONC Oncology                         |
| <i>pazopanib hcl</i> | 6    | PA<br>S Specialty<br>OH OncoHealth<br>ONC Oncology<br>TD Trial Drug        |
| POMALYST             | 6    | QL 21 CAPS / 28 DAYS<br>PA<br>S Specialty<br>OH OncoHealth<br>ONC Oncology |
| RASUVO               | 4    | PA<br>OH OncoHealth  |
| RETEVMO              | 6    | PA<br>S Specialty<br>OH OncoHealth<br>ONC Oncology<br>TD Trial Drug        |

| PRODUCT DESCRIPTION            | TIER | LIMITS & RESTRICTIONS  |
|--------------------------------|------|--|
| ROZLYTREK 100 MG CAPSULE       | 6    | <ul style="list-style-type: none"> <li>QL 1 CAP / 1 DAY</li> <li>PA</li> <li>S Specialty</li> <li>OH OncoHealth</li> <li>ONC Oncology</li> <li>TD Trial Drug</li> </ul>    |
| ROZLYTREK 200 MG CAPSULE       | 6    | <ul style="list-style-type: none"> <li>QL 3 CAPS / 1 DAY</li> <li>PA</li> <li>S Specialty</li> <li>OH OncoHealth</li> <li>ONC Oncology</li> <li>TD Trial Drug</li> </ul>   |
| ROZLYTREK 50 MG PELLETT PACKET | 6    | <ul style="list-style-type: none"> <li>QL 1 PACKET / 1 DAY</li> <li>PA</li> <li>S Specialty</li> <li>OH OncoHealth</li> <li>ONC Oncology</li> <li>TD Trial Drug</li> </ul> |
| <i>sorafenib</i>               | 6    | <ul style="list-style-type: none"> <li>PA</li> <li>S Specialty</li> <li>OH OncoHealth</li> <li>ONC Oncology</li> <li>TD Trial Drug</li> </ul>                              |
| STIVARGA                       | 6    | <ul style="list-style-type: none"> <li>PA</li> <li>S Specialty</li> <li>OH OncoHealth</li> <li>ONC Oncology</li> </ul>   |
| <i>sunitinib malate</i>        | 6    | <ul style="list-style-type: none"> <li>PA</li> <li>S Specialty</li> <li>OH OncoHealth</li> <li>ONC Oncology</li> </ul>   |
| TABLOID                        | 6    | <ul style="list-style-type: none"> <li>S Specialty</li> <li>OH OncoHealth</li> <li>ONC Oncology</li> </ul>   |

| PRODUCT DESCRIPTION            | TIER | LIMITS & RESTRICTIONS  |
|--------------------------------|------|--|
| TAFINLAR                       | 6    | PA<br>S Specialty<br>OH OncoHealth<br>ONC Oncology                                       |
| TAGRISO                        | 6    | QL 1 TAB / 1 DAY<br>PA<br>S Specialty<br>OH OncoHealth<br>ONC Oncology<br>TD Trial Drug  |
| TASIGNA                        | 6    | QL 4 CAPS / 1 DAY<br>PA<br>S Specialty<br>OH OncoHealth<br>ONC Oncology<br>TD Trial Drug |
| TAZVERIK                       | 6    | QL 8 TABS / 1 DAY<br>PA<br>S Specialty<br>OH OncoHealth<br>ONC Oncology<br>TD Trial Drug |
| <i>temozolomide</i>            | 6    | S Specialty<br>OH OncoHealth<br>ONC Oncology   |
| <i>tretinoin 10 mg capsule</i> | 6    | S Specialty<br>OH OncoHealth<br>ONC Oncology   |
| TURALIO                        | 6    | PA<br>S Specialty<br>OH OncoHealth<br>ONC Oncology                                       |

| PRODUCT DESCRIPTION  | TIER | LIMITS & RESTRICTIONS  |
|----------------------|------|--|
| VANFLYTA             | 6    | <ul style="list-style-type: none"> <li>PA</li> <li>S Specialty</li> <li>OH OncoHealth</li> <li>ONC Oncology</li> </ul>   |
| VERZENIO             | 6    | <ul style="list-style-type: none"> <li>QL 2 TABS / 1 DAY</li> <li>PA</li> <li>S Specialty</li> <li>OH OncoHealth</li> <li>ONC Oncology</li> <li>TD Trial Drug</li> </ul> |
| XPOVIO               | 6    | <ul style="list-style-type: none"> <li>PA</li> <li>S Specialty</li> <li>OH OncoHealth</li> <li>ONC Oncology</li> <li>TD Trial Drug</li> </ul>                            |
| XTANDI 40 MG CAPSULE | 6    | <ul style="list-style-type: none"> <li>QL 4 CAPS / 1 DAY</li> <li>PA</li> <li>S Specialty</li> <li>OH OncoHealth</li> <li>ONC Oncology</li> <li>TD Trial Drug</li> </ul> |
| XTANDI 40 MG TABLET  | 6    | <ul style="list-style-type: none"> <li>QL 4 TABS / 1 DAY</li> <li>PA</li> <li>S Specialty</li> <li>OH OncoHealth</li> <li>ONC Oncology</li> <li>TD Trial Drug</li> </ul> |
| XTANDI 80 MG TABLET  | 6    | <ul style="list-style-type: none"> <li>QL 2 TABS / 1 DAY</li> <li>PA</li> <li>S Specialty</li> <li>OH OncoHealth</li> <li>ONC Oncology</li> <li>TD Trial Drug</li> </ul> |

| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS   |
|---|------|---|
| ZEJULA (100 MG TABLET, 200 MG TABLET, 300 MG TABLET)  | 6    | <ul style="list-style-type: none"> <li>QL 1 TAB / 1 DAY</li> <li>PA</li> <li>S Specialty</li> <li>OH OncoHealth</li> <li>ONC Oncology</li> <li>TD Trial Drug</li> </ul> |
| ZEJULA 100 MG CAPSULE   | 6    | <ul style="list-style-type: none"> <li>QL 1 CAP / 1 DAY</li> <li>PA</li> <li>S Specialty</li> <li>OH OncoHealth</li> <li>ONC Oncology</li> <li>TD Trial Drug</li> </ul> |
| ZELBORAF  | 6    | <ul style="list-style-type: none"> <li>PA</li> <li>S Specialty</li> <li>OH OncoHealth</li> <li>ONC Oncology</li> </ul>  |
| ZOLINZA   | 6    | <ul style="list-style-type: none"> <li>PA</li> <li>S Specialty</li> <li>OH OncoHealth</li> <li>ONC Oncology</li> <li>TD Trial Drug</li> </ul>                           |
| ZYKADIA   | 6    | <ul style="list-style-type: none"> <li>PA</li> <li>S Specialty</li> <li>OH OncoHealth</li> <li>ONC Oncology</li> <li>TD Trial Drug</li> </ul>                           |
| <b>ANTIPARKINSONIAN AGENTS (CNS)</b>  |      |   |
| <b>ADAMANTANES (CNS)</b>  |      |   |
| <i>amantadine (50 mg/5 ml solution, 100 mg tablet, 100 mg/10 ml cup, 100 mg/10 ml soln)</i> | 2    |   |
| <i>amantadine 100 mg capsule</i>  | 1    |   |

| PRODUCT DESCRIPTION  | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| <b>ADENOSINE A2A RECEPTOR ANTAGONISTS</b>                          |      |                       |
| NOURIANZ   | 5    | PA<br>S Specialty     |
| <b>ANTICHOLINERGIC AGENTS (CNS)</b>                                |      |                       |
| <i>benztropine mesylate (0.5 mg tab, 1 mg tablet, 2 mg tablet)</i> | 2    |                       |
| <i>trihexyphenidyl 2 mg/5 ml soln</i>                              | 2    |                       |
| <i>trihexyphenidyl hcl (2 mg tablet, 5 mg tablet)</i>              | 1    |                       |
| <b>CATECHOL-O-METHYLTRANSFERASE(COMT)INHIB.</b>                    |      |                       |
| <i>entacapone</i>  | 2    |                       |
| <b>DOPAMINE PRECURSORS</b>   |      |                       |
| <i>carbidopa-levodopa</i>  | 2    |                       |
| <i>carbidopa-levodopa er</i>                                       | 2    |                       |
| <i>carbidopa-levodopa-entacapone</i>                               | 2    |                       |
| INBRIJA  | 5    | PA<br>S Specialty     |
| RYTARY   | 3    | ST                    |
| <b>MONOAMINE OXIDASE B INHIBITORS</b>                              |      |                       |
| EMSAM  | 4    | PA                    |
| <i>rasagiline mesylate</i>   | 4    |                       |
| <i>selegiline hcl 5 mg capsule</i>                                 | 2    |                       |
| <i>selegiline hcl 5 mg tablet</i>                                  | 4    |                       |
| <b>ANTIPROTOZOALS<br/>AMEBICIDES</b>                               |      |                       |
| <i>paromomycin sulfate</i>   | 4    | PA                    |
| <b>ANTIMALARIALS</b>   |      |                       |
| <i>atovaquone-proguanil hcl</i>                                    | 2    |                       |
| <i>chloroquine phosphate</i>                                       | 2    |                       |
| COARTEM  | 4    | PA                    |

| PRODUCT DESCRIPTION  | TIER | LIMITS & RESTRICTIONS  |
|--|------|------------------------|
| <i>hydroxychloroquine 200 mg tab</i>   | 2    |                        |
| <i>mefloquine hcl</i>  | 1    |                        |
| <i>quinine sulfate</i>   | 4    | PA                     |
| <b>ANTIPROTOZOALS, CRYPTOSPORIDIOSIS</b>   |      |                        |
| ALINIA 100 MG/5 ML SUSPENSION  | 4    | QL 180 ML / RX<br>PA   |
| <i>nitazoxanide</i>  | 4    | QL 6 TABS / RX<br>PA   |
| <b>ANTIPROTOZOALS, MISCELLANEOUS</b>   |      |                        |
| LAMPIT   | 4    | PA                     |
| <b>ANTIPROTOZOALS, P JIROVECII PNEUMONIA</b>   |      |                        |
| <i>atovaquone</i>  | 2    |                        |
| <b>ANTIPROTOZOALS,NITROIMIDAZOLE-DERIVATIVE</b>  |      |                        |
| <i>tinidazole</i>  | 2    |                        |
| <b>ANTIPROTOZOALS,NITROIMIDAZOLE-DERIVATIVE<br/>NITROIMIDAZOLE DERIVATIVE, ANTI-LEISHMAL</b>           |      |                        |
| IMPAVIDO   | 4    | PA                     |
| <b>NITROIMIDAZOLE DERIVATIVE, TRYPANOCIDAL</b>   |      |                        |
| <i>benznidazole</i>  | 2    | PA                     |
| <b>NITROIMIDAZOLE DERIVATIVES, MISC</b>  |      |                        |
| <i>metronidazole (250 mg tablet, 500 mg tablet)</i>  | 2    |                        |
| <i>metronidazole vaginal 0.75% gl</i>  | 1    |                        |
| <b>ANTIPSYCHOTIC AGENTS<br/>ATYPICAL ANTIPSYCHOTICS</b>  |      |                        |
| ABILIFY ASIMTUFII  | 3    |                        |
| ABILIFY MAINTENA   | 4    |                        |
| <i>aripiprazole (2 mg tablet, 5 mg tablet, 10 mg tablet, 15 mg tablet, 20 mg tablet, 30 mg tablet)</i> | 2    | AL1 At least 7 yrs old |
| <i>aripiprazole 1 mg/ml solution</i>   | 4    | AL1 At least 7 yrs old |



| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS                      |
|---|------|--|
| <i>aripiprazole odt</i>   | 4    | PA<br>AL1 At least 7 yrs old               |
| ARISTADA  | 4    |  |
| ARISTADA INITIO   | 4    |  |
| <i>asenapine maleate</i>  | 2    | AL1 At least 7 yrs old                     |
| CAPLYTA   | 4    | QL 1 CAP / 1 DAY<br>PA                     |
| <i>clozapine</i>  | 2    | AL1 At least 7 yrs old                     |
| <i>clozapine odt</i>  | 4    | PA<br>AL1 At least 7 yrs old               |
| FANAPT  | 4    | PA   |
| INVEGA HAFYERA  | 4    |  |
| INVEGA SUSTENNA   | 4    |  |
| INVEGA TRINZA   | 4    |  |
| <i>lurasidone hcl</i>   | 2    | QL 1 TAB / 1 DAY<br>AL1 At least 7 yrs old |
| LYBALVI   | 4    | QL 1 TAB / 1 DAY<br>PA                     |
| NUPLAZID  | 5    | PA<br>S Specialty<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 7 yrs old                     |
| <i>olanzapine odt</i>   | 2    | AL1 At least 7 yrs old                     |
| OPIPZA  | 3    | PA   |
| <i>paliperidone er</i>  | 1    | AL1 At least 7 yrs old                     |
| <i>quetiapine fumarate</i>  | 2    | AL1 At least 7 yrs old                     |
| <i>quetiapine fumarate er</i>   | 2    | AL1 At least 7 yrs old                     |

| PRODUCT DESCRIPTION  | TIER | LIMITS & RESTRICTIONS         |
|--|------|-------------------------------|
| REXULTI  | 4    | PA                            |
| <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 7 yrs old        |
| <i>risperidone 1 mg/ml solution</i>  | 2    | AL1 At least 7 yrs old        |
| <i>risperidone er</i>  | 2    |                               |
| <i>risperidone odt</i>   | 2    | PA<br>AL1 At least 7 yrs old  |
| SECUADO  | 4    | PA                            |
| UZEDY  | 4    | PA                            |
| VRAYLAR (1.5 MG CAPSULE, 1.5 MG-3 MG PACK)   | 4    | OL 2 CAPS / 1 DAY<br>PA       |
| VRAYLAR (3 MG CAPSULE, 4.5 MG CAPSULE, 6 MG CAPSULE)   | 4    | OL 1 CAP / 1 DAY<br>PA        |
| <i>ziprasidone hcl</i>   | 2    | AL1 At least 7 yrs old        |
| <b>BUTYROPHENONES</b>  |      |                               |
| HALDOL DECANOATE 100   | 3    |                               |
| HALDOL DECANOATE 50  | 3    |                               |
| <i>haloperidol</i>   | 2    | AL1 At least 7 yrs old        |
| <i>haloperidol decanoate</i>   | 2    |                               |
| <i>haloperidol decanoate 100</i>   | 2    |                               |
| <i>haloperidol lactate (2 mg/ml conc, 10 mg/5 ml cup)</i>  | 2    | AL1 At least 7 yrs old        |
| <b>DIBENZOXAPINES</b>  |      |                               |
| <i>loxapine</i>  | 2    | AL1 At least 7 yrs old        |
| <b>DIHYDROINDOLONES</b>  |      |                               |
| <i>molindone hcl</i>   | 4    | PA                            |
| <b>DIPHENYLBUTYLPERIDINES</b>  |      |                               |
| <i>pimozide</i>  | 4    | PA<br>AL1 At least 12 yrs old |

| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS  |
|---|------|------------------------|
| <b>PHENOTHIAZINES</b>   |      |                        |
| <i>chlorpromazine hcl (10 mg tablet, 25 mg tablet, 30 mg/ml conc, 50 mg tablet, 100 mg tablet, 100 mg/ml conc, 200 mg tablet)</i> | 4    | PA                     |
| <i>fluphenazine decanoate</i>   | 2    |                        |
| <i>fluphenazine hcl (1 mg tablet, 2.5 mg tablet, 5 mg tablet, 10 mg tablet)</i>   | 2    | AL1 At least 7 yrs old |
| <i>fluphenazine hcl (2.5 mg/5 ml elix, 5 mg/ml conc)</i>  | 1    | AL1 At least 7 yrs old |
| <i>perphenazine</i>   | 1    | AL1 At least 7 yrs old |
| <i>thioridazine hcl</i>   | 1    | AL1 At least 7 yrs old |
| <i>trifluoperazine hcl</i>  | 2    | AL1 At least 7 yrs old |
| <b>THIOXANTHENES</b>  |      |                        |
| <i>thiothixene</i>  | 1    | AL1 At least 7 yrs old |
| <b>ANTIRETROVIRALS</b>  |      |                        |
| <b>ANTIRETROVIRALS, MISCELLANEOUS</b>   |      |                        |
| TYBOST  | 3    |                        |
| <b>HIV ENTRY AND FUSION INHIBITORS</b>  |      |                        |
| FUZEON  | 5    | S Specialty            |
| <i>maraviroc</i>  | 2    |                        |
| RUKOBIA   | 4    | PA                     |
| SELZENTRY (20 MG/ML ORAL SOLN, 25 MG TABLET, 75 MG TABLET)  | 3    |                        |
| <b>HIV INTEGRASE INHIBITOR ANTIRETROVIRALS</b>  |      |                        |
| BIKTARVY  | 3    |                        |
| DOVATO  | 3    |                        |
| ISENTRESS   | 3    |                        |
| ISENTRESS HD  | 3    |                        |
| JULUCA  | 3    |                        |
| TIVICAY   | 3    |                        |
| TIVICAY PD  | 3    |                        |

| PRODUCT DESCRIPTION  | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| VOCABRIA   | 3    |                       |
| HIV NONNUCLEOSIDE REV.TRANScriP. INHIB.                              |      |                       |
| DELSTRIGO  | 3    |                       |
| 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 susp, 200 mg tablet)</i>                   | 2    |                       |
| <i>nevirapine er</i>   | 2    |                       |
| SUSTIVA  | 3    |                       |
| HIV NUCLEOSIDE, NUCLEOTIDE RT INHIBITORS                             |      |                       |
| <i>abacavir (20 mg/ml solution, 300 mg tablet)</i>                   | 2    |                       |
| <i>abacavir-lamivudine</i>   | 1    |                       |
| COMPLERA   | 3    |                       |
| DESCOVY  | 3    | PA                    |
| <i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>         | 2    |                       |
| <i>emtricitabine</i>   | 2    |                       |
| <i>emtricitabine-tenofovir disoproxil fumarate</i>                   | 2    |                       |
| EPIVIR HBV 25 MG/5 ML SOLN   | 3    |                       |
| GENVOYA  | 3    |                       |
| <i>lamivudine (10 mg/ml oral soln, 150 mg tablet, 300 mg tablet)</i> | 2    |                       |
| <i>lamivudine hbv</i>  | 2    |                       |
| <i>lamivudine-zidovudine</i>   | 2    |                       |
| ODEFSEY  | 3    |                       |
| STRIBILD   | 3    |                       |
| <i>tenofovir disoproxil fumarate</i>                                 | 1    |                       |
| TRIUMEQ  | 3    |                       |

| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| TRIUMEQ PD  | 3    |                       |
| VIREAD (150 MG TABLET, 200 MG TABLET, 250 MG TABLET, POWDER)  | 3    |                       |
| <i>zidovudine (50 mg/5 ml syrup, 300 mg tablet)</i>   | 2    |                       |
| <i>zidovudine 100 mg capsule</i>  | 1    |                       |
| <b>HIV PROTEASE INHIBITOR ANTIRETROVIRALS</b>   |      |                       |
| APTIVUS   | 3    |                       |
| <i>atazanavir sulfate</i>   | 2    |                       |
| <i>darunavir</i>  | 2    |                       |
| EVOTAZ  | 3    |                       |
| <i>fosamprenavir calcium</i>  | 2    |                       |
| LEXIVA 50 MG/ML SUSPENSION  | 3    |                       |
| <i>lopinavir-ritonavir (lopinavir-ritonavir 80-20mg/ml, lopinavir-ritonavir 100-25mg tb, lopinavir-ritonavir 200-50mg tb)</i> | 2    |                       |
| NORVIR 80 MG/ML SOLUTION  | 3    |                       |
| PREZCOBIX   | 3    |                       |
| PREZISTA (75 MG TABLET, 100 MG/ML SUSPENSION, 150 MG TABLET)  | 3    |                       |
| REYATAZ 50 MG POWDER PACKET   | 3    |                       |
| <i>ritonavir</i>  | 2    |                       |
| SYMTUZA   | 3    |                       |
| <b>ANTITHROMBOTIC AGENTS<br/>PLATELET-AGGREGATION INHIBITORS</b>  |      |                       |
| BRILINTA  | 3    |                       |
| <i>cilostazol</i>   | 2    |                       |
| <i>clopidogrel 75 mg tablet</i>   | 1    |                       |
| <i>prasugrel hcl</i>  | 2    |                       |
| ZONTIVITY   | 3    | PA                    |

| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS              |
|---|------|------------------------------------|
| <b>PLATELET-REDUCING AGENTS</b>   |      |                                    |
| <i>anagrelide hcl</i>   | 2    | OH OncoHealth                      |
| <b>VON WILLEBRAND FACTOR-RELATED ANTITHROMB</b>   |      |                                    |
| CABLIVI 11 MG KIT   | 5    | PA<br>S Specialty<br>OH OncoHealth |
| <b>ANTITOXINS, IMMUNE GLOB, TOXOIDS, VACCINES<br/>ALLERGENIC EXTRACTS (THERAPEUTIC)</b> |      |                                    |
| GRASTEK   | 4    | PA                                 |
| ODACTRA   | 3    | PA                                 |
| PALFORZIA   | 5    | PA<br>S Specialty                  |
| RAGWITEK  | 3    | PA                                 |
| <b>ANTITOXINS AND IMMUNE GLOBULINS</b>  |      |                                    |
| BIVIGAM   | 5    | PA<br>S Specialty<br>OH OncoHealth |
| <b>TOXOIDS</b>  |      |                                    |
| ADACEL TDAP   | 3    |                                    |
| BOOSTRIX TDAP   | 3    |                                    |
| DAPTACEL DTAP   | 3    |                                    |
| <i>diphtheria-tetanus toxoids-ped</i>   | 3    |                                    |
| INFANRIX DTAP   | 3    |                                    |
| <i>tdvax</i>  | 3    |                                    |
| TENIVAC   | 3    |                                    |
| VAXELIS   | 3    |                                    |
| <b>VACCINES</b>   |      |                                    |
| ABRYSVO   | 3    |                                    |
| ACTHIB  | 3    |                                    |

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

| PRODUCT DESCRIPTION  | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| FLUCELVAX QUAD 2022-2023 (SYR, VIAL)                                   | 3    |                       |
| FLUCELVAX QUAD 2023-2024 (SYR, VIAL)                                   | 3    |                       |
| FLUCELVAX TRIVALENT 2024-2025 (SYR, VL)                                | 3    |                       |
| FLULAVAL QUAD 2022-2023  | 3    |                       |
| FLULAVAL QUAD 2023-2024  | 3    |                       |
| FLULAVAL TRIVALENT 2024-2025   | 3    |                       |
| FLUMIST QUAD 2022-2023   | 3    |                       |
| FLUMIST QUAD 2023-2024   | 3    |                       |
| FLUMIST TRIVALENT 2024-2025  | 3    |                       |
| FLUZONE HIGH-DOSE QUAD 2022-23   | 3    |                       |
| FLUZONE HIGH-DOSE QUAD 2023-24   | 3    |                       |
| FLUZONE HIGH-DOSE TRIV 2024-25   | 3    |                       |
| FLUZONE QUAD 2022-2023   | 3    |                       |
| FLUZONE QUAD 2023-2024 (SYRINGE, VIAL)                                 | 3    |                       |
| FLUZONE QUAD SOUTHERN HEM 2024 (HEM2024 SYR, HEM 2024 VL)              | 3    |                       |
| FLUZONE TRIVALENT 2024-2025 (SYRG, VIAL)                               | 3    |                       |
| GARDASIL 9   | 3    |                       |
| HAVRIX   | 3    |                       |
| HEPLISAV-B   | 3    |                       |
| HIBERIX  | 3    |                       |
| IPOL   | 3    |                       |
| JANSSEN COVID-19 VACCINE (EUA)   | 3    |                       |
| KINRIX   | 3    |                       |
| M-M-R II VACCINE   | 3    |                       |
| MENQUADFI  | 3    |                       |
| MENVEO A-C-Y-W-135-DIP (1 VIAL-A-C-Y-W-135-DIP, A-C-Y-W KIT (2 VIALS)) | 3    |                       |
| MENVEO MENA COMPONENT  | 3    |                       |



| PRODUCT DESCRIPTION            | TIER | LIMITS & RESTRICTIONS |
|--------------------------------|------|-----------------------|
| MENVEO MENCYW-135 COMPONENT    | 3    |                       |
| MODERNA COVID (12Y UP)VAC(EUA) | 3    |                       |
| MODERNA COVID 23-24(6M-11Y)EUA | 3    |                       |
| MODERNA COVID 24-25(6M-11Y)EUA | 3    |                       |
| MODERNA COVID BIVAL(6MO UP)EUA | 3    |                       |
| MODERNA COVID BIVAL(6MO-5Y)EUA | 3    |                       |
| MODERNA COVID(6M-5Y) VACC(EUA) | 3    |                       |
| MODERNA COVID-19 BOOSTER (EUA) | 3    |                       |
| MRESVIA                        | 3    |                       |
| NOVAVAX COVID 2023-2024 (EUA)  | 3    |                       |
| NOVAVAX COVID 2024-2025 (EUA)  | 3    |                       |
| NOVAVAX COVID-19 VACC,ADJ(EUA) | 3    |                       |
| PEDIARIX                       | 3    |                       |
| PEDVAXHIB                      | 3    |                       |
| PENBRAYA                       | 3    |                       |
| PENBRAYA MENACWY COMPONENT     | 3    |                       |
| PENBRAYA MENB COMPONENT        | 3    |                       |
| PENTACEL                       | 3    |                       |
| PENTACEL ACTHIB COMPONENT      | 3    |                       |
| PENTACEL DTAP-IPV COMPONENT    | 3    |                       |
| PFIZER COVID (12Y UP) VAC(EUA) | 3    |                       |
| PFIZER COVID (5-11Y) VAC (EUA) | 3    |                       |
| PFIZER COVID (6M-4Y) VACC(EUA) | 3    |                       |
| PFIZER COVID 2023-24(5-11Y)EUA | 3    |                       |
| PFIZER COVID 2023-24(6M-4Y)EUA | 3    |                       |
| PFIZER COVID 2024-25(5-11Y)EUA | 3    |                       |
| PFIZER COVID 2024-25(6M-4Y)EUA | 3    |                       |
| PFIZER COVID BIVAL (12Y UP)EUA | 3    |                       |

| PRODUCT DESCRIPTION            | TIER | LIMITS & RESTRICTIONS |
|--------------------------------|------|-----------------------|
| PFIZER COVID BIVAL (5-11YR)EUA | 3    |                       |
| PFIZER COVID BIVAL (6MO-4Y)EUA | 3    |                       |
| PFIZER COVID-19 VACCINE (EUA)  | 3    |                       |
| PNEUMOVAX 23                   | 3    |                       |
| PREHEVBRIO                     | 3    |                       |
| PREVNAR 13                     | 3    |                       |
| PREVNAR 20                     | 3    |                       |
| PRIORIX                        | 3    |                       |
| PROQUAD                        | 3    |                       |
| QUADRACEL DTAP-IPV             | 3    |                       |
| RECOMBIVAX HB                  | 3    |                       |
| ROTARIX                        | 3    |                       |
| ROTATEQ                        | 3    |                       |
| SHINGRIX                       | 3    | QL 1 KIT / RX         |
| SHINGRIX GE ANTIGEN COMPONENT  | 3    | QL 1 KIT / RX         |
| SPIKEVAX 2023-2024             | 3    |                       |
| SPIKEVAX 2024-2025             | 3    |                       |
| SPIKEVAX COVID (18Y UP) VACC   | 3    |                       |
| TRUMENBA                       | 3    |                       |
| TWINRIX                        | 3    |                       |
| VAQTA                          | 3    |                       |
| VARIVAX VACCINE                | 3    |                       |
| VAXCHORA VACCINE               | 3    |                       |
| VAXNEUVANCE                    | 3    |                       |
| VIVOTIF                        | 3    |                       |

| PRODUCT DESCRIPTION  | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| <b>ANTIULCER AGENTS AND ACID SUPPRESSANTS</b>  |      |                       |
| <b>HISTAMINE H2-ANTAGONISTS</b>  |      |                       |
| <i>cimetidine (300 mg tablet, 300 mg/5 ml cup, 300 mg/5 ml soln, 400 mg tablet, 400 mg/6.67 ml cup, 800 mg tablet)</i> | 2    |                       |
| <i>famotidine (20 mg tablet, 40 mg tablet)</i>   | 1    |                       |
| <i>famotidine 20 mg tablet (rx only)</i>   | 1    |                       |
| <i>famotidine 40 mg/5 ml susp</i>  | 2    | AL1 Up to 12 yrs old  |
| <i>nizatidine</i>  | 4    | PA                    |
| <b>PROSTAGLANDINS</b>  |      |                       |
| <i>misoprostol</i>   | 2    |                       |
| <b>PROTECTANTS</b>   |      |                       |
| <i>sucralfate (1 gm/10 ml susp, 1 gm/10 ml susp cup)</i>   | 4    | PA                    |
| <i>sucralfate 1 gm tablet</i>  | 2    |                       |
| <b>PROTON-PUMP INHIBITORS</b>  |      |                       |
| <i>esomeprazole magnesium (dr 20 mg cap, dr 40 mg cap)</i>   | 2    |                       |
| <i>lansoprazole (dr 15 mg capsule, dr 30 mg capsule)</i>   | 2    |                       |
| <i>lansoprazole dr 15 mg capsule (rx only)</i>   | 2    |                       |
| <i>omeprazole (dr 10 mg capsule, dr 20 mg capsule, dr 40 mg capsule)</i>   | 1    |                       |
| <i>pantoprazole sodium (dr 20 mg tab, dr 40 mg tab)</i>  | 1    |                       |
| <i>rabeprazole sod dr 20 mg tab</i>  | 2    |                       |
| <b>ANTIVIRALS (SYSTEMIC)</b>   |      |                       |
| <b>ADAMANTANE ANTIVIRALS</b>   |      |                       |
| <i>rimantadine hcl</i>   | 2    |                       |
| <b>ANTIRETROVIRALS</b>   |      |                       |
| SUNLENCA (4- 300 MG TABLET, 5- 300 MG TABLET)  | 5    | PA<br>S Specialty     |
| <b>ANTIVIRALS, MISCELLANEOUS</b>   |      |                       |
| TPOXX 200 MG CAP (STOCKPILE)   | 3    |                       |

| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS              |
|---|------|------------------------------------|
| <b>CMV ANTIVIRALS</b>   |      |                                    |
| LIVTENCITY  | 5    | PA<br>S Specialty                  |
| PREVYMIS (240 MG TABLET, 480 MG TABLET)                         | 4    | PA                                 |
| <b>CORONAVIRUS (COVID-19)</b>                                   |      |                                    |
| PAXLOVID 150-100 MG DOSE PACK                                   | 3    | QL 20 TABS / 5 DAYS                |
| PAXLOVID 150-100 MG PACK (EUA)                                  | 3    | QL 20 TABS / 5 DAYS                |
| PAXLOVID 300-100 MG DOSE PACK                                   | 3    | QL 30 TABS / 5 DAYS                |
| PAXLOVID 300-100 MG PACK (EUA)                                  | 3    | QL 30 TABS / 5 DAYS                |
| <b>INTERFERON ANTIVIRALS</b>                                    |      |                                    |
| ALFERON N   | 5    | S Specialty                        |
| PEGASYS   | 5    | PA<br>S Specialty<br>OH OncoHealth |
| <b>MONOCLONAL ANTIBODIES (08:18)</b>                            |      |                                    |
| BEYFORTUS   | 3    |                                    |
| <b>NEURAMINIDASE INHIBITOR ANTIVIRALS</b>                       |      |                                    |
| <i>oseltamivir 6 mg/ml suspension</i>                           | 2    | QL 180 ML / 1 FILL                 |
| <i>oseltamivir phos 30 mg capsule</i>                           | 2    | QL 20 CAPS / 1 FILL                |
| <i>oseltamivir phosphate (45 mg capsule, 75 mg capsule)</i>     | 2    | QL 10 CAPS / 1 FILL                |
| RELENZA   | 4    | 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/5 ml 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    |                                    |

| PRODUCT DESCRIPTION  | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| <i>famciclovir</i>   | 2    |                       |
| LAGEVRIO (EUA)   | 2    | QL 40 CAPS / 5 DAYS   |
| LAGEVRIO 200 MG CAP (EUA) USG DISTRIBUTED  | 2    | QL 40 CAPS / 5 DAYS   |
| <i>ribavirin (200 mg capsule, 200 mg tablet)</i>   | 5    | S Specialty           |
| <i>valacyclovir</i>  | 2    |                       |
| <i>valganciclovir hcl (hcl 50 mg/ml, 450 mg tablet)</i>  | 2    |                       |
| VEMLIDY  | 4    |                       |
| <b>ANXIOLYTICS, SEDATIVES AND HYPNOTICS</b>  |      |                       |
| <b>ANXIOLYTICS, SEDATIVES, AND HYPNOTICS, MISC</b>   |      |                       |
| <i>hydroxyzine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet)</i>  | 1    |                       |
| <i>hydroxyzine hcl (10 mg/5 ml soln, 10 mg/5 ml syrup, 50 mg/25 ml cup)</i>  | 2    |                       |
| <i>hydroxyzine pamoate</i>   | 2    |                       |
| <b>BARBITURATES (ANXIOLYTIC, SEDATIVE/HYP)</b>   |      |                       |
| <i>butalb-acetamin-caff 50-325-40</i>  | 2    | QL 6 TABS / 1 DAY     |
| <i>phenobarbital (15 mg tablet, 16.2 mg tablet, 20 mg/5 ml cup, 20 mg/5 ml elix, 20 mg/5 ml soln, 30 mg/7.5 ml cup, 60 mg/15 ml cup)</i> | 2    |                       |
| ZEBUTAL  | 2    | QL 6 CAPS / 1 DAY     |
| <b>BENZODIAZEPINES (ANXIOLYTIC, SEDATIV/HYP)</b>   |      |                       |
| <i>alprazolam (0.25 mg tablet, 0.5 mg tablet, 1 mg tablet)</i>   | 1    | QL 6 TABS / 1 DAY     |
| <i>alprazolam 2 mg tablet</i>  | 1    | QL 3 TABS / 1 DAY     |
| <i>alprazolam er (er 0.5 mg tablet, er 1 mg tablet)</i>  | 1    | QL 6 TABS / 1 DAY     |
| <i>alprazolam er 2 mg tablet</i>   | 1    | QL 3 TABS / 1 DAY     |
| <i>alprazolam er 3 mg tablet</i>   | 1    | QL 2 TABS / 1 DAY     |
| <i>alprazolam xr (0.5 mg tablet, 1 mg tablet)</i>  | 1    | QL 6 TABS / 1 DAY     |
| <i>alprazolam xr 2 mg tablet</i>   | 1    | QL 3 TABS / 1 DAY     |
| <i>alprazolam xr 3 mg tablet</i>   | 1    | QL 2 TABS / 1 DAY     |

| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS   |
|---|------|-------------------------|
| <i>chlordiazepoxide 10 mg capsule</i>   | 1    | QL 6 CAPS / 1 DAY       |
| <i>chlordiazepoxide 25 mg capsule</i>   | 1    | QL 4 CAPS / 1 DAY       |
| <i>chlordiazepoxide 5 mg capsule</i>  | 2    | QL 6 CAPS / 1 DAY       |
| <i>clorazepate 15 mg tablet</i>   | 4    | QL 4 TABS / 1 DAY<br>PA |
| <i>clorazepate dipotassium (3.75 mg tablet, 7.5 mg tablet)</i>  | 4    | QL 6 TABS / 1 DAY<br>PA |
| <i>diazepam (2 mg tablet, 5 mg tablet)</i>  | 1    | QL 6 TABS / 1 DAY       |
| <i>diazepam (2.5mg rectal gel(2pk), 10 mg rectal gel syrg, 10mg rectal gel (2pk), 20 mg rectal gel syrg, 20mg rectal gel (2pk))</i> | 2    | QL 4 KITS / 30 DAYS     |
| <i>diazepam (5 mg/ml oral conc, 25 mg/5 ml oral conc)</i>   | 4    | QL 8 ML / 1 DAY         |
| <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>estazolam 1 mg tablet</i>  | 4    | QL 2 TABS / 1 DAY<br>PA |
| <i>estazolam 2 mg tablet</i>  | 4    | QL 1 TAB / 1 DAY<br>PA  |
| <i>flurazepam 15 mg capsule</i>   | 4    | QL 2 CAPS / 1 DAY<br>PA |
| <i>flurazepam 30 mg capsule</i>   | 4    | QL 1 CAP / 1 DAY<br>PA  |
| LIBERVANT   | 3    | QL 2 DOSES / RX<br>PA   |
| <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 concent</i>   | 2    | QL 5 ML / 1 DAY         |

| PRODUCT DESCRIPTION                                  | TIER | LIMITS & RESTRICTIONS   |
|--|------|-------------------------|
| LORAZEPAM INTENSOL                                   | 2    | QL 5 ML / 1 DAY         |
| NAYZILAM   | 4    | QL 2 DOSES / RX<br>PA   |
| <i>oxazepam (10 mg capsule, 15 mg capsule)</i>       | 4    | QL 6 CAPS / 1 DAY<br>PA |
| <i>oxazepam 30 mg capsule</i>                        | 4    | QL 4 CAPS / 1 DAY<br>PA |
| <i>quazepam</i>                                      | 4    | QL 2 TABS / 1 DAY<br>PA |
| <i>temazepam 15 mg capsule</i>                       | 1    | QL 2 CAPS / 1 DAY       |
| <i>temazepam 30 mg capsule</i>                       | 1    | QL 1 CAP / 1 DAY        |
| <i>triazolam 0.125 mg tablet</i>                     | 2    | QL 4 TABS / 1 DAY       |
| <i>triazolam 0.25 mg tablet</i>                      | 2    | QL 2 TABS / 1 DAY       |
| VALTOCO  | 4    | QL 2 DOSES / RX<br>PA   |
| <b>MELATONIN RECEPTOR AGONISTS</b>                   |      |                         |
| <i>ramelteon</i>                                     | 2    | QL 1 TAB / 1 DAY        |
| <b>NON-BENZODIAZEPINE ANXIOLYTICS</b>                |      |                         |
| <i>bupirone hcl</i>                                  | 2    |                         |
| <i>meprobamate</i>                                   | 4    | QL 6 TABS / 1 DAY<br>PA |
| <b>NON-BENZODIAZEPINE HYPNOTICS</b>                  |      |                         |
| <i>eszopiclone</i>                                   | 2    |                         |
| <i>zaleplon</i>                                      | 2    |                         |
| <i>zolpidem tartrate (5 mg tablet, 10 mg tablet)</i> | 1    |                         |
| <i>zolpidem tartrate er</i>                          | 2    | ST                      |

| PRODUCT DESCRIPTION  | TIER | LIMITS & RESTRICTIONS                     |
|--|------|---|
| <b>AUTONOMIC DRUGS</b>   |      |   |
| <b>PARASYMPATHOMIMETIC (CHOLINERGIC AGENTS)</b>                                  |      |   |
| <i>bethanechol chloride</i>  | 2    |   |
| <i>cevimeline hcl</i>  | 4    |   |
| <i>donepezil hcl (5 mg tablet, 10 mg tablet)</i>                                 | 2    |   |
| <i>donepezil hcl odt</i>   | 2    |   |
| <i>galantamine er</i>  | 4    |   |
| <i>galantamine hbr</i>   | 2    |   |
| <i>galantamine hydrobromide</i>  | 2    |   |
| <i>pilocarpine hcl (5 mg tablet, 7.5 mg tablet)</i>                              | 2    |   |
| <i>pyridostigmine br 30 mg tablet</i>  | 2    | QL 1 TAB / 1 DAY                          |
| <i>pyridostigmine br 60 mg tablet</i>  | 2    |   |
| <i>pyridostigmine bromide er</i>   | 4    | PA  |
| <i>rivastigmine (1.5 mg capsule, 3 mg capsule, 4.5 mg capsule, 6 mg capsule)</i> | 2    |   |
| <i>rivastigmine (4.6 mg/24hr patch, 9.5 mg/24hr patch, 13.3 mg/24hr ptch)</i>    | 4    |   |
| <b>SMOKING CESSATION AGENTS</b>  |      |   |
| <i>apo-varenicline 0.5 mg tablet (apotex)</i>                                    | 2    | QL 2 TABS / 1 DAY<br>SC Smoking Cessation |
| <i>apo-varenicline 1 mg tablet (apotex)</i>                                      | 2    | QL 2 TABS / 1 DAY<br>SC Smoking Cessation |
| NICORETTE 2 MG LOZENGE   | 2    | SC Smoking Cessation                      |
| <i>nicotine gum</i>  | 2    | SC Smoking Cessation                      |
| <i>nicotine lozenge</i>  | 2    | SC Smoking Cessation                      |



| PRODUCT DESCRIPTION  | TIER | LIMITS & RESTRICTIONS                        |
|--|------|--|
| <i>nicotine patch (7 mg/24hr patch, cvs 7 mg/24hr patch, eq 7 mg/24hr patch, gnp 7 mg/24hr patch, hm 7 mg/24hr patch, kro 7 mg/24hr patch, sm 7 mg/24hr patch, 14 mg/24hr patch, cvs 14 mg/24hr patch, ft 7 mg/24hr patch, gnp 14 mg/24hr patch, kro 14 mg/24hr patch, ra 7 mg/24hr patch, sm 14 mg/24hr patch, 21 mg/24hr patch, cvs 21 mg/24hr patch, eq 14 mg/24hr patch, eq 21 mg/24hr patch, ft 14 mg/24hr patch, ft 21 mg/24hr patch, gnp 21 mg/24hr patch, hm 14 mg/24hr patch, hm 21 mg/24hr patch, kro 21 mg/24hr patch, ra 14 mg/24hr patch, ra 21 mg/24hr patch, sm 21 mg/24hr patch)</i> | 2    | SC Smoking Cessation                         |
| <i>nicotine transdermal system</i>   | 3    |  |
| NICOTROL   | 3    | SC Smoking Cessation                         |
| NICOTROL NS  | 3    | SC Smoking Cessation                         |
| <i>quit 2</i>  | 2    | SC Smoking Cessation                         |
| <i>quit 4</i>  | 2    | SC Smoking Cessation                         |
| <i>varenicline starting month box</i>  | 2    | QL 53 TABS / 28 DAYS<br>SC Smoking Cessation |
| <i>varenicline tartrate (0.5 mg tablet, 1 mg cont month bx, 1 mg tablet)</i>   | 2    | QL 2 TABS / 1 DAY<br>SC Smoking Cessation    |
| <b>BETA-3-ADRENERGIC AGONISTS</b>  |      |  |
| <b>SELECTIVE BETA-3-ADRENERGIC AGONISTS</b>  |      |  |
| MYRBETRIQ (ER 25 MG TABLET, ER 50 MG TABLET)   | 2    | QL 1 TAB / 1 DAY                             |
| <b>BETA-ADRENERGIC AGONISTS</b>  |      |  |
| <b>SELECTIVE BETA-2-ADRENERGIC AGONISTS</b>  |      |  |
| ADVAIR HFA   | 3    |  |
| <i>albuterol sulfate (sul 0.63 mg/3 ml sol, sul 1.25 mg/3 ml sol, sulf 2 mg/5 ml syrup, 2.5 mg/0.5 ml sol, sul 2.5 mg/3 ml soln, 5 mg/ml solution, 15 mg/3 ml solution, 25 mg/5 ml solution, 75 mg/15 ml soln, 100 mg/20 ml soln)</i>  | 2    |  |
| BREO ELLIPTA   | 3    |  |
| <i>fluticasone-salmeterol (100-50, 250-50, 500-50)</i>   | 2    |  |
| <i>formoterol fumarate-nebulizer</i>   | 2    | PA   |

| PRODUCT DESCRIPTION                               | TIER | LIMITS & RESTRICTIONS                     |
|---|------|---|
| <i>levalbuterol tartrate hfa</i>                  | 2    |   |
| SEREVENT DISKUS                                   | 4    | PA  |
| STRIVERDI RESPIMAT                                | 3    |   |
| SYMBICORT   | 2    |   |
| <i>terbutaline sulfate (2.5 mg tab, 5 mg tab)</i> | 2    |   |
| VENTOLIN HFA                                      | 2    |   |
| WIXELA INHUB                                      | 2    |   |
| BLOOD FORMATION, COAGULATION, THROMBOSIS          |      |   |
| BLOOD FORM.,COAG,THROMBOSIS AGENTS MISC.          |      |   |
| PYRUKYND  | 5    | QL 56 TABS / 28 DAYS<br>PA<br>S Specialty |
| HEMATOPOIETIC AGENTS                              |      |   |
| ALVAIZ  | 5    | PA<br>S Specialty<br>OH OncoHealth        |
| ARANESP   | 5    | S Specialty<br>OH OncoHealth              |
| FULPHILA  | 3    | PA<br>OH OncoHealth                       |
| GRANIX  | 5    | S Specialty<br>OH OncoHealth              |
| PROMACTA  | 5    | PA<br>S Specialty<br>OH OncoHealth        |
| RETACRIT  | 5    | S Specialty<br>OH OncoHealth              |
| UDENYCA   | 3    | PA<br>OH OncoHealth                       |

| PRODUCT DESCRIPTION  | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| UDENYCA AUTOINJECTOR   | 3    | PA<br>OH OncoHealth   |
| UDENYCA ONBODY   | 3    | PA<br>OH OncoHealth   |
| <b>HEMORRHEOLOGIC AGENTS</b>                                   |      |                       |
| <i>pentoxifylline</i>  | 2    |                       |
| <b>BRONCHODILATORS</b>   |      |                       |
| <b>ANTICHOLINERGIC AGENTS (RESPIR. TRACT)</b>                  |      |                       |
| BREZTRI AEROSPHERE   | 3    |                       |
| <b>CALCINEURIN INHIBITORS (90:28)</b>                          |      |                       |
| <b>CALCINEURIN INHIBITORS, MISC (90:28)</b>                    |      |                       |
| <i>cyclosporine (25 mg capsule, 100 mg capsule)</i>            | 2    |                       |
| <i>cyclosporine modified (25 mg, 50 mg, 100 mg, 100mg/ml)</i>  | 2    |                       |
| GENGRAF (25 MG CAPSULE, 100 MG CAPSULE, 100 MG/ML SOLUTION)    | 2    |                       |
| <i>tacrolimus (0.5 mg capsule, 1 mg capsule, 5 mg capsule)</i> | 2    |                       |
| <b>CALCIUM-CHANNEL BLOCKING AGENTS</b>                         |      |                       |
| <b>DIHYDROPYRIDINES</b>  |      |                       |
| <i>amlodipine besylate</i>                                     | 1    |                       |
| <i>amlodipine besylate-benazepril</i>                          | 2    |                       |
| <i>amlodipine-olmesartan</i>                                   | 2    |                       |
| <i>amlodipine-valsartan</i>                                    | 1    |                       |
| <i>felodipine er</i>   | 2    |                       |
| <i>nifedipine</i>  | 2    |                       |
| <i>nifedipine er</i>   | 2    |                       |
| <i>nimodipine 30 mg capsule</i>                                | 2    |                       |
| <b>CARDIAC DRUGS</b>   |      |                       |
| <b>CARDIAC DRUGS, MISCELLANEOUS</b>                            |      |                       |
| <i>ranolazine er</i>   | 2    |                       |
| VYNDAMAX   | 5    | PA<br>S Specialty     |

| PRODUCT DESCRIPTION  | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| VYNDAQEL   | 5    | PA<br>S Specialty     |
| <b>CARDIOTONIC AGENTS</b>  |      |                       |
| CORLANOR 5 MG/5 ML ORAL SOLN                                       | 4    | PA                    |
| DIGITEK 125 MCG TABLET   | 2    |                       |
| DIGITEK 250 MCG TABLET   | 2    | AL1 Up to 64 yrs old  |
| <i>digoxin (0.125 mg tablet, 125 mcg tablet)</i>                   | 2    |                       |
| <i>digoxin (0.25 mg tablet, 250 mcg tablet)</i>                    | 2    | AL1 Up to 64 yrs old  |
| <i>digoxin 0.05 mg/ml solution</i>                                 | 4    |                       |
| <i>ivabradine hcl</i>  | 4    | PA                    |
| <b>CARDIOVASCULAR DRUGS</b>  |      |                       |
| <b>ALPHA-ADRENERGIC BLOCKING AGENTS</b>                            |      |                       |
| <i>doxazosin mesylate</i>  | 2    |                       |
| <i>prazosin hcl</i>  | 2    |                       |
| <i>terazosin hcl</i>   | 1    |                       |
| <b>BETA-ADRENERGIC BLOCKING AGENTS</b>                             |      |                       |
| <i>acebutolol hcl</i>  | 2    |                       |
| <i>atenolol</i>  | 1    |                       |
| <i>atenolol-chlorthalidone</i>                                     | 2    |                       |
| <i>betaxolol hcl (10 mg tablet, 20 mg tablet)</i>                  | 2    |                       |
| <i>bisoprolol fumarate</i>   | 2    |                       |
| <i>bisoprolol-hydrochlorothiazide</i>                              | 1    |                       |
| <i>carvedilol</i>  | 1    |                       |
| <i>labetalol hcl (100 mg tablet, 200 mg tablet, 300 mg tablet)</i> | 2    |                       |
| <i>metoprolol succinate</i>  | 2    |                       |
| <i>metoprolol tartrate (25 mg tab, 50 mg tab, 100 mg tab)</i>      | 1    |                       |
| <i>metoprolol-hydrochlorothiazide</i>                              | 2    |                       |

| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS                   |
|---|------|---|
| <i>nadolol</i>  | 1    |   |
| <i>nebivolol hcl</i>  | 2    |   |
| <i>propranolol hcl (10 mg tablet, 20 mg tablet, 20 mg/5 ml soln, 40 mg tablet, 40 mg/5 ml soln, 60 mg tablet, 80 mg tablet)</i> | 2    |   |
| <i>propranolol hcl er</i>   | 1    |   |
| <i>propranolol-hydrochlorothiazid</i>   | 4    |   |
| SORINE  | 2    |   |
| <i>sotalol</i>  | 2    |   |
| SOTALOL AF  | 2    |   |
| <i>timolol maleate (5 mg tablet, 10 mg tablet, 20 mg tablet)</i>  | 2    |   |
| CARDIOVASCULAR DRUGS, NSAID ANTI-INFL   |      |   |
| <i>colchicine 0.6 mg tablet</i>   | 2    |   |
| CENTRAL ALPHA-AGONISTS  |      |   |
| <i>clonidine</i>  | 4    |   |
| <i>clonidine hcl (0.1 mg tablet, 0.2 mg tablet, 0.3 mg tablet)</i>  | 1    |   |
| <i>clonidine hcl er 0.1 mg tablet</i>   | 2    | QL 4 TABS / 1 DAY                       |
| <i>guanfacine hcl</i>   | 1    |   |
| <i>guanfacine hcl er (er 3 mg tablet, er 4 mg tablet)</i>   | 2    | QL 1 TAB / 1 DAY                        |
| <i>guanfacine hcl er 1 mg tablet</i>  | 2    | QL 3 TABS / 1 DAY                       |
| <i>guanfacine hcl er 2 mg tablet</i>  | 2    | QL 2 TABS / 1 DAY                       |
| <i>methyldopa</i>   | 2    |   |
| CENTRAL NERVOUS SYSTEM AGENTS<br>AMYOTROPHIC LATERAL SCLEROSIS(ALS) AGENT   |      |   |
| RADICAVA ORS 105 MG/5 ML SUSP   | 5    | QL 70 ML / 28 DAYS<br>PA<br>S Specialty |
| <i>riluzole</i>   | 2    |   |

| PRODUCT DESCRIPTION  | TIER | LIMITS & RESTRICTIONS  |
|--|------|--|
| <b>ANTIMANIC AGENTS</b>  |      |  |
| <i>lithium carbonate</i>   | 2    |  |
| <i>lithium carbonate er</i>  | 2    |  |
| <i>lithium citrate</i>   | 2    |  |
| <b>CENTRAL NERVOUS SYSTEM AGENTS, MISC.</b>                                    |      |  |
| <i>memantine hcl (5-10 mg titration pk, hcl 5 mg tablet, hcl 10 mg tablet)</i> | 2    |  |
| <i>memantine hcl 2 mg/ml solution</i>  | 4    |  |
| <b>FIBROMYALGIA AGENTS</b>   |      |  |
| SAVELLA (12.5 MG TABLET, 25 MG TABLET, 50 MG TABLET, 100 MG TABLET)            | 4    | <span>QL</span> 2 TABS / 1 DAY<br><span>PA</span>                                |
| SAVELLA TITRATION PACK   | 3    | <span>QL</span> 55 TABS / 28 DAYS<br><span>PA</span>                             |
| <b>OPIOID ANTAGONISTS (28:10)</b>  |      |  |
| KLOXXADO   | 3    |  |
| <i>naloxone hcl 4 mg nasal spray</i>   | 2    |  |
| <i>naloxone hcl 4 mg nasal spray (rx)</i>                                      | 2    |  |
| <i>naltrexone hcl</i>  | 2    |  |
| NARCAN   | 3    |  |
| OPVEE  | 3    |  |
| RIVIVE   | 3    |  |
| VIVITROL   | 4    | <span>PA</span>  |
| <b>VESICULAR MONOAMINE TRANSPORT2 INHIBITOR</b>                                |      |  |
| AUSTEDO (9 MG TABLET, 12 MG TABLET)  | 5    | <span>QL</span> 4 TABS / 1 DAY<br><span>PA</span><br><span>S</span> Specialty    |
| AUSTEDO 12MG START TITR(WK1-4)   | 5    | <span>QL</span> 70 TABS / 28 DAYS<br><span>PA</span><br><span>S</span> Specialty |
| AUSTEDO 6 MG TABLET  | 5    | <span>QL</span> 2 TABS / 1 DAY<br><span>PA</span><br><span>S</span> Specialty    |

| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS                              |
|---|------|--|
| AUSTEDO TD TITRATN PK (WK 1-2)                                      | 5    | QL 28 TABS / 28 DAYS<br>PA<br>S Specialty          |
| AUSTEDO XR  | 5    | QL 1 TAB / 1 DAY<br>PA<br>S Specialty              |
| AUSTEDO XR TITR KT(6-12-24 MG)                                      | 5    | QL 42 TABLETS / 28 DAYS<br>PA<br>S Specialty       |
| AUSTEDO XR TITR(12-18-24-30MG)                                      | 5    | QL 28 TABS / 28 DAYS<br>PA<br>S Specialty          |
| INGREZZA  | 5    | QL 1 CAP / 1 DAY<br>PA<br>S Specialty              |
| INGREZZA INITIATION PK(TARDIV)                                      | 5    | QL 1 KIT (28 CAPS) / 365 DAYS<br>PA<br>S Specialty |
| INGREZZA SPRINKLE   | 5    | QL 1 CAP / 1 DAY<br>PA<br>S Specialty              |
| <i>tetrabenazine</i>  | 5    | PA<br>S Specialty                                  |
| <b>CEPHALOSPORIN ANTIBIOTICS</b>                                    |      |  |
| <b>1ST GENERATION CEPHALOSPORIN ANTIBIOTICS</b>                     |      |  |
| <i>cefadroxil (1 gm tablet, 250 mg/5 ml susp, 500 mg/5 ml susp)</i> | 1    |  |
| <i>cefadroxil 500 mg capsule</i>                                    | 2    |  |
| <i>cephalexin (125 mg/5 ml susp, 250 mg/5 ml susp)</i>              | 2    |  |

| PRODUCT DESCRIPTION  | TIER | LIMITS & RESTRICTIONS                 |
|--|------|---------------------------------------|
| <i>cephalexin (250 mg capsule, 500 mg capsule)</i>   | 1    |                                       |
| <b>2ND GENERATION CEPHALOSPORIN ANTIBIOTICS</b>  |      |                                       |
| <i>cefactor 500 mg capsule</i>   | 4    | PA                                    |
| <i>cefprozil (125 mg/5 ml susp, 250 mg/5 ml susp)</i>  | 1    |                                       |
| <i>cefprozil (250 mg tablet, 500 mg tablet)</i>  | 2    |                                       |
| <i>cefuroxime</i>  | 2    |                                       |
| <b>3RD GENERATION CEPHALOSPORIN ANTIBIOTICS</b>  |      |                                       |
| <i>cefdinir (125 mg/5 ml susp, 250 mg/5 ml susp)</i>   | 2    |                                       |
| <i>cefdinir 300 mg capsule</i>   | 1    |                                       |
| <i>cefixime 400 mg capsule</i>   | 2    |                                       |
| <i>cefepodoxime proxetil (50 mg/5 ml susp, 100 mg tablet, 100 mg/5 ml susp, 200 mg tablet)</i> | 4    |                                       |
| <b>COMPLEMENT INHIBITORS (92:32)<br/>BRADYKININ RECEPTOR ANTAGONISTS</b>                       |      |                                       |
| <i>icatibant</i>   | 5    | QL 9 ML / 1 FILL<br>PA<br>S Specialty |
| <b>CONSTIPATION THERAPY<br/>CHLORIDE CHANNEL ACTIVATORS</b>                                    |      |                                       |
| <i>lubiprostone</i>  | 2    | QL 2 CAPS / 1 DAY                     |
| <b>GUANYLATE CYCLASE C (GCC) RECEPT AGONIST</b>  |      |                                       |
| LINZESS  | 3    | QL 1 CAP / 1 DAY                      |
| <b>OPIOID ANTAGONISTS (56:18)</b>  |      |                                       |
| <i>alvimopan</i>   | 4    | PA                                    |
| MOVANTIK   | 4    | QL 1 TAB / 1 DAY<br>PA                |
| SYMPROIC   | 4    | PA                                    |



| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS  |
|---|------|--|
| <b>CYSTIC FIBROSIS (CFTR) MODULATORS<br/>CYSTIC FIBROSIS (CFTR) CORRECTORS</b>  |      |  |
| ORKAMBI (100 MG TABLET, 200 MG TABLET)  | 5    | <span>QL</span> 4 TABS / 1 DAY<br><span>PA</span><br><span>S</span> Specialty    |
| ORKAMBI (75-94 MG GRANULE PKT, 100-125 MG GRANULE PKT, 150-188 MG GRANULE PKT)  | 5    | <span>QL</span> 2 PACKETS / 1 DAY<br><span>PA</span><br><span>S</span> Specialty |
| SYMDEKO   | 5    | <span>QL</span> 4 TABS / 1 DAY<br><span>PA</span><br><span>S</span> Specialty    |
| TRIKAFTA (50-25-37.5 MG/75 MG, 100-50-75 MG/150 MG)   | 5    | <span>QL</span> 3 TABS / 1 DAY<br><span>PA</span><br><span>S</span> Specialty    |
| TRIKAFTA (80-40-60MG/59.5MG PKT, 100-50-75 MG/75MG PKT)   | 5    | <span>QL</span> 2 PACKETS / 1 DAY<br><span>PA</span><br><span>S</span> Specialty |
| <b>CYSTIC FIBROSIS (CFTR) POTENTIATORS</b>  |      |  |
| KALYDECO (5.8 MG GRANULES PKT, 13.4 MG GRANULES PKT, 25 MG GRANULES PACKET, 50 MG GRANULES PACKET, 75 MG GRANULES PACKET) | 5    | <span>QL</span> 2 PACKETS / 1 DAY<br><span>PA</span><br><span>S</span> Specialty |
| KALYDECO 150 MG TABLET  | 5    | <span>QL</span> 2 TABS / 1 DAY<br><span>PA</span><br><span>S</span> Specialty    |
| <b>DENTAL AGENTS<br/>NUTRITIONAL SUPPLEMENTS</b>  |      |  |
| <i>denta 5000 plus</i>  | 1    |  |
| <i>dentagel</i>   | 1    |  |
| <i>fluoride</i>   | 1    | <span>AL1</span> Up to 5 yrs old   |
| <i>sf</i>   | 1    |  |

| PRODUCT DESCRIPTION  | TIER | LIMITS & RESTRICTIONS                        |
|--|------|--|
| <i>sf 5000 plus</i>  | 1    |  |
| <i>sodium fluoride (0.25 (0.55) mg, 0.5 mg(1.1 mg), 0.5 mg/ml drop, 1 mg (2.2 mg))</i> | 1    | AL1 Up to 5 yrs old                          |
| <i>sodium fluoride (1.1% cream, 1.1% gel, 5000 ppm cream)</i>                          | 1    |  |
| <i>sodium fluoride 5000 plus</i>   | 1    |  |
| DEPIGMENTING AND PIGMENTING AGENTS<br>PIGMENTING AGENTS                                |      |  |
| <i>methoxsalen</i>   | 4    | PA   |
| DIAGNOSTIC AGENTS<br>ADRENOCORTICAL INSUFFICIENCY                                      |      |  |
| ACTHAR   | 5    | PA<br>S Specialty                            |
| CORTROPHIN   | 5    | PA<br>S Specialty                            |
| CARDIAC FUNCTION   |      |  |
| <i>dipyridamole</i>  | 2    |  |
| DISEASE-MODIFYING ANTIRHEUMATIC DRUGS<br>DISEASE-MODIFYING ANTIRHEUMAT DRUGS MISC      |      |  |
| ORENCIA (50 MG/0.4 ML SYRINGE, 87.5 MG/0.7 ML SYRINGE, 125 MG/ML SYRINGE)              | 5    | QL 4 SYRINGES / 28 DAYS<br>PA<br>S Specialty |
| ORENCIA CLICKJECT  | 5    | QL 4 ML / 28 DAYS<br>PA<br>S Specialty       |
| MONOCARBOXYLIC ACID AMIDE AGENTS   |      |  |
| <i>leflunomide</i>   | 2    |  |
| DIURETICS<br>LOOP DIURETICS (40:28)  |      |  |
| <i>bumetanide (0.5 mg tablet, 1 mg tablet, 2 mg tablet)</i>                            | 2    |  |
| <i>ethacrynic acid</i>   | 4    | PA   |

| PRODUCT DESCRIPTION  | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| <i>furosemide (10 mg/ml solution, 20 mg tablet, 40 mg tablet, 40 mg/5 ml soln, 80 mg tablet)</i> | 1    |                       |
| <i>torseamide</i>  | 2    |                       |
| <b>OSMOTIC DIURETICS</b>   |      |                       |
| <i>urea 40% cream</i>  | 2    |                       |
| <b>POTASSIUM-SPARING DIURETICS</b>   |      |                       |
| <i>amiloride hcl</i>   | 2    |                       |
| <i>amiloride-hydrochlorothiazide</i>   | 2    |                       |
| <i>triamterene-hydrochlorothiazid</i>  | 1    |                       |
| <b>THIAZIDE DIURETICS</b>  |      |                       |
| DIURIL   | 3    |                       |
| <i>hydrochlorothiazide</i>   | 1    |                       |
| <b>THIAZIDE-LIKE DIURETICS</b>   |      |                       |
| <i>chlorthalidone</i>  | 2    |                       |
| <i>indapamide</i>  | 2    |                       |
| <i>metolazone</i>  | 2    |                       |
| <b>DOPAMINE RECEPTOR AGONISTS</b>  |      |                       |
| <b>ERGOT-DERIV. DOPAMINE RECEPTOR AGONISTS</b>   |      |                       |
| <i>bromocriptine mesylate</i>  | 2    |                       |
| <i>cabergoline</i>   | 2    |                       |
| CYCLOSET   | 3    | PA                    |
| <b>NONERGOT-DERIV.DOPAMINE RECEPTOR AGONIST</b>  |      |                       |
| KYNMOBI  | 5    | PA<br>S Specialty     |
| NEUPRO   | 3    | PA                    |
| <i>pramipexole dihydrochloride</i>   | 2    |                       |
| <i>pramipexole er</i>  | 4    |                       |
| <i>ropinirole er</i>   | 4    |                       |
| <i>ropinirole hcl</i>  | 2    |                       |

| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| <b>ELECTROLYTIC, CALORIC, AND WATER BALANCE<br/>ALKALINIZING AGENTS</b>                                   |      |                       |
| <i>potassium citrate er</i>   | 2    |                       |
| <b>AMMONIA DETOXICANTS</b>  |      |                       |
| <i>carglumic acid</i>   | 5    | PA<br>S Specialty     |
| CONSTULOSE  | 2    |                       |
| ENULOSE   | 2    |                       |
| GENERLAC  | 2    |                       |
| <i>lactulose (10 gm/15 ml soln cup, 10 gm/15 ml solution, 20 gm/30 ml soln cup, 20 gm/30 ml solution)</i> | 2    |                       |
| <i>sodium phenylbutyrate powder</i>   | 5    | PA<br>S Specialty     |
| <b>CALORIC AGENTS</b>   |      |                       |
| DOJOLVI   | 5    | PA<br>S Specialty     |
| <b>IRRIGATING SOLUTIONS</b>   |      |                       |
| <i>aqua care sodium chloride</i>  | 2    |                       |
| RENACIDIN   | 4    | PA                    |
| <i>sodium chloride (irrig, irrig., prcss sol)</i>   | 2    |                       |
| <b>REPLACEMENT PREPARATIONS</b>   |      |                       |
| KLOR-CON M10  | 2    |                       |
| KLOR-CON M15  | 2    |                       |
| KLOR-CON M20  | 2    |                       |

| PRODUCT DESCRIPTION  | TIER | LIMITS & RESTRICTIONS                     |
|--|------|---|
| <i>potassium chloride (cl10%(20meq/15ml)cup, cl10%(40meq/30ml)cup, cl20%(40meq/15ml)cup, cl 10% (20 meq/15ml), cl 10% (40 meq/30ml), cl 20 meq packet, cl 20% (40 meq/15ml), cl er 8 meq capsule, cl er 8 meq tablet, cl er 10 meq capsule, cl er 10 meq tablet, cl er 15 meq tablet, cl er 20 meq tablet)</i> | 2    |   |
| <b>URICOSURIC AGENTS</b>   |      |   |
| <i>probenecid</i>  | 2    |   |
| <i>probenecid-colchicine</i>   | 2    |   |
| <b>EMOLLIENTS, DEMULCENTS, AND PROTECTANTS<br/>BASIC LOTIONS AND LINIMENTS</b>   |      |   |
| <i>ammonium lactate 12% lotion</i>   | 2    |   |
| <i>ammonium lactate 12% lotion (rx)</i>  | 2    |   |
| <b>BASIC OINTMENTS AND PROTECTANTS</b>   |      |   |
| <i>ammonium lactate 12% cream</i>  | 2    |   |
| <i>ammonium lactate 12% cream (rx)</i>   | 2    |   |
| <i>calcipotriene (cream, ointment, solution)</i>   | 2    | QL 120 GM / 30 DAYS                       |
| <i>nitroglycerin 0.4% ointment</i>   | 4    | PA  |
| RECTIV   | 4    | PA  |
| SANTYL   | 4    | PA  |
| <b>ENZYMES<br/>ENZYME COFACTORS/CHAPERONES</b>   |      |   |
| GALAFOLD   | 5    | QL 14 CAPS / 28 DAYS<br>PA<br>S Specialty |
| <i>sapropterin dihydrochloride</i>   | 5    | PA<br>S Specialty                         |
| <b>ENZYME INHIBITORS</b>   |      |   |
| CERDELGA   | 5    | PA<br>S Specialty                         |

| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| <i>miglustat</i>  | 5    | PA<br>S Specialty     |
| ZOKINVY   | 5    | PA<br>S Specialty     |
| REVCIVI   | 5    | PA<br>S Specialty     |
| STRENSIQ  | 5    | PA<br>S Specialty     |
| SUCRAID   | 5    | PA<br>S Specialty     |
| <b>ESTROGENS AND ANTIESTROGENS<br/>ESTROGEN AGONIST-ANTAGONISTS</b> |      |                       |
| OSPHENA   | 3    | PA                    |
| <i>raloxifene hcl</i>   | 2    |                       |
| SOLTAMOX  | 4    | PA<br>OH OncoHealth   |
| <i>tamoxifen citrate</i>  | 2    | OH OncoHealth         |
| <i>toremifene citrate</i>   | 2    | PA<br>OH OncoHealth   |
| <b>ESTROGENS</b>  |      |                       |
| AMABELZ   | 2    |                       |
| BIJUVA  | 4    | PA                    |
| CLIMARA PRO   | 3    |                       |
| COMBIPATCH  | 3    |                       |
| DEPO-ESTRADIOL  | 3    |                       |
| DOTTI   | 2    |                       |
| DUAVEE  | 4    | PA                    |
| <i>estradiol (0.01% cream, 10 mcg vaginal insrt)</i>                | 2    |                       |

| PRODUCT DESCRIPTION  | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| <i>estradiol (0.5 mg tablet, 1 mg tablet, 2 mg tablet)</i>                             | 1    |                       |
| <i>estradiol (once weekly)</i>   | 2    |                       |
| <i>estradiol (twice weekly)</i>  | 2    |                       |
| <i>estradiol valerate</i>  | 2    |                       |
| <i>estradiol-norethindrone acetat</i>  | 2    |                       |
| FYAVOLV  | 2    |                       |
| JINTELI  | 2    |                       |
| LYLLANA  | 2    |                       |
| MIMVEY   | 2    |                       |
| <i>norethindron-ethinyl estradiol (norethin-eth 1 mg-5 mcg, norethind-eth 0.5-2.5)</i> | 2    |                       |
| YUVAFEM  | 2    |                       |
| <b>EYE, EAR, NOSE AND THROAT (EENT) PREPS.<br/>ANTI-INFLAMMATORY AGENTS (EENT)</b>     |      |                       |
| <i>cyclosporine 0.05% eye emuls</i>  | 2    |                       |
| XIIDRA   | 3    |                       |
| <b>ANTIALLERGIC AGENTS</b>   |      |                       |
| ALOMIDE  | 4    | PA                    |
| <i>azelastine hcl</i>  | 2    |                       |
| <i>cromolyn 4% eye drops</i>   | 2    |                       |
| <i>epinastine hcl</i>  | 2    |                       |
| <i>olopatadine hcl (hcl 0.1% eye drops, 665 mcg nasal spry)</i>                        | 2    |                       |
| <i>olopatadine hcl 0.1% eye drop (rx)</i>  | 2    |                       |
| ZERVIAE  | 4    | PA                    |
| <b>EENT DRUGS, MISCELLANEOUS</b>   |      |                       |
| <i>ipratropium bromide (0.03% spray, 0.06% spray)</i>                                  | 2    |                       |
| TYRVAYA  | 3    |                       |

| PRODUCT DESCRIPTION  | TIER | LIMITS & RESTRICTIONS   |
|--|------|---|
| <b>LOCAL ANESTHETICS (EENT)</b>  |      |   |
| GLYDO  | 2    |   |
| <i>lidocaine hcl (2% jel urojet ac, 2% jelly, 2% jelly uro-jet, 4% solution)</i>   | 2    |   |
| <i>lidocaine hcl viscous</i>   | 2    |   |
| <b>MACULAR DEGENERATION AGENTS</b>   |      |   |
| CYSTADROPS   | 5    | <span>QL</span> 5 ML / RX<br><span>PA</span><br><span>S</span> Specialty  |
| CYSTARAN   | 5    | <span>QL</span> 15 ML / RX<br><span>PA</span><br><span>S</span> Specialty |
| <b>MYDRIATICS</b>  |      |   |
| <i>atropine sulfate (drops, ointment)</i>  | 2    |   |
| <i>cyclopentolate hcl (drop, drops)</i>  | 2    |   |
| <i>homatropaire</i>  | 2    |   |
| <i>phenylephrine hcl (2.5% drop, 10% drop, 10% drops)</i>  | 2    |   |
| <b>FIRST GENERATION ANTIHISTAMINES<br/>ETHANOLAMINE DERIVATIVES</b>  |      |   |
| <i>clemastine fum 2.68 mg tablet</i>   | 4    | <span>PA</span>   |
| <b>FIRST GEN. ANTIHIST. DERIVATIVES, MISC.</b>   |      |   |
| <i>cyproheptadine hcl (2 mg/5 ml soln, 2 mg/5 ml syrup, 4 mg tablet)</i>   | 2    |   |
| <b>PHENOTHIAZINE DERIVATIVES</b>   |      |   |
| <i>promethazine hcl (12.5 mg suppos, 12.5 mg tablet, 25 mg suppository, 25 mg tablet, 50 mg suppository, 50 mg tablet)</i> | 2    |   |
| <i>promethazine hcl (6.25 mg/5 ml cup, 6.25 mg/5 ml soln, 6.25 mg/5 ml syrpr)</i>  | 1    |   |
| PROMETHEGAN  | 2    |   |



| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS              |
|---|------|------------------------------------|
| <b>GASTROINTESTINAL DRUGS</b>   |      |                                    |
| <b>ANTI-INFLAMMATORY AGENTS (GI DRUGS)</b>  |      |                                    |
| <i>alosetron hcl</i>  | 4    | PA                                 |
| <i>balsalazide disodium</i>   | 2    |                                    |
| <b>DIPENTUM</b>   |      |                                    |
| <i>mesalamine (dr 1.2 gm tablet, 4 gm/60 ml enema, 800 mg dr tablet, 1,000 mg supp)</i> | 2    |                                    |
| <i>mesalamine dr</i>  | 2    |                                    |
| <i>mesalamine er 0.375 gram cap</i>   | 2    |                                    |
| <b>ANTIDIARRHEA AGENTS</b>  |      |                                    |
| <i>diphenoxylat-atrop 2.5-0.025/5</i>   | 2    | QL 40 ML / 1 DAY                   |
| <i>diphenoxylate-atrop 2.5-0.025</i>  | 2    | QL 8 TABS / 1 DAY                  |
| <i>loperamide 2 mg capsule</i>  | 2    |                                    |
| XERMELO   | 5    | PA<br>S Specialty<br>OH OncoHealth |
| <b>CATHARTICS AND LAXATIVES</b>   |      |                                    |
| GAVILYTE-C  | 1    |                                    |
| GAVILYTE-G  | 1    |                                    |
| GAVILYTE-N  | 2    |                                    |
| <i>peg 3350-electrolyte</i>   | 2    |                                    |
| <i>peg-3350 and electrolytes</i>  | 1    |                                    |
| <i>peg3350-sod sul-nacl-kcl-asb-c</i>   | 2    |                                    |
| <i>sod sulf-potass sulf-mag sulf</i>  | 2    |                                    |
| SUFLAVE   | 4    |                                    |
| <b>CHOLELITHOLYTIC AGENTS</b>   |      |                                    |
| CHOLBAM   | 5    | PA<br>S Specialty                  |
| <i>ursodiol (250 mg tablet, 300 mg capsule, 500 mg tablet)</i>                          | 2    |                                    |

| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS                     |
|---|------|---|
| <b>DIGESTANTS</b>   |      |   |
| CREON   | 3    |   |
| ZENPEP  | 3    |   |
| <b>GI DRUGS, MISCELLANEOUS</b>  |      |   |
| <i>dronabinol (2.5 mg capsule, 5 mg capsule)</i>  | 2    | OH OncoHealth                             |
| <i>dronabinol 10 mg capsule</i>   | 1    | OH OncoHealth                             |
| VOWST   | 5    | QL 12 CAPS / 3 DAYS<br>PA<br>S Specialty  |
| <b>PROKINETIC AGENTS</b>  |      |   |
| <i>metoclopramide hcl (5 mg tablet, 5 mg/5 ml soln, 10 mg tablet, 10 mg/10 ml cup, 10 mg/10 ml sol)</i> | 1    |   |
| <b>GENITOURINARY SMOOTH MUSCLE RELAXANTS<br/>ANTIMUSCARINICS</b>  |      |   |
| <i>darifenacin er</i>   | 4    | PA  |
| <i>flavoxate hcl</i>  | 4    | PA  |
| <i>oxybutynin 5 mg tablet</i>   | 1    |   |
| <i>oxybutynin chloride (5 mg/5 ml solution, 5 mg/5 ml syrup)</i>  | 4    |   |
| <i>oxybutynin chloride er</i>   | 2    |   |
| <i>solifenacin succinate</i>  | 2    |   |
| <i>tolterodine tartrate</i>   | 2    |   |
| <i>tolterodine tartrate er</i>  | 2    |   |
| <i>trospium chloride</i>  | 1    |   |
| <b>GOLD COMPOUNDS</b>   |      |   |
| RIDAURA   | 3    |   |
| <b>GONADOTROPINS AND ANTIGONADOTROPINS<br/>ANTIGONADTROPINS</b>   |      |   |
| MYFEMBREE   | 5    | QL 28 TABS / 28 DAYS<br>PA<br>S Specialty |

| PRODUCT DESCRIPTION                   | TIER | LIMITS & RESTRICTIONS                              |
|---------------------------------------|------|--|
| ORGOVYX                               | 6    | PA<br>S Specialty<br>OH OncoHealth<br>ONC Oncology |
| ORIAHNN                               | 5    | QL 2 CAPS / 1 DAY<br>PA<br>S Specialty             |
| ORLISSA 150 MG TABLET                 | 5    | QL 1 TAB / 1 DAY<br>PA<br>S Specialty              |
| ORLISSA 200 MG TABLET                 | 5    | QL 56 TABS / 28 DAYS<br>PA<br>S Specialty          |
| <b>GONADOTROPINS</b>                  |      |  |
| ELIGARD                               | 5    | PA<br>S Specialty<br>OH OncoHealth                 |
| <i>leuprolide 2wk 14 mg/2.8 ml v1</i> | 5    | PA<br>S Specialty<br>OH OncoHealth                 |
| <i>leuprolide depot</i>               | 5    | PA<br>S Specialty<br>OH OncoHealth                 |
| LUPRON DEPOT                          | 5    | PA<br>S Specialty<br>OH OncoHealth                 |
| LUPRON DEPOT-PED                      | 5    | PA<br>S Specialty<br>OH OncoHealth                 |

| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS              |
|---|------|------------------------------------|
| <b>HCV ANTIVIRALS</b>   |      |                                    |
| <b>HCV POLYMERASE INHIBITOR ANTIVIRALS</b>  |      |                                    |
| EPCLUSA (150-37.5 MG PELLETT PKT, 200 MG-50 MG TABLET, 200-50 MG PELLETT PACK)  | 5    | PA<br>S Specialty                  |
| HARVONI (33.75-150 MG PELLETT PK, 45-200 MG PELLETT PACKT, 45-200 MG TABLET)  | 5    | PA<br>S Specialty                  |
| <i>ledipasvir-sofosbuvir</i>  | 5    | PA<br>S Specialty                  |
| <i>sofosbuvir-velpatasvir</i>   | 5    | PA<br>S Specialty                  |
| SOVALDI (150 MG PELLETT PACKET, 200 MG PELLETT PACKET, 200 MG TABLET)   | 5    | PA<br>S Specialty                  |
| VOSEVI  | 5    | PA<br>S Specialty                  |
| <b>HCV PROTEASE INHIBITOR ANTIVIRALS</b>  |      |                                    |
| MAVYRET   | 5    | PA<br>S Specialty                  |
| <b>HEAVY METAL ANTAGONISTS</b>  |      |                                    |
| CHEMET  | 3    |                                    |
| D-PENAMINE  | 5    | PA<br>S Specialty                  |
| <i>deferasirox (90 mg tablet, 125 mg tb for susp, 180 mg tablet, 250 mg tb for susp, 360 mg tablet, 500 mg tb for susp)</i> | 5    | PA<br>S Specialty<br>TD Trial Drug |
| <i>deferiprone</i>  | 5    | PA<br>S Specialty                  |
| <i>deferiprone (3 times a day)</i>  | 5    | PA<br>S Specialty                  |
| FERRIPROX 100 MG/ML SOLUTION  | 5    | PA<br>S Specialty                  |

| PRODUCT DESCRIPTION  | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| <i>penicillamine 250 mg tablet</i>   | 5    | PA<br>S Specialty     |
| <b>HORMONES AND SYNTHETIC SUBSTITUTES</b>  |      |                       |
| <b>ADRENALS</b>  |      |                       |
| ARNUITY ELLIPTA  | 3    |                       |
| ASMANEX  | 3    |                       |
| ASMANEX HFA  | 3    |                       |
| <i>budesonide (0.25 mg/2 ml susp, 0.5 mg/2 ml susp, 1 mg/2 ml inh susp)</i>                                | 2    |                       |
| <i>budesonide dr</i>   | 2    |                       |
| <i>budesonide ec</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/5 ml elx, 0.5 mg/5 ml liq)</i>  | 4    |                       |
| <i>dexamethasone 2 mg tablet</i>   | 2    |                       |
| <i>dexamethasone 20 mg/2 ml-water</i>  | 2    |                       |
| <i>dexamethasone 8 mg/2 ml-water</i>   | 1    |                       |
| DEXAMETHASONE INTENSOL   | 4    |                       |
| <i>dexamethasone sodium phosphate (0.1% eye drop, 10 mg/ml vial, 100 mg/10 ml vl)</i>                      | 2    |                       |
| <i>dexamethasone sodium phosphate (4 mg/ml vial, 20 mg/5 ml vial, 120 mg/30 ml vl)</i>                     | 1    |                       |
| <i>fludrocortisone acetate</i>   | 2    |                       |
| <i>fluticasone propionate (50 mcg diskus, 100mcg diskus, 250 mcg disk)</i>                                 | 2    |                       |
| <i>fluticasone propionate hfa</i>  | 2    |                       |
| <i>hydrocortisone (5 mg tablet, 10 mg tablet, 20 mg tablet)</i>  | 2    |                       |
| <i>hydrocortisone sod succinate</i>  | 2    |                       |
| ISTURISA   | 5    | PA<br>S Specialty     |
| MEDROL 2 MG TABLET   | 3    |                       |

| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS   |
|---|------|-------------------------|
| <i>methylprednisolone</i>   | 2    |                         |
| <i>prednisolone (15 mg/5 ml soln, 15mg/5ml soln cup)</i>  | 1    |                         |
| <i>prednisolone 5 mg tablet</i>   | 2    |                         |
| <i>prednisolone sodium phosphate (5 mg/5 ml soln, sod ph 25 mg/5 ml)</i>  | 1    |                         |
| <i>prednisone (1 mg tablet, 2.5 mg tablet, 5 mg tab dose pack, 5 mg tablet, 10 mg tab dose pack, 10 mg tablet, 20 mg tablet, 50 mg tablet)</i>    | 1    |                         |
| <i>prednisone 5 mg/5 ml solution</i>  | 4    |                         |
| PREDNISONO INTENSOL   | 4    |                         |
| PULMICORT FLEXHALER   | 4    | PA                      |
| QVAR REDHALER   | 3    |                         |
| SOLU-CORTEF (100 MG ACT-O-VIAL, 100 MG VIAL, 250 MG ACT-O-VIAL, 500 MG ACT-O-VIAL)  | 3    |                         |
| <b>ANDROGENS</b>  |      |                         |
| <i>danazol</i>  | 2    |                         |
| <i>methyltestosterone</i>   | 4    | QL 5 CAPS / 1 DAY<br>PA |
| <i>oxandrolone</i>  | 4    | PA                      |
| <i>testosterone (1% (25mg/2.5g) pk, 1% (50 mg/5 g) pk, 1.62% gel pump, 10 mg gel pump, 12.5 mg/1.25 gram, 50 mg/5 gram gel, 50 mg/5 gram pkt)</i> | 2    | PA                      |
| <i>testosterone (1.62% (2.5 pkt, 1.62%(1.25 pkt)</i>  | 4    | PA                      |
| <i>testosterone cypionate</i>   | 2    | PA                      |
| <i>testosterone enanthate</i>   | 2    | PA                      |
| <b>CONTRACEPTIVES</b>   |      |                         |
| AFIRMELLE   | 2    |                         |
| AFTER PILL  | 2    | QL 3 TABS / RX          |
| ALTAVERA  | 2    |                         |
| ALYACEN   | 2    |                         |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|---------------------|------|-----------------------|
| AMETHIA             | 2    |                       |
| AMETHYST            | 2    |                       |
| APRI                | 2    |                       |
| ARANELLE            | 2    |                       |
| ASHLYNA             | 2    |                       |
| AUBRA               | 2    |                       |
| AUBRA EQ            | 2    |                       |
| AUROVELA            | 2    |                       |
| AUROVELA 24 FE      | 2    |                       |
| AUROVELA FE         | 2    |                       |
| AVIANE              | 2    |                       |
| AYUNA               | 2    |                       |
| AZURETTE            | 2    |                       |
| BALZIVA             | 2    |                       |
| BLISOVI 24 FE       | 2    |                       |
| BLISOVI FE          | 2    |                       |
| BRIELLYN            | 2    |                       |
| CAMILA              | 2    |                       |
| CAMRESE             | 2    |                       |
| CAMRESE LO          | 2    |                       |
| CAZIAN              | 2    |                       |
| CHATEAL EQ          | 2    |                       |
| CRYSSELLE           | 2    |                       |
| CYRED               | 2    |                       |
| CYRED EQ            | 2    |                       |
| DASETTA             | 2    |                       |
| DAYSEE              | 2    |                       |
| DEBLITANE           | 2    |                       |

| PRODUCT DESCRIPTION                   | TIER | LIMITS & RESTRICTIONS |
|---------------------------------------|------|-----------------------|
| <i>desogestr-eth estrad eth estra</i> | 2    |                       |
| <i>desogestrel-ethinyl estradiol</i>  | 2    |                       |
| DOLISHALE                             | 2    |                       |
| <i>drospirenone-ethinyl estradiol</i> | 2    |                       |
| ECONTRA ONE-STEP                      | 2    | QL 3 TABS / RX        |
| ELINEST                               | 2    |                       |
| ELLA                                  | 3    | QL 3 TABS / RX        |
| ELURYNG                               | 2    |                       |
| EMZAHH                                | 2    |                       |
| ENILLORING                            | 2    |                       |
| ENPRESSE                              | 2    |                       |
| ENSKYCE                               | 2    |                       |
| ERRIN                                 | 2    |                       |
| ESTARYLLA                             | 2    |                       |
| <i>ethynodiol-ethinyl estradiol</i>   | 2    |                       |
| <i>etonogestrel-ethinyl estradiol</i> | 2    |                       |
| FALMINA                               | 2    |                       |
| HAILEY                                | 2    |                       |
| HAILEY 24 FE                          | 2    |                       |
| HAILEY FE                             | 2    |                       |
| HALOETTE                              | 2    |                       |
| HEATHER                               | 2    |                       |
| HER STYLE                             | 2    | QL 3 TABS / RX        |
| ICLEVIA                               | 2    |                       |
| INCASSIA                              | 2    |                       |
| INTROVALE                             | 2    |                       |
| ISIBLOOM                              | 2    |                       |
| JAIMIESS                              | 2    |                       |



| PRODUCT DESCRIPTION  | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| JASMIEL  | 2    |                       |
| JENCYCLA   | 2    |                       |
| JOLESSA  | 2    |                       |
| JULEBER  | 2    |                       |
| JULIE  | 2    | QL 3 TABS / RX        |
| JUNEL  | 2    |                       |
| JUNEL FE   | 2    |                       |
| JUNEL FE 24  | 2    |                       |
| KALLIGA  | 2    |                       |
| KARIVA   | 2    |                       |
| KELNOR 1-35  | 2    |                       |
| KELNOR 1-50  | 2    |                       |
| KURVELO  | 2    |                       |
| LARIN  | 2    |                       |
| LARIN 24 FE  | 2    |                       |
| LARIN FE   | 2    |                       |
| LEENA  | 2    |                       |
| LESSINA  | 2    |                       |
| LEVONEST   | 2    |                       |
| <i>levonorg-eth estrad eth estrad (levono-e 0.15-0.03-0.01, levonor-e 0.1-0.02-0.01)</i> | 2    |                       |
| <i>levonorgestrel</i>  | 2    | QL 3 TABS / RX        |
| <i>levonorgestrel-eth estradiol</i>  | 2    |                       |
| LEVORA-28  | 2    |                       |
| LO-ZUMANDIMINE   | 2    |                       |
| LOJAIMIESS   | 2    |                       |
| LORYNA   | 2    |                       |
| LOW-OGESTREL   | 2    |                       |

| PRODUCT DESCRIPTION  | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| LUTERA   | 2    |                       |
| LYLEQ  | 2    |                       |
| LYZA   | 2    |                       |
| MARLISSA   | 2    |                       |
| MICROGESTIN  | 2    |                       |
| MICROGESTIN 24 FE  | 2    |                       |
| MICROGESTIN FE   | 2    |                       |
| MILI   | 2    |                       |
| MONO-LINYAH  | 2    |                       |
| MY WAY   | 2    | QL 3 TABS / RX        |
| NECON  | 2    |                       |
| NIKKI  | 2    |                       |
| NORA-BE  | 2    |                       |
| <i>norelgestromin-eth estradiol</i>  | 2    |                       |
| <i>norethindron-ethinyl estradiol (norethin-ee 1.5-0.03 mg(21) tb, norethind-eth estrad 1-0.02 mg)</i> | 2    |                       |
| <i>norethindrone</i>   | 2    |                       |
| <i>norethindrone-e.estradiol-iron (1 mg/20-30-35 mcg, 1-0.02(21)-75 tab, 1.5-0.03mg(21)-75)</i>        | 2    |                       |
| <i>norgestimate-ethinyl estradiol</i>  | 2    |                       |
| NORTREL  | 2    |                       |
| NYLIA  | 2    |                       |
| NYMYO  | 2    |                       |
| OCELLA   | 2    |                       |
| PHILITH  | 2    |                       |
| PIMTREA  | 2    |                       |
| PORTIA   | 2    |                       |
| RECLIPSEN  | 2    |                       |
| SETLAKIN   | 2    |                       |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|---------------------|------|-----------------------|
| SHAROBEL            | 2    |                       |
| SIMLIYA             | 2    |                       |
| SIMPESSE            | 2    |                       |
| SPRINTEC            | 2    |                       |
| SRONYX              | 2    |                       |
| SYEDA               | 2    |                       |
| TARINA 24 FE        | 2    |                       |
| TARINA FE           | 2    |                       |
| TARINA FE 1-20 EQ   | 2    |                       |
| TILIA FE            | 2    |                       |
| TRI-ESTARYLLA       | 2    |                       |
| TRI-LEGEST FE       | 2    |                       |
| TRI-LINYAH          | 2    |                       |
| TRI-LO-ESTARYLLA    | 2    |                       |
| TRI-LO-MARZIA       | 2    |                       |
| TRI-LO-MILI         | 2    |                       |
| TRI-LO-SPRINTEC     | 2    |                       |
| TRI-MILI            | 2    |                       |
| TRI-NYMYO           | 2    |                       |
| TRI-SPRINTEC        | 2    |                       |
| TRI-VYLIBRA         | 2    |                       |
| TRI-VYLIBRA LO      | 2    |                       |
| TRIVORA-28          | 2    |                       |
| TULANA              | 2    |                       |
| TURQOZ              | 2    |                       |
| TYBLUME             | 2    |                       |
| VELIVET             | 2    |                       |
| VESTURA             | 2    |                       |

| PRODUCT DESCRIPTION  | TIER | LIMITS & RESTRICTIONS  |
|--|------|------------------------|
| VIENVA   | 2    |                        |
| VIORELE  | 2    |                        |
| VOLNEA   | 2    |                        |
| VYFEMLA  | 2    |                        |
| VYLIBRA  | 2    |                        |
| WERA   | 2    |                        |
| XULANE   | 2    |                        |
| ZAFEMY   | 2    |                        |
| ZARAH  | 2    |                        |
| ZOVIA 1-35   | 2    |                        |
| ZUMANDIMINE  | 2    |                        |
| <b>PITUITARY</b>   |      |                        |
| <i>desmopressin acetate (0.1 mg tb, 0.2 mg tb)</i>   | 2    | AL1 At least 8 yrs old |
| SEROSTIM   | 5    | PA<br>S Specialty      |
| <b>PROGESTINS</b>  |      |                        |
| DEPO-SUBQ PROVERA 104  | 3    |                        |
| <i>gallifrey</i>   | 2    |                        |
| <i>medroxyprogesterone 150 mg/ml</i>   | 2    |                        |
| <i>medroxyprogesterone acetate (2.5 mg tab, 5 mg tab, 10 mg tab)</i>   | 1    |                        |
| <i>megestrol acetate (20 mg tablet, 40 mg tablet, acet 40 mg/ml susp, 400 mg/10 ml cup, 400 mg/10ml susp cup, acet 400 mg/10 ml)</i> | 2    | OH OncoHealth          |
| <i>norethindrone acetate</i>   | 2    |                        |
| <i>progesterone (100 mg capsule, 200 mg capsule)</i>   | 2    |                        |
| <i>progesterone 500 mg/10 ml vial</i>  | 2    | PA                     |

| PRODUCT DESCRIPTION  | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| IMMUNOMODULATORY AGENTS (90:00)<br>COMPLEMENT INHIBITOR AGENTS (90:20) |      |                       |
| TAVNEOS  | 5    | PA<br>S Specialty     |
| INSULINS<br>INTERMEDIATE-ACTING INSULINS                               |      |                       |
| HUMULIN 70-30  | 3    |                       |
| HUMULIN 70/30 KWIKPEN  | 3    |                       |
| HUMULIN N  | 3    |                       |
| HUMULIN N KWIKPEN  | 3    |                       |
| <i>relion novolin 70-30 flexpen</i>                                    | 3    |                       |
| <i>relion novolin 70-30 vial</i>                                       | 3    |                       |
| <i>relion novolin n 100 unit/ml</i>                                    | 3    |                       |
| <i>relion novolin n u-100 flexpen</i>                                  | 3    |                       |
| LONG-ACTING INSULINS   |      |                       |
| <i>insulin glargine</i>  | 2    |                       |
| <i>insulin glargine max solostar</i>                                   | 2    |                       |
| <i>insulin glargine solostar</i>                                       | 2    |                       |
| LANTUS   | 3    |                       |
| LANTUS SOLOSTAR  | 3    |                       |
| LEVEMIR  | 3    | PA                    |
| LEVEMIR FLEXPEN  | 3    | PA                    |
| LEVEMIR FLEXTOUCH  | 3    | PA                    |
| SOLIQUA 100-33   | 3    |                       |
| TOUJEO MAX SOLOSTAR  | 3    |                       |
| TOUJEO SOLOSTAR  | 3    |                       |
| XULTOPHY 100-3.6   | 3    |                       |

| PRODUCT DESCRIPTION                      | TIER | LIMITS & RESTRICTIONS                        |
|--|------|--|
| <b>RAPID-ACTING INSULINS</b>             |      |  |
| HUMALOG 100 UNIT/ML CARTRIDGE            | 3    |  |
| HUMALOG KWIKPEN U-200                    | 3    |  |
| HUMALOG MIX 50-50                        | 3    |  |
| HUMALOG MIX 50-50 KWIKPEN                | 3    |  |
| HUMALOG MIX 75-25                        | 3    |  |
| HUMALOG TEMPO PEN U-100                  | 3    |  |
| <i>insulin aspart</i>                    | 2    | PA   |
| <i>insulin aspart flexpen</i>            | 2    | PA   |
| <i>insulin aspart penfill</i>            | 2    | PA   |
| <i>insulin lispro</i>                    | 2    |  |
| <i>insulin lispro junior kwikpen</i>     | 2    |  |
| <i>insulin lispro kwikpen u-100</i>      | 2    |  |
| <i>insulin lispro protamine mix</i>      | 2    |  |
| <b>SHORT-ACTING INSULINS</b>             |      |  |
| HUMULIN R                                | 3    |  |
| HUMULIN R U-500                          | 3    |  |
| HUMULIN R U-500 KWIKPEN                  | 3    |  |
| <i>relion novolin r 100 unit/ml</i>      | 3    |  |
| <i>relion novolin r u-100 flexpen</i>    | 3    |  |
| <b>INTERLEUKIN-MEDIATED AGENTS</b>       |      |  |
| <b>INTERLEUKIN-MEDIATED AGENTS, MISC</b> |      |  |
| ACTEMRA 162 MG/0.9 ML SYRINGE            | 5    | QL 4 SYRINGES / 28 DAYS<br>PA<br>S Specialty |
| ACTEMRA ACTPEN                           | 5    | QL 4 PENS / 28 DAYS<br>PA<br>S Specialty     |

| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS   |
|---|------|---|
| COSENTYX (2 SYRINGES)   | 5    | <ul style="list-style-type: none"> <li>QL 2 SYRINGES / 28 DAYS</li> <li>PA</li> <li>S Specialty</li> </ul>  |
| COSENTYX SENSOREADY (2 PENS)  | 5    | <ul style="list-style-type: none"> <li>QL 2 PENS / 28 DAYS</li> <li>PA</li> <li>S Specialty</li> </ul>      |
| COSENTYX SENSOREADY PEN   | 5    | <ul style="list-style-type: none"> <li>QL 1 PEN / 28 DAYS</li> <li>PA</li> <li>S Specialty</li> </ul>       |
| COSENTYX SYRINGE  | 5    | <ul style="list-style-type: none"> <li>QL 1 SYRINGE / 28 DAYS</li> <li>PA</li> <li>S Specialty</li> </ul>   |
| COSENTYX UNOREADY PEN   | 5    | <ul style="list-style-type: none"> <li>QL 1 SYRINGE / 28 DAYS</li> <li>PA</li> <li>S Specialty</li> </ul>   |
| KINERET   | 5    | <ul style="list-style-type: none"> <li>QL 28 SYRINGES / 28 DAYS</li> <li>PA</li> <li>S Specialty</li> </ul> |
| STELARA (45 MG/0.5 ML SYRINGE, 90 MG/ML SYRINGE)                      | 5    | <ul style="list-style-type: none"> <li>QL 1 SYRINGE / 84 DAYS</li> <li>PA</li> <li>S Specialty</li> </ul>   |
| STELARA 45 MG/0.5 ML VIAL   | 5    | <ul style="list-style-type: none"> <li>QL 1 VIAL / 84 DAYS</li> <li>PA</li> <li>S Specialty</li> </ul>      |
| ION-REMOVING AGENTS   |      |   |
| OTHER ION-REMOVING AGENTS   |      |   |
| RADIOGARDASE  | 4    |   |
| PHOSPHATE-REMOVING AGENTS   |      |   |
| <i>calcium acetate (667 mg capsule, 667 mg gelcap, 667 mg tablet)</i> | 2    |   |

| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS                  |
|---|------|--|
| <i>lanthanum carbonate</i>  | 4    | PA                                     |
| PHOSLYRA  | 3    |  |
| <i>sevelamer carbonate (0.8 gm powder packet, 2.4 gm powder packet)</i>           | 4    |  |
| <i>sevelamer carbonate 800 mg tab</i>   | 2    |  |
| VELPHORO  | 4    | PA                                     |
| <b>POTASSIUM-REMOVING AGENTS</b>  |      |  |
| KIONEX  | 2    |  |
| LOKELMA   | 3    |  |
| <i>sodium polystyrene sulfonate</i>   | 2    |  |
| SPS 15 GM/60 ML SUSPENSION  | 2    |  |
| <b>JANUS KINASE INHIBITORS (90:24)<br/>JANUS KINASE INHIBITORS, MISCELLANEOUS</b> |      |  |
| OLUMIANT  | 5    | QL 1 TAB / 1 DAY<br>PA<br>S Specialty  |
| RINVOQ  | 5    | QL 1 TAB / 1 DAY<br>PA<br>S Specialty  |
| RINVOQ LQ   | 5    | QL 12 ML / 1 DAY<br>PA<br>S Specialty  |
| <b>KALLIKREIN-KININ SYSTEM INHIBITORS<br/>KALLIKREIN</b>                          |      |  |
| KALBITOR  | 5    | PA<br>S Specialty                      |
| ORLADEYO  | 5    | QL 1 CAP / 1 DAY<br>PA<br>S Specialty  |
| TAKHZYRO  | 5    | QL 2 ML / 28 DAYS<br>PA<br>S Specialty |



| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| <b>MACROLIDE ANTIBIOTICS</b>                                      |      |                       |
| <b>ERYTHROMYCIN ANTIBIOTICS</b>                                   |      |                       |
| <i>erythromycin 500 mg tablet</i>                                 | 4    | PA                    |
| <b>OTHER MACROLIDE ANTIBIOTICS</b>                                |      |                       |
| <i>azithromycin (100 mg/5 ml susp, 200 mg/5 ml susp)</i>          | 2    |                       |
| <i>azithromycin (250 mg tablet, 500 mg tablet, 600 mg tablet)</i> | 1    |                       |
| <i>clarithromycin (125 mg/5 ml sus, 250 mg/5 ml sus)</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)                      | 4    | PA                    |
| <b>MINERALOCORTICOID (ALDOSTERONE) ANTAGNTS</b>                   |      |                       |
| <b>STEROIDAL MINERALOCORTICOID RECEPTOR ANT</b>                   |      |                       |
| <i>eplerenone</i>   | 2    |                       |
| <i>spironolactone (25 mg tablet, 50 mg tablet, 100 mg tablet)</i> | 2    |                       |
| <i>spironolactone-hctz</i>  | 2    |                       |
| <b>MISC. BETA-LACTAM ANTIBIOTICS</b>                              |      |                       |
| <b>CARBAPENEM ANTIBIOTICS</b>                                     |      |                       |
| <i>meropenem 2 gram vial</i>                                      | 4    |                       |
| <b>MONOBACTAM ANTIBIOTICS</b>                                     |      |                       |
| CAYSTON   | 5    | PA<br>S Specialty     |
| <b>MISCELLANEOUS THERAPEUTIC AGENTS</b>                           |      |                       |
| <b>5-ALPHA-REDUCTASE INHIBITORS (92:04)</b>                       |      |                       |
| <i>dutasteride</i>  | 2    |                       |
| <i>dutasteride-tamsulosin</i>                                     | 4    | PA                    |
| <i>finasteride 5 mg tablet</i>                                    | 1    |                       |
| <b>ANTIGOUT AGENTS</b>  |      |                       |
| <i>allopurinol (100 mg tablet, 300 mg tablet)</i>                 | 1    |                       |
| <i>febuxostat</i>   | 2    |                       |

| PRODUCT DESCRIPTION  | TIER | LIMITS & RESTRICTIONS                        |
|--|------|--|
| <b>BONE RESORPTION INHIBITORS</b>  |      |  |
| <i>alendronate sodium (5 mg tablet, 10 mg tab, 35 mg tab, 70 mg tab)</i> | 1    |  |
| <i>ibandronate sodium 150 mg tab</i>                                     | 2    |  |
| <i>risedronate sodium</i>  | 2    |  |
| <b>COMPLEMENT INHIBITORS (92:32)</b>                                     |      |  |
| BERINERT   | 5    | PA<br>S Specialty                            |
| CINRYZE  | 5    | PA<br>S Specialty                            |
| HAEGARDA   | 5    | PA<br>S Specialty                            |
| <b>IMMUNOMODULATORY AGENTS</b>   |      |  |
| ACTIMMUNE  | 5    | PA<br>S Specialty<br>OH OncoHealth           |
| REDITREX   | 4    | PA   |
| THALOMID   | 6    | S Specialty<br>OH OncoHealth<br>ONC Oncology |
| <b>OTHER MISCELLANEOUS THERAPEUTIC AGENTS</b>                            |      |  |
| CARNITOR SF  | 3    |  |
| CYSTAGON   | 5    | S Specialty                                  |
| ENDARI   | 5    | PA<br>S Specialty                            |
| EVRYSDI  | 5    | PA<br>S Specialty                            |
| l-glutamine 5 gram powder pkt  | 5    | PA<br>S Specialty                            |

| PRODUCT DESCRIPTION  | TIER | LIMITS & RESTRICTIONS                  |
|--|------|--|
| <i>levocarnitine (1 g/10 ml cup, 1 g/10 ml soln, 500 mg/5 ml cup)</i>        | 2    |  |
| <i>levocarnitine 330 mg tablet</i>   | 1    |  |
| <i>levocarnitine sf</i>  | 2    |  |
| THIOLA EC  | 5    | PA<br>S Specialty                      |
| <i>tiopronin</i>   | 5    | PA<br>S Specialty                      |
| <i>venxxiva</i>  | 5    | PA<br>S Specialty                      |
| VOXZOGO  | 5    | PA<br>S Specialty                      |
| <b>PROTECTIVE AGENTS</b>   |      |  |
| <i>dalfampridine er</i>  | 5    | QL 2 TABS / 1 DAY<br>PA<br>S Specialty |
| <b>MTOR INHIBITORS</b>   |      |  |
| <b>MTOR INHIBITORS, MISCELLANEOUS</b>  |      |  |
| <i>sirolimus (0.5 mg tablet, 1 mg tablet, 1 mg/ml solution, 2 mg tablet)</i> | 2    |  |
| <b>MULTIPLE SCLEROSIS AGENTS</b>   |      |  |
| <b>AMINO ACID POLYMERS</b>   |      |  |
| <i>glatiramer 20 mg/ml syringe</i>   | 5    | QL 30 ML / 30 DAYS<br>S Specialty      |
| <i>glatiramer 40 mg/ml syringe</i>   | 5    | QL 12 ML / 28 DAYS<br>S Specialty      |
| GLATOPA 20 MG/ML SYRINGE   | 5    | QL 30 ML / 30 DAYS<br>S Specialty      |
| GLATOPA 40 MG/ML SYRINGE   | 5    | QL 12 ML / 28 DAYS<br>S Specialty      |

| PRODUCT DESCRIPTION                                  | TIER | LIMITS & RESTRICTIONS                  |
|--|------|--|
| <b>ANTIMETABOLITES</b>                               |      |  |
| MAVENCLAD  | 5    | PA<br>S Specialty                      |
| <i>teriflunomide</i>                                 | 5    | QL 1 TAB / 1 DAY<br>S Specialty        |
| <b>FUMARATES</b>                                     |      |  |
| BAFIERTAM  | 5    | QL 4 CAPS / 1 DAY<br>PA<br>S Specialty |
| <i>dimethyl fumarate</i>                             | 5    | QL 2 CAPS / 1 DAY<br>S Specialty       |
| VUMERITY   | 5    | QL 4 CAPS / 1 DAY<br>S Specialty       |
| <b>INTERFERONS</b>                                   |      |  |
| AVONEX 30 MCG/0.5 ML SYRINGE                         | 5    | QL 4 SYRINGES / 28 DAYS<br>S Specialty |
| AVONEX PEN   | 5    | QL 1 KIT / 28 DAYS<br>S Specialty      |
| AVONEX PREFILLED SYR 30 MCG KT                       | 5    | QL 1 KIT / 28 DAYS<br>S Specialty      |
| BETASERON  | 5    | QL 15 ML / 30 DAYS<br>S Specialty      |
| PLEGRIDY   | 5    | QL 1 ML / 28 DAYS<br>S Specialty       |
| PLEGRIDY PEN   | 5    | QL 1 ML / 28 DAYS<br>S Specialty       |
| REBIF (22 MCG/0.5 ML SYRINGE, 44 MCG/0.5 ML SYRINGE) | 5    | QL 6 ML / 28 DAYS<br>PA<br>S Specialty |

| PRODUCT DESCRIPTION                           | TIER | LIMITS & RESTRICTIONS  |
|---|------|--|
| REBIF REBIDOSE (22 MCG/0.5 ML, 44 MCG/0.5 ML) | 5    | <ul style="list-style-type: none"> <li>QL 6 ML / 28 DAYS</li> <li>PA</li> <li>S Specialty</li> </ul>     |
| REBIF REBIDOSE TITRATION PACK                 | 5    | <ul style="list-style-type: none"> <li>QL 4.2 ML / 28 DAYS</li> <li>PA</li> <li>S Specialty</li> </ul>   |
| REBIF TITRATION PACK                          | 5    | <ul style="list-style-type: none"> <li>QL 4.2 ML / 28 DAYS</li> <li>PA</li> <li>S Specialty</li> </ul>   |
| <b>MONOCLONAL ANTIBODIES (90:04)</b>          |      |  |
| KESIMPTA PEN                                  | 5    | <ul style="list-style-type: none"> <li>QL 1 PEN / 28 DAYS</li> <li>PA</li> <li>S Specialty</li> </ul>    |
| <b>SPHINGOSINE 1-PHOSPHATE (S1P) AGENTS</b>   |      |  |
| <i>fingolimod</i>                             | 5    | <ul style="list-style-type: none"> <li>QL 1 CAP / 1 DAY</li> <li>S Specialty</li> </ul>                  |
| MAYZENT (1 MG TABLET, 2 MG TABLET)            | 5    | <ul style="list-style-type: none"> <li>QL 1 TAB / 1 DAY</li> <li>S Specialty</li> </ul>                  |
| MAYZENT 0.25 MG TABLET                        | 5    | <ul style="list-style-type: none"> <li>QL 4 TABS / 1 DAY</li> <li>S Specialty</li> </ul>                 |
| MAYZENT 0.25MG START-1MG MAINT                | 5    | <ul style="list-style-type: none"> <li>QL 7 TABS / 4 DAYS</li> <li>S Specialty</li> </ul>                |
| MAYZENT 0.25MG START-2MG MAINT                | 5    | <ul style="list-style-type: none"> <li>QL 12 TABS / 5 DAYS</li> <li>S Specialty</li> </ul>               |
| ZEPOSIA 0.92 MG CAPSULE                       | 5    | <ul style="list-style-type: none"> <li>QL 1 CAP / 1 DAY</li> <li>PA</li> <li>S Specialty</li> </ul>      |
| ZEPOSIA STARTER KIT (28-DAY)                  | 5    | <ul style="list-style-type: none"> <li>QL 28 CAPS / 180 DAYS</li> <li>PA</li> <li>S Specialty</li> </ul> |

| PRODUCT DESCRIPTION  | TIER | LIMITS & RESTRICTIONS   |
|--|------|---|
| ZEPOSIA STARTER KIT (37-DAY)   | 5    | <span>QL</span> 37 CAPS / 180 DAYS<br><span>PA</span><br><span>S</span> Specialty |
| ZEPOSIA STARTER PACK (7-DAY)   | 5    | <span>QL</span> 7 CAPS / 180 DAYS<br><span>PA</span><br><span>S</span> Specialty  |
| <b>NEUROMYELITIS OPTICA SPECTR DIS AGENTS<br/>MONOCLONAL ANTIBODIES (90:12)</b>  |      |   |
| ENSPRYNG   | 5    | <span>PA</span><br><span>S</span> Specialty                                       |
| <b>NONHORMONAL CONTRACEPTIVES</b>  |      |   |
| TODAY CONTRACEPTIVE SPONGE   | 3    |   |
| <i>vcf</i>   | 2    |   |
| <b>NONSTEROIDAL ANTI-INFLAMMATORY AGENTS<br/>CYCLOOXYGENASE-2 (COX-2) INHIBITORS</b>   |      |   |
| <i>celecoxib</i>   | 2    |   |
| <b>REVERSIBLE COX-1/COX-2 INHIBITORS</b>   |      |   |
| <i>diclofenac pot 50 mg tablet</i>   | 2    |   |
| <i>diclofenac sodium (sod dr 25 mg tab, sod dr 50 mg tab, sod dr 75 mg tab, sod ec 25 mg tab, sod ec 50 mg tab, sod ec 75 mg tab, sodium 1% gel)</i> | 2    |   |
| <i>diclofenac sodium 1% gel (rx)</i>   | 2    |   |
| <i>diclofenac sodium er</i>  | 2    |   |
| <i>diclofenac sodium-misoprostol</i>   | 4    | <span>PA</span>   |
| <i>diflunisal</i>  | 4    | <span>PA</span>   |
| <i>etodolac (200 mg capsule, 300 mg capsule)</i>   | 1    |   |
| <i>etodolac (400 mg tablet, 500 mg tablet)</i>   | 2    |   |
| <i>etodolac er</i>   | 4    |   |
| <i>flurbiprofen</i>  | 2    |   |
| <i>flurbiprofen sodium</i>   | 1    |   |

| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| IBU   | 1    |                       |
| <i>ibuprofen (400 mg tablet, 600 mg tablet, 800 mg tablet)</i>  | 1    |                       |
| <i>indomethacin (25 mg capsule, 50 mg capsule)</i>  | 1    |                       |
| <i>indomethacin er</i>  | 2    |                       |
| <i>ketoprofen (25 mg capsule, 50 mg capsule, 75 mg capsule)</i>   | 4    | PA                    |
| <i>ketorolac 10 mg tablet</i>   | 2    | QL 20 TABS / RX       |
| <i>meloxicam (7.5 mg tablet, 7.5 mg/5 ml susp, 15 mg tablet)</i>  | 1    |                       |
| <i>nabumetone</i>   | 2    |                       |
| <i>naproxen (250 mg tablet, 375 mg tablet, 500 mg kit, 500 mg tablet)</i>   | 1    |                       |
| <i>naproxen (dr 375 mg tablet, dr 500 mg tablet)</i>  | 2    |                       |
| <i>naproxen-esomeprazole mag</i>  | 2    | PA                    |
| <i>oxaprozin (600 mg caplet, 600 mg tablet)</i>   | 4    | PA                    |
| <i>piroxicam</i>  | 1    |                       |
| <i>sulindac</i>   | 2    |                       |
| <b>SALICYLATES</b>  |      |                       |
| <i>aspirin (81 mg tablet, cvs 81 mg tab, eq 81 mg tab, eql 81 mg tab, ft 81 mg tab, gnp 81 mg tab, gs 81 mg tab, hm 81 mg tab, kro 81 mg tab, pub 81 mg tab, qc 81 mg tab, ra 81 mg tab)</i>  | 1    |                       |
| <i>aspirin ec (cvs ec 81 mg tablet, ec 81 mg tablet, eq ec 81 mg tablet, eql ec 81 mg tablet, ft ec 81 mg tablet, gnp ec 81 mg tablet, gs ec 81 mg tablet, hm ec 81 mg tablet, kro ec 81 mg tablet, qc ec 81 mg tablet, ra ec 81 mg tablet, sm ec 81 mg tablet)</i> | 1    |                       |
| <i>aspirin regimen</i>  | 1    |                       |
| <i>aspirin-dipyridamole er</i>  | 2    |                       |
| BAYER CHEWABLE ASPIRIN  | 3    |                       |
| <i>butalbital-aspirin-caffeine cp</i>   | 1    | QL 6 CAPS / 1 DAY     |
| <i>butalbital-aspirin-caffeine tb</i>   | 2    | QL 6 TABS / 1 DAY     |

| PRODUCT DESCRIPTION  | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| <i>salsalate</i>   | 2    |                       |
| <i>st. joseph aspirin</i>  | 1    |                       |
| <i>st. joseph aspirin ec</i>   | 1    |                       |
| <b>OXYTOCICS</b>   |      |                       |
| <i>methylergonovine 0.2 mg tablet</i>  | 2    |                       |
| <i>mifepristone 200 mg tablet</i>  | 2    |                       |
| <b>PARATHYROID AND ANTIPARATHYROID AGENTS</b>  |      |                       |
| <b>ANTIPARATHYROID AGENTS</b>  |      |                       |
| <i>calcitonin-salmon 200 unit spr</i>  | 2    |                       |
| <i>cinacalcet hcl</i>  | 2    |                       |
| <b>PARATHYROID AGENTS</b>  |      |                       |
| <i>teriparatide 600 mcg/2.4ml pen</i>  | 5    | PA<br>S Specialty     |
| TYMLOS   | 5    | PA<br>S Specialty     |
| <b>PENICILLIN ANTIBIOTICS</b>  |      |                       |
| <b>AMINOPENICILLIN ANTIBIOTICS</b>   |      |                       |
| <i>amox-clav 250-62.5 mg/5 ml sus</i>  | 4    |                       |
| <i>amoxicillin (125 mg tab chew, 125 mg/5 ml susp, 200 mg/5 ml susp, 250 mg capsule, 250 mg tab chew, 250 mg/5 ml susp, 400 mg/5 ml susp, 500 mg capsule, 500 mg tablet, 875 mg tablet)</i>                | 1    |                       |
| <i>amoxicillin-clavulanate potass (200-28.5 mg tab chew, 200-28.5 mg/5 ml sus, 250-125 mg tablet, 400-57 mg tab chew, 400-57 mg/5 ml susp, 500-125 mg tablet, 600-42.9 mg/5 ml sus, 875-125 mg tablet)</i> | 2    |                       |
| <i>ampicillin trihydrate</i>   | 1    |                       |
| <b>NATURAL PENICILLIN ANTIBIOTICS</b>  |      |                       |
| <i>penicillin v potassium (125 mg/5 ml soln, 250 mg/5 ml soln)</i>   | 2    |                       |
| <i>penicillin v potassium (250 mg tablet, 500 mg tablet)</i>   | 1    |                       |



| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS                     |
|---|------|---|
| <b>PENICILLINASE-RESISTANT PENICILLINS</b>  |      |   |
| <i>dicloxacillin sodium</i>   | 2    |   |
| <b>PHARMACEUTICAL AIDS</b>  |      |   |
| DILUENT FOR ELIGARD   | 5    | S Specialty                               |
| <i>diluent for epoprostenol</i>   | 5    | S Specialty                               |
| DILUENT FOR HIBERIX   | 3    |   |
| DILUENT FOR NOVOSEVEN RT  | 5    | S Specialty                               |
| DILUENT-MERCK LIVE VIRUS VACC   | 3    |   |
| PH 12 DILUENT FOR FLOLAN  | 5    | S Specialty                               |
| SHINGRIX ADJUVANT COMPONENT   | 3    | QL 1 KIT / RX                             |
| STERILE WATER DILUENT-PRIORIX   | 3    |   |
| <b>PHOSPHODIESTERASE-4 INHIBITORS (90:24)<br/>PHOSPHODIESTERASE-4 INHIBITORS, MISC</b>          |      |   |
| OTEZLA (10-20 MG STARTER 28, 10-20-30MG START 28)   | 5    | QL 55 TABS / 28 DAYS<br>PA<br>S Specialty |
| OTEZLA (20 MG TABLET, 30 MG TABLET)   | 5    | QL 2 TABS / 1 DAY<br>PA<br>S Specialty    |
| OTEZLA 10-20-30MG START 14 DAY  | 5    | QL 2 PACKS / 28 DAYS<br>PA<br>S Specialty |
| <b>RENIN-ANGIOTENSIN-ALDOSTERONE SYS. INHIB<br/>ANGIOTENSIN II RECEPTOR ANTAGONIST/NEPROLYS</b> |      |   |
| ENTRESTO  | 3    |   |
| ENTRESTO SPRINKLE   | 3    |   |
| <i>sacubitril-valsartan</i>   | 2    |   |

| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| <b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>                                  |      |                       |
| <i>candesartan cilexetil</i>  | 2    |                       |
| <i>irbesartan</i>   | 1    |                       |
| <i>irbesartan-hydrochlorothiazide</i>                                       | 2    |                       |
| <i>losartan potassium</i>   | 1    |                       |
| <i>losartan-hydrochlorothiazide</i>   | 1    |                       |
| <i>olmesartan medoxomil</i>   | 2    |                       |
| <i>olmesartan-hydrochlorothiazide</i>                                       | 2    |                       |
| <i>telmisartan</i>  | 2    |                       |
| <i>telmisartan-hydrochlorothiazid</i>                                       | 4    |                       |
| <i>valsartan (40 mg tablet, 80 mg tablet, 160 mg tablet, 320 mg tablet)</i> | 2    |                       |
| <i>valsartan-hydrochlorothiazide</i>  | 2    |                       |
| <b>ANGIOTENSIN-CONVERTING ENZYME INHIBITORS</b>                             |      |                       |
| <i>benazepril hcl</i>   | 1    |                       |
| <i>benazepril-hydrochlorothiazide</i>                                       | 2    |                       |
| <i>enalapril maleate (2.5 mg tab, 5 mg tablet, 10 mg tab, 20 mg tab)</i>    | 2    |                       |
| <i>enalapril-hydrochlorothiazide</i>  | 1    |                       |
| <i>fosinopril sodium</i>  | 1    |                       |
| <i>fosinopril-hydrochlorothiazide</i>                                       | 4    |                       |
| <i>lisinopril</i>   | 1    |                       |
| <i>lisinopril-hydrochlorothiazide</i>                                       | 1    |                       |
| <i>moexipril hcl</i>  | 2    |                       |
| <i>perindopril erbumine</i>   | 2    |                       |
| <i>quinapril hcl</i>  | 1    |                       |
| <i>quinapril-hydrochlorothiazide</i>  | 4    |                       |
| <i>ramipril</i>   | 1    |                       |
| <i>trandolapril</i>   | 2    |                       |

| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS                       |
|---|------|---|
| <b>RESPIRATORY TRACT AGENTS<br/>ANTIFIBROTIC AGENTS</b>               |      |   |
| <i>pirfenidone</i>  | 5    | PA<br>S Specialty                           |
| <b>ANTITUSSIVES</b>   |      |   |
| <i>benzonatate (100 mg capsule, perle 100 mg cap, 200 mg capsule)</i> | 2    |   |
| <i>codeine-guaifenesin</i>  | 2    | QL 60 ML / 1 DAY<br>AL1 At least 12 yrs old |
| <i>guaifenesin-codeine</i>  | 2    | QL 60 ML / 1 DAY<br>AL1 At least 12 yrs old |
| <i>hydrocodone-chlorpheniramine er</i>                                | 2    | QL 10 ML / 1 DAY<br>AL1 At least 18 yrs old |
| <i>maxi-tuss ac</i>   | 2    | QL 60 ML / 1 DAY<br>AL1 At least 12 yrs old |
| <i>promethazine-dm</i>  | 1    |   |
| <b>MUCOLYTIC AGENTS</b>   |      |   |
| PULMOZYME   | 5    | QL 150 ML / 30 DAYS<br>PA<br>S Specialty    |
| <b>PHOSPHODIESTERASE TYPE 4 INHIBITORS</b>                            |      |   |
| <i>roflumilast</i>  | 2    |   |
| <b>VASODILATING AGENTS (RESPIRATORY TRACT)</b>                        |      |   |
| ADEMPAS   | 5    | PA<br>S Specialty                           |
| <i>ambrisentan</i>  | 5    | PA<br>S Specialty                           |
| <i>bosentan</i>   | 5    | PA<br>S Specialty                           |
| <i>epoprostenol sodium</i>  | 5    | PA<br>S Specialty                           |

| PRODUCT DESCRIPTION  | TIER | LIMITS & RESTRICTIONS   |
|--|------|-------------------------|
| FLOLAN   | 5    | PA<br>S Specialty       |
| OPSUMIT  | 5    | PA<br>S Specialty       |
| OPSYNVI  | 5    | PA<br>S Specialty       |
| <i>treprostinil</i>  | 5    | PA<br>S Specialty       |
| TYVASO   | 5    | PA<br>S Specialty       |
| TYVASO DPI   | 5    | PA<br>S Specialty       |
| TYVASO REFILL KIT  | 5    | PA<br>S Specialty       |
| TYVASO STARTER KIT   | 5    | PA<br>S Specialty       |
| 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) | 5    | PA<br>S Specialty       |
| <b>SKELETAL MUSCLE RELAXANTS</b>   |      |                         |
| <b>CENTRALLY ACTING SKELETAL MUSCLE RELAXANT</b>   |      |                         |
| <i>carisoprodol 250 mg tablet</i>  | 4    | QL 4 TABS / 1 DAY<br>PA |
| <i>carisoprodol 350 mg tablet</i>  | 2    | QL 4 TABS / 1 DAY       |
| <i>carisoprodol-aspirin-codeine</i>  | 4    | QL 8 TABS / 1 DAY<br>PA |
| <i>chlorzoxazone 500 mg tablet</i>   | 2    |                         |
| <i>cyclobenzaprine hcl (5 mg tablet, 10 mg tablet)</i>   | 1    |                         |

| PRODUCT DESCRIPTION  | TIER | LIMITS & RESTRICTIONS              |
|--|------|------------------------------------|
| <i>metaxalone 800 mg tablet</i>                                  | 4    | PA                                 |
| <i>methocarbamol (500 mg tablet, 750 mg tablet)</i>              | 2    |                                    |
| <i>tizanidine hcl (2 mg tablet, 4 mg tablet)</i>                 | 2    |                                    |
| DIRECT-ACTING SKELETAL MUSCLE RELAXANTS                          |      |                                    |
| <i>dantrolene sodium (25 mg cap, 50 mg cap, 100 mg cap)</i>      | 2    |                                    |
| GABA-DERIVATIVE SKELETAL MUSCLE RELAXANT                         |      |                                    |
| <i>baclofen (5 mg tablet, 10 mg tablet, 20 mg tablet)</i>        | 2    |                                    |
| INDIRECT-ACTING SKELETAL MUSCLE RELAXANT                         |      |                                    |
| <i>orphenadrine citrate er</i>                                   | 4    | PA                                 |
| SKIN AND MUCOUS MEMBRANE AGENTS                                  |      |                                    |
| ANTIPROLIFERANTS   |      |                                    |
| <i>bexarotene 1% gel</i>   | 5    | PA<br>S Specialty<br>OH OncoHealth |
| <i>fluorouracil (2% topical soln, 5% cream, 5% topical soln)</i> | 2    | OH OncoHealth                      |
| <i>imiquimod 5% cream packet</i>                                 | 2    |                                    |
| VALCHLOR   | 5    | PA<br>S Specialty<br>OH OncoHealth |
| ANTIPRURITICS AND LOCAL ANESTHETICS                              |      |                                    |
| <i>doxepin 5% cream</i>  | 2    | QL 45 GM / 1 FILL<br>PA            |
| <i>lidocaine 5% ointment</i>                                     | 2    |                                    |
| <i>lidocaine 5% patch</i>  | 2    | QL 1 PATCH / 1 DAY<br>PA           |
| <i>lidocaine-prilocaine</i>                                      | 2    | QL 60 GM / 1 FILL                  |
| <i>phenazopyridine hcl (100 mg tab, 200 mg tab)</i>              | 1    |                                    |

| PRODUCT DESCRIPTION  | TIER | LIMITS & RESTRICTIONS                    |
|--|------|--|
| <b>ASTRINGENTS (84:12)</b>   |      |  |
| DRYSOL   | 3    |  |
| <b>CELL STIMULANTS AND PROLIFERANTS</b>  |      |  |
| AVITA  | 2    |  |
| <i>tretinoin (0.01% gel, 0.025% cream, 0.025% gel, 0.05% cream, 0.1% cream)</i>  | 2    |  |
| <b>KERATOLYTIC AGENTS</b>  |      |  |
| AC CUTANE  | 2    |  |
| <i>acitretin</i>   | 4    |  |
| <i>adapalene (0.1% cream, 0.3% gel, 0.3% gel pump)</i>                           | 2    | PA                                       |
| <i>adapalene (cvs gel, gel, gnp gel)</i>   | 2    |  |
| AMNESTEEM  | 2    |  |
| CLARAVIS   | 2    |  |
| DIFFERIN 0.1% GEL  | 3    |  |
| <i>isotretinoin (10 mg capsule, 20 mg capsule, 30 mg capsule, 40 mg capsule)</i> | 2    |  |
| MYORISAN   | 2    |  |
| <i>podofilox 0.5% topical soln</i>   | 2    |  |
| <i>sodium sulfacetamide-sulfur (crm, lot)</i>                                    | 2    |  |
| <i>sss 10-5 cream</i>  | 2    |  |
| <i>tazarotene (0.05% cream, 0.05% gel, 0.1% gel)</i>                             | 2    | QL 30 GM / 30 DAYS<br>PA                 |
| <i>tazarotene 0.1% cream</i>   | 2    | QL 30 GM / 30 DAYS                       |
| ZENATANE   | 2    |  |
| <b>SKIN AND MUCOUS MEMBRANE AGENTS, MISC.</b>                                    |      |  |
| <i>calcitriol 3 mcg/g ointment</i>   | 4    | PA                                       |
| DUPIXENT PEN   | 5    | QL 2 PENS / 28 DAYS<br>PA<br>S Specialty |

| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS  |
|---|------|--|
| DUPIXENT SYRINGE  | 5    | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <div style="background-color: #8e44ad; color: white; border-radius: 50%; padding: 2px 5px; margin-right: 5px;">QL</div> <span>2 SYRINGES / 28 DAYS</span> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #f39c12; color: white; border-radius: 50%; padding: 2px 5px; margin-right: 5px;">PA</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #e74c3c; color: white; border-radius: 50%; padding: 2px 5px; margin-right: 5px;">S</div> <span>Specialty</span> </div> </div> |
| TRI-CHLOR   | 3    |  |
| <i>trichloroacetic acid</i>   | 3    |  |
| SMOOTH MUSCLE RELAXANTS   |      |  |
| RESPIRATORY SMOOTH MUSCLE RELAXANTS                                     |      |  |
| <i>theophylline er</i>  | 2    |  |
| SOMATOSTATIN AGONISTS AND ANTAGONISTS                                   |      |  |
| SOMATOSTATIN AGONISTS   |      |  |
| <i>octreotide acetate</i>   | 5    | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <div style="background-color: #e74c3c; color: white; border-radius: 50%; padding: 2px 5px; margin-right: 5px;">S</div> <span>Specialty</span> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #27ae60; color: white; border-radius: 50%; padding: 2px 5px; margin-right: 5px;">OH</div> <span>OncoHealth</span> </div> </div>  |
| <i>octreotide acetate er</i>  | 5    | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <div style="background-color: #e74c3c; color: white; border-radius: 50%; padding: 2px 5px; margin-right: 5px;">S</div> <span>Specialty</span> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #27ae60; color: white; border-radius: 50%; padding: 2px 5px; margin-right: 5px;">OH</div> <span>OncoHealth</span> </div> </div>  |
| SIGNIFOR  | 5    | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <div style="background-color: #f39c12; color: white; border-radius: 50%; padding: 2px 5px; margin-right: 5px;">PA</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #e74c3c; color: white; border-radius: 50%; padding: 2px 5px; margin-right: 5px;">S</div> <span>Specialty</span> </div> </div>  |
| SYMPATHOMIMETIC (ADRENERGIC) AGENTS                                     |      |  |
| ALPHA- AND BETA-ADRENERGIC AGONISTS                                     |      |  |
| <i>epinephrine 0.15 mg auto-inject</i>                                  | 2    |  |
| <i>epinephrine 0.15 mg auto-inject (teva)</i>                           | 2    |  |
| <i>epinephrine 0.15 mg auto-inject (generic for adrenaclick)</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    |  |
| ALPHA-ADRENERGIC AGONISTS   |      |  |
| <i>midodrine hcl</i>  | 2    |  |

| PRODUCT DESCRIPTION  | TIER | LIMITS & RESTRICTIONS   |
|--|------|---|
| <b>THYROID AND ANTITHYROID AGENTS</b>  |      |   |
| <b>ANTITHYROID AGENTS</b>  |      |   |
| <i>methimazole</i>   | 1    |   |
| <i>propylthiouracil</i>  | 4    |   |
| <b>THYROID AGENTS</b>  |      |   |
| EUTHYROX   | 2    |   |
| <i>levothyroxine sodium (25 mcg tablet, 50 mcg tablet, 75 mcg tablet, 88 mcg tablet, 100 mcg tablet, 112 mcg tablet, 125 mcg tablet, 137 mcg tablet, 150 mcg tablet, 175 mcg tablet, 200 mcg tablet, 300 mcg tablet)</i> | 2    |   |
| <i>liothyronine sodium (5 mcg tab, 25 mcg tab, 50 mcg tab)</i>   | 2    |   |
| SYNTHROID  | 4    |   |
| <b>TUMOR NECROSIS FACTOR INHIBITORS</b>  |      |   |
| <b>TUMOR NECROSIS FACTOR INHIBITORS, MISC</b>  |      |   |
| CIMZIA (MG/ML SYRINGE KIT, MG/ML(X3)START KT)  | 5    | <span>QL</span> 1 KIT = 2 SYRINGES / 28 DAYS<br><span>PA</span><br><span>S</span> Specialty |
| CIMZIA 200 MG/ML SYRINGE KIT   | 5    | <span>QL</span> 1 KIT = 1 SYRINGE / 28 DAYS<br><span>PA</span><br><span>S</span> Specialty  |
| ENBREL (25 MG/0.5 ML SYRINGE, 25 MG/0.5 ML VIAL)   | 5    | <span>QL</span> 4 ML (8 DOSES) / 28 DAYS<br><span>PA</span><br><span>S</span> Specialty     |
| ENBREL 25 MG KIT   | 5    | <span>QL</span> 8 VIALS (8 ML) / 28 DAYS<br><span>PA</span><br><span>S</span> Specialty     |
| ENBREL 50 MG/ML SYRINGE  | 5    | <span>QL</span> 4 ML (4 DOSES) / 28 DAYS<br><span>PA</span><br><span>S</span> Specialty     |



| PRODUCT DESCRIPTION      | TIER | LIMITS & RESTRICTIONS   |
|--------------------------|------|---|
| ENBREL MINI              | 5    | <ul style="list-style-type: none"> <li>QL 4 ML (4 DOSES) / 28 DAYS</li> <li>PA</li> <li>S Specialty</li> </ul>  |
| ENBREL SURECLICK         | 5    | <ul style="list-style-type: none"> <li>QL 4 ML (4 DOSES) / 28 DAYS</li> <li>PA</li> <li>S Specialty</li> </ul>  |
| HADLIMA                  | 5    | <ul style="list-style-type: none"> <li>QL 2 SYRINGES / 28 DAYS</li> <li>PA</li> <li>S Specialty</li> </ul>      |
| HADLIMA PUSHTOUCH        | 5    | <ul style="list-style-type: none"> <li>QL 2 AUTOINJECTORS / 28 DAYS</li> <li>PA</li> <li>S Specialty</li> </ul> |
| HADLIMA(CF)              | 5    | <ul style="list-style-type: none"> <li>QL 2 SYRINGES / 28 DAYS</li> <li>PA</li> <li>S Specialty</li> </ul>      |
| HADLIMA(CF) PUSHTOUCH    | 5    | <ul style="list-style-type: none"> <li>QL 2 AUTOINJECTORS / 28 DAYS</li> <li>PA</li> <li>S Specialty</li> </ul> |
| HUMIRA                   | 5    | <ul style="list-style-type: none"> <li>QL 2 SYRINGES / 28 DAYS</li> <li>PA</li> <li>S Specialty</li> </ul>      |
| HUMIRA PEN               | 5    | <ul style="list-style-type: none"> <li>QL 2 PENS / 28 DAYS</li> <li>PA</li> <li>S Specialty</li> </ul>          |
| HUMIRA PEN CROHN'S-UC-HS | 5    | <ul style="list-style-type: none"> <li>QL 1 KIT / 365 DAYS</li> <li>PA</li> <li>S Specialty</li> </ul>          |

| PRODUCT DESCRIPTION  | TIER | LIMITS & RESTRICTIONS   |
|--|------|---|
| HUMIRA PEN PSOR-UEVITS-ADOL HS   | 5    | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <span style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 1 KIT / 365 DAYS         </div> <div style="display: flex; align-items: center;"> <span style="background-color: #f39c12; color: white; padding: 2px 5px; border-radius: 3px;">PA</span> </div> <div style="display: flex; align-items: center;"> <span style="background-color: #e74c3c; color: white; padding: 2px 5px; border-radius: 3px;">S</span> Specialty         </div> </div>     |
| HUMIRA(CF) (10 MG/0.1 ML SYRING, 20 MG/0.2 ML SYRING, 40 MG/0.4 ML SYRING)       | 5    | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <span style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 2 SYRINGES / 28 DAYS         </div> <div style="display: flex; align-items: center;"> <span style="background-color: #f39c12; color: white; padding: 2px 5px; border-radius: 3px;">PA</span> </div> <div style="display: flex; align-items: center;"> <span style="background-color: #e74c3c; color: white; padding: 2px 5px; border-radius: 3px;">S</span> Specialty         </div> </div> |
| HUMIRA(CF) PEDIATRIC CROHN'S   | 5    | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <span style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 1 KIT / 365 DAYS         </div> <div style="display: flex; align-items: center;"> <span style="background-color: #f39c12; color: white; padding: 2px 5px; border-radius: 3px;">PA</span> </div> <div style="display: flex; align-items: center;"> <span style="background-color: #e74c3c; color: white; padding: 2px 5px; border-radius: 3px;">S</span> Specialty         </div> </div>     |
| HUMIRA(CF) PEN (PEN 40 MG/0.4 ML, PEN 80 MG/0.8 ML)                              | 5    | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <span style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 2 PENS / 28 DAYS         </div> <div style="display: flex; align-items: center;"> <span style="background-color: #f39c12; color: white; padding: 2px 5px; border-radius: 3px;">PA</span> </div> <div style="display: flex; align-items: center;"> <span style="background-color: #e74c3c; color: white; padding: 2px 5px; border-radius: 3px;">S</span> Specialty         </div> </div>     |
| HUMIRA(CF) PEN CROHN'S-UC-HS   | 5    | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <span style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 1 KIT / 365 DAYS         </div> <div style="display: flex; align-items: center;"> <span style="background-color: #f39c12; color: white; padding: 2px 5px; border-radius: 3px;">PA</span> </div> <div style="display: flex; align-items: center;"> <span style="background-color: #e74c3c; color: white; padding: 2px 5px; border-radius: 3px;">S</span> Specialty         </div> </div>     |
| HUMIRA(CF) PEN PEDIATRIC UC  | 5    | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <span style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 1 KIT / 365 DAYS         </div> <div style="display: flex; align-items: center;"> <span style="background-color: #f39c12; color: white; padding: 2px 5px; border-radius: 3px;">PA</span> </div> <div style="display: flex; align-items: center;"> <span style="background-color: #e74c3c; color: white; padding: 2px 5px; border-radius: 3px;">S</span> Specialty         </div> </div>     |
| HUMIRA(CF) PEN PSOR-UV-ADOL HS   | 5    | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <span style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 1 KIT / 365 DAYS         </div> <div style="display: flex; align-items: center;"> <span style="background-color: #f39c12; color: white; padding: 2px 5px; border-radius: 3px;">PA</span> </div> <div style="display: flex; align-items: center;"> <span style="background-color: #e74c3c; color: white; padding: 2px 5px; border-radius: 3px;">S</span> Specialty         </div> </div>     |
| <b>VASODILATING AGENTS</b>   |      |   |
| <b>DIRECT VASODILATORS</b>   |      |   |
| <i>hydralazine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet, 100 mg tablet)</i> | 2    |   |
| <i>minoxidil (2.5 mg tablet, 10 mg tablet)</i>                                   | 2    |   |
| <b>NITRATES AND NITRITES</b>   |      |   |
| <i>isosorbide dinitrate (5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab)</i>          | 2    |   |
| <i>isosorbide mononitrate</i>  | 2    |   |

| PRODUCT DESCRIPTION  | TIER | LIMITS & RESTRICTIONS   |
|--|------|-------------------------|
| <i>isosorbide mononitrate er</i>   | 2    |                         |
| NITRO-BID  | 3    |                         |
| <i>nitroglycerin (0.3 mg tablet, 0.4 mg tablet, 0.6 mg tablet)</i>                         | 2    |                         |
| <i>nitroglycerin patch</i>   | 2    |                         |
| <b>PHOSPHODIESTERASE TYPE 5 INHIBITORS</b>   |      |                         |
| <i>tadalafil (2.5 mg tablet, 5 mg tablet)</i>  | 2    | QL 1 TAB / 1 DAY        |
| <b>VASODILATING AGENTS (RESPIRATORY TRACT)<br/>PHOSPHODIESTERASE-5 INHIBITORS (RESPIR)</b> |      |                         |
| <i>sildenafil 20 mg tablet (generic for revatio)</i>                                       | 2    | QL 1 TAB / 1 DAY        |
| <i>tadalafil 20 mg tablet (generic for adcirca)</i>  | 2    | QL 2 TABS / 1 DAY<br>PA |
| <b>PROSTACYCLIN &amp; PROSTACYCLIN DERIVATIVES</b>   |      |                         |
| VENTAVIS   | 5    | PA<br>S Specialty       |
| <b>VITAMINS<br/>MULTIVITAMIN PREPARATIONS</b>  |      |                         |
| m-natal plus   | 1    |                         |
| <i>mynatal plus</i>  | 1    |                         |
| <i>mynatal-z</i>   | 1    |                         |
| <i>prn prenatal plus multivit tab</i>  | 1    |                         |
| PRENATABS FA   | 1    |                         |
| <i>prenatal vitamin plus low iron</i>  | 1    |                         |
| <i>trinatal rx 1</i>   | 3    |                         |
| <i>westab plus</i>   | 1    |                         |
| <b>VITAMIN B COMPLEX</b>   |      |                         |
| <i>cyanocobalamin injection</i>  | 1    |                         |
| <i>dodex (1,000 mcg/ml vial, 10,000 mcg/10 ml vial, 30,000 mcg/30 ml vial)</i>             | 1    |                         |

| PRODUCT DESCRIPTION  | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| <i>folic acid (0.4 mg tablet, 0.8 mg tablet, 1 mg tablet, 400 mcg tablet, 800 mcg tablet, cvs 800 mcg tablet, ft 400 mcg tablet, ft 800 mcg tablet, gnp 400 mcg tablet, ra 0.4 mg tablet, ra 800 mcg tablet, sm 400 mcg tablet, sv 800 mcg tablet, true 667 mcg dfe tb, well 400 mcg tablet)</i> | 1    |                       |
| <b>VITAMIN D</b>   |      |                       |
| <i>calcitriol (0.25 mcg capsule, 0.5 mcg capsule, 1 mcg/ml solution)</i>   | 2    |                       |
| <i>vitamin d2 1.25mg(50,000 unit)</i>  | 1    |                       |
| <b>VITAMIN K ACTIVITY</b>  |      |                       |
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| famotidine                        | 64    | fluocinolone acetonide                  | 13       |
| famotidine 20 mg tablet (rx only) | 64    | fluocinolone acetonide oil              | 12       |
| FANAPT                            | 54    | fluocinonide                            | 14       |
| FASENRA PEN                       | 12    | fluocinonide-e                          | 14       |
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| FEIBA                             | 33    | fluorometholone                         | 12       |
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| FETZIMA                           | 24    | flurbiprofen sodium                     | 107      |
| finasteride                       | 102   | flutamide                               | 42       |
| fingolimod                        | 106   | fluticasone prop 50 mcg spray (rx only) | 12       |
| flavoxate hcl                     | 87    | fluticasone propionate                  | 12,14,90 |
| flecainide acetate                | 15    | fluticasone propionate hfa              | 90       |
| FLOLAN                            | 113   | fluticasone-salmeterol                  | 70       |
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| FLUAD TRIVALENT 2024-2025         | 60    | fluvoxamine maleate                     | 25       |
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| FLUZONE TRIVALENT 2024-2025    | 61    | glipizide-metformin                               | 27    |
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| fondaparinux sodium            | 20    | glucagon 1 mg emergency kit (generic<br>glucagon) | 35    |
| formoterol fumarate-nebulizer  | 70    | glucagon hcl                                      | 35    |
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| fosfomycin tromethamine        | 8     | glyburide micronized                              | 27    |
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| furosemide                     | 80    | GLYXAMBI  | 27    |
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| GALAFOLD                       | 82    | guaifenesin-codeine                               | 112   |
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| galantamine hydrobromide       | 69    | GVOKE   | 35    |
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| haloperidol decanoate          | 55  | hydrocodone-acetaminophen         | 2     |
| haloperidol decanoate 100      | 55  | hydrocodone-chlorpheniramine er   | 112   |
| haloperidol lactate            | 55  | hydrocodone-ibuprofen             | 2     |
| HARVONI                        | 89  | hydrocortisone                    | 14,90 |
| HAVRIX                         | 61  | hydrocortisone 1% cream (rx only) | 14    |
| HEATHER                        | 93  | hydrocortisone acetate            | 14    |
| HEMLIBRA                       | 33  | hydrocortisone butyrate           | 14    |
| HEMOFIL M                      | 33  | hydrocortisone sod succinate      | 90    |
| heparin sodium                 | 20  | hydrocortisone valerate           | 14    |
| HEPLISAV-B                     | 61  | hydrocortisone-1% ointment        | 14    |
| HER STYLE                      | 93  | hydrocortisone-acetic acid        | 9     |
| HIBERIX                        | 61  | hydrocortisone-pramoxine          | 14    |
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| HUMALOG MIX 50-50 KWIKPEN      | 99  | hydroxyzine hcl                   | 66    |
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| HUMALOG TEMPO PEN U-100        | 99  | hyoscyamine sulfate               | 19    |
| HUMATE-P                       | 33  | hyoscyamine sulfate er            | 19    |
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| HUMIRA PEN                     | 118 | hyosyne                           | 19    |
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| HUMULIN R U-500                | 99  | IMBRUVICA                         | 43    |
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| hydralazine hcl                | 119 | IMPAVIDO                          | 53    |
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| insulin aspart flexpen         | 99    | JENTADUETO                     | 26     |
| insulin aspart penfill         | 99    | JENTADUETO XR                  | 26     |
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| irbesartan-hydrochlorothiazide | 111   | KELNOR 1-35                    | 94     |
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| ISENTRESS HD                   | 56    | KESIMPTA PEN                   | 106    |
| ISIBLOOM                       | 93    | ketoconazole                   | 30     |
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| KLOR-CON M20                            | 81    | leuprolide acetate                   | 88   |
| KLOXXADO                                | 75    | leuprolide depot                     | 88   |
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| labetalol hcl                           | 73    | levocetirizine dihydrochloride       | 35   |
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| lansoprazole dr 15 mg capsule (rx only) | 64    | lidocaine hcl                        | 85   |
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| LANTUS                                  | 98    | lidocaine-prilocaine                 | 114  |
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| LARIN FE                                | 94    | liraglutide                          | 26   |
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| LESSINA                                 | 94    | lithium citrate                      | 75   |
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| LOKELMA                      | 101 | meclizine hcl   | 28  |
| loperamide                   | 86  | MEDROL  | 90  |
| lopinavir-ritonavir          | 58  | medroxyprogesterone acetate                               | 97  |
| lorazepam                    | 67  | mefloquine hcl  | 53  |
| LORAZEPAM INTENSOL           | 68  | megestrol acetate   | 97  |
| LORYNA                       | 94  | MEKINIST  | 46  |
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| losartan-hydrochlorothiazide | 111 | melphalan   | 46  |
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| lovastatin                   | 36  | MENQUADFI   | 61  |
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| LYLLANA                      | 84  | metaxalone  | 114 |
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| LYSODREN                     | 46  | metformin hcl 1,000 mg tablet (generic for<br>glucophage) | 26  |
| LYTGOBI                      | 46  | metformin hcl 500 mg tablet (generic for<br>glucophage)   | 26  |
| LYZA                         | 95  | metformin hcl er  | 26  |
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| methylphenidate er 50 mg cap (authorized generic) | 7     | MODERNA COVID(6M-5Y) VACC(EUA)        | 62  |
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| metoclopramide hcl                                | 87    | morphine sulfate                      | 3   |
| metolazone  | 80    | morphine sulfate er                   | 3   |
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| metoprolol tartrate                               | 73    | MORPHINE SULFATE IR 30 MG TAB (BRAND) | 3   |
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| neomycin-polymyxin-gramicidin      | 10     |
| neomycin-polymyxin-hc              | 10     |
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| nystatin                           | 30     |
| nystatin-triamcinolone             | 14     |
| NYSTOP                             | 30     |
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| OBIZUR                             | 34     |
| OCELLA                             | 95     |

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| octreotide acetate                 | 116 | oxiconazole nitrate            | 30  |
| octreotide acetate er              | 116 | oxybutynin chloride            | 87  |
| ODACTRA                            | 59  | oxybutynin chloride er         | 87  |
| ODEFSEY                            | 57  | oxycodone hcl                  | 4   |
| ODOMZO                             | 47  | oxycodone hcl er               | 4   |
| ofloxacin                          | 10  | oxycodone-acetaminophen        | 4   |
| olanzapine                         | 54  | OXYCONTIN                      | 4   |
| olanzapine odt                     | 54  | oxymorphone hcl                | 4   |
| olanzapine-fluoxetine hcl          | 25  | oxymorphone hcl er             | 4   |
| olmesartan medoxomil               | 111 | OZEMPIC                        | 26  |
| olmesartan-hydrochlorothiazide     | 111 |                                |     |
| olopatadine hcl                    | 84  | P                              |     |
| olopatadine hcl 0.1% eye drop (rx) | 84  | PACERONE                       | 16  |
| OLUMIANT                           | 101 | PALFORZIA                      | 59  |
| omega-3 acid ethyl esters          | 37  | paliperidone er                | 54  |
| omeprazole                         | 64  | pantoprazole sodium            | 64  |
| ondansetron hcl                    | 28  | PAROEX                         | 10  |
| ondansetron odt                    | 28  | paromomycin sulfate            | 52  |
| ONUREG                             | 47  | paroxetine hcl                 | 25  |
| OPIPZA                             | 54  | PAXLOVID                       | 65  |
| OPSUMIT                            | 113 | PAXLOVID (EUA)                 | 65  |
| OPSYNVI                            | 113 | pazopanib hcl                  | 47  |
| OPVEE                              | 75  | PEDIARIX                       | 62  |
| ORALONE                            | 14  | PEDVAXHIB                      | 62  |
| ORENCIA                            | 79  | peg 3350-electrolyte           | 86  |
| ORENCIA CLICKJECT                  | 79  | peg-3350 and electrolytes      | 86  |
| ORGOVYX                            | 88  | peg3350-sod sul-nacl-kcl-asb-c | 86  |
| ORIAHNN                            | 88  | PEGASYS                        | 65  |
| ORILISSA                           | 88  | PENBRAYA                       | 62  |
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| ORLADEYO                           | 101 | PENBRAYA MENB COMPONENT        | 62  |
| orphenadrine citrate er            | 114 | penicillamine                  | 90  |
| oscimin                            | 19  | penicillin v potassium         | 109 |
| oscimin sl                         | 19  | PENTACEL                       | 62  |
| oseltamivir phosphate              | 65  | PENTACEL ACTHIB COMPONENT      | 62  |
| OSPHENA                            | 83  | PENTACEL DTAP-IPV COMPONENT    | 62  |
| OTEZLA                             | 110 | pentazocine-naloxone hcl       | 6   |
| oxandrolone                        | 91  | pentoxifylline                 | 72  |
| oxaprozin                          | 108 | perindopril erbumine           | 111 |
| oxazepam                           | 68  | PERIOGARD                      | 10  |
| oxcarbazepine                      | 23  | permethrin                     | 11  |

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| perphenazine                   | 56    | PORTIA  | 95    |
| perphenazine-amitriptyline     | 25    | posaconazole  | 29    |
| PFIZER COVID (12Y UP) VAC(EUA) | 62    | potassium chloride                                  | 82    |
| PFIZER COVID (5-11Y) VAC (EUA) | 62    | potassium citrate er                                | 81    |
| PFIZER COVID (6M-4Y) VACC(EUA) | 62    | pramipexole dihydrochloride                         | 80    |
| PFIZER COVID 2023-24(5-11Y)EUA | 62    | pramipexole er                                      | 80    |
| PFIZER COVID 2023-24(6M-4Y)EUA | 62    | prasugrel hcl                                       | 58    |
| PFIZER COVID 2024-25(5-11Y)EUA | 62    | pravastatin sodium                                  | 36    |
| PFIZER COVID 2024-25(6M-4Y)EUA | 62    | praziquantel  | 8     |
| PFIZER COVID BIVAL (12Y UP)EUA | 62    | prazosin hcl  | 73    |
| PFIZER COVID BIVAL (5-11YR)EUA | 63    | prednisolone  | 91    |
| PFIZER COVID BIVAL (6MO-4Y)EUA | 63    | prednisolone ac 1% eye drop (generic pred<br>forte) | 12    |
| PFIZER COVID-19 VACCINE (EUA)  | 63    | prednisolone sodium phosphate                       | 12,91 |
| PH 12 DILUENT FOR FLOLAN       | 110   | prednisone  | 91    |
| phenazopyridine hcl            | 114   | PREDNISONO INTENSOL                                 | 91    |
| phenelzine sulfate             | 24    | pregabalin  | 22,23 |
| phenobarbital                  | 66    | PREHEVBRIO  | 63    |
| phenoxybenzamine hcl           | 1     | PRENATABS FA  | 120   |
| phenylephrine hcl              | 85    | prenatal plus                                       | 120   |
| phenytoin                      | 23    | prenatal vitamin plus low iron                      | 120   |
| phenytoin sodium extended      | 23    | pretomanid  | 38    |
| PHILITH                        | 95    | PREVALITE   | 36    |
| PHOSLYRA                       | 101   | PREVNAR 13  | 63    |
| PHOSPHOLINE IODIDE             | 31    | PREVNAR 20  | 63    |
| phytonadione                   | 121   | PREVYMIS  | 65    |
| pilocarpine hcl                | 31,69 | PREZCOBIX   | 58    |
| pimecrolimus                   | 15    | PREZISTA  | 58    |
| pimozide                       | 55    | PRIFTIN   | 38    |
| PIMTREA                        | 95    | primidone   | 21    |
| pioglitazone hcl               | 27    | PRIORIX   | 63    |
| pioglitazone-glimepiride       | 28    | probenecid  | 82    |
| pioglitazone-metformin         | 28    | probenecid-colchicine                               | 82    |
| pirfenidone                    | 112   | prochlorperazine                                    | 29    |
| piroxicam                      | 108   | prochlorperazine maleate                            | 29    |
| PLEGRIDY                       | 105   | PROCTO-MED HC                                       | 14    |
| PLEGRIDY PEN                   | 105   | PROCTOCORT  | 14    |
| PNEUMOVAX 23                   | 63    | PROCTOSOL-HC  | 14    |
| podofilox                      | 115   | PROCTOZONE-HC                                       | 14    |
| POLYCIN                        | 10    | PROFILNINE  | 34    |
| polymyxin b sul-trimethoprim   | 10    | progesterone  | 97    |
| POMALYST                       | 47    |   |       |

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| PROMACTA                       | 71  | RASUVO                         | 47      |
| promethazine hcl               | 85  | REBIF                          | 105,106 |
| promethazine-dm                | 112 | REBIF REBIDOSE                 | 106     |
| PROMETHEGAN                    | 85  | REBINYN                        | 34      |
| propafenone hcl                | 15  | RECLIPSEN                      | 95      |
| propranolol hcl                | 74  | RECOMBINATE                    | 34      |
| propranolol hcl er             | 74  | RECOMBIVAX HB                  | 63      |
| propranolol-hydrochlorothiazid | 74  | RECTIV                         | 82      |
| propylthiouracil               | 117 | REDITREX                       | 103     |
| PROQUAD                        | 63  | RELENZA                        | 65      |
| protriptyline hcl              | 26  | relion novolin 70-30 vial      | 98      |
| PULMICORT FLEXHALER            | 91  | relion novolin n 100 unit/ml   | 98      |
| PULMOZYME                      | 112 | relion novolin n u-100 flexpen | 98      |
| pyrazinamide                   | 38  | relion novolin r 100 unit/ml   | 99      |
| pyridostigmine bromide         | 69  | relion novolin r u-100 flexpen | 99      |
| pyridostigmine bromide er      | 69  | RENACIDIN                      | 81      |
| PYRUKYND                       | 71  | repaglinide                    | 27      |
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| QUADRACEL DTAP-IPV             | 63  | REPATHA SYRINGE                | 37      |
| quazepam                       | 68  | RETACRIT                       | 71      |
| quetiapine fumarate            | 54  | RETEVMO                        | 47      |
| quetiapine fumarate er         | 54  | REVCOVI                        | 83      |
| quinapril hcl                  | 111 | REXULTI                        | 55      |
| quinapril-hydrochlorothiazide  | 111 | REYATAZ                        | 58      |
| quinidine sulfate              | 15  | REYVOW                         | 38      |
| quinine sulfate                | 53  | RHOPRESSA                      | 32      |
| quit 2                         | 70  | RIASTAP                        | 34      |
| quit 4                         | 70  | ribavirin                      | 66      |
| QVAR REDIHALER                 | 91  | RIDAURA                        | 87      |
|                                |     | rifabutin                      | 38      |
| R                              |     | rifampin                       | 38      |
| rabeprazole sodium             | 64  | riluzole                       | 74      |
| RADICAVA ORS                   | 74  | rimantadine hcl                | 64      |
| RADIOGARDASE                   | 100 | RINVOQ                         | 101     |
| RAGWITEK                       | 59  | RINVOQ LQ                      | 101     |
| raloxifene hcl                 | 83  | risedronate sodium             | 103     |
| ramelteon                      | 68  | risperidone                    | 55      |
| ramipril                       | 111 | risperidone er                 | 55      |
| ranolazine er                  | 72  | risperidone odt                | 55      |
| rasagiline mesylate            | 52  | ritonavir                      | 58      |

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| rivastigmine                  | 69  | SIGNIFOR                                      | 116    |
| RIVIVE                        | 75  | sildenafil 20 mg tablet (generic for revatio) | 120    |
| RIXUBIS                       | 34  | silodosin                                     | 1      |
| rizatriptan                   | 38  | silver sulfadiazine                           | 11     |
| ROCKLATAN                     | 32  | SIMBRINZA                                     | 31     |
| roflumilast                   | 112 | SIMLIYA                                       | 96     |
| ropinirole er                 | 80  | SIMPESSE                                      | 96     |
| ropinirole hcl                | 80  | simvastatin                                   | 36     |
| ROSADAN                       | 11  | sirolimus                                     | 104    |
| rosuvastatin calcium          | 36  | SIRTURO                                       | 39     |
| ROTARIX                       | 63  | SKYRIZI                                       | 15     |
| ROTATEO                       | 63  | SKYRIZI ON-BODY                               | 15     |
| ROZLYTREK                     | 48  | SKYRIZI PEN                                   | 15     |
| rufinamide                    | 23  | sod sulf-potass sulf-mag sulf                 | 86     |
| RUKOBIA                       | 56  | sodium chloride                               | 81     |
| RYBELSUS                      | 26  | sodium fluoride                               | 79     |
| RYTARY                        | 52  | sodium fluoride 5000 plus                     | 79     |
|                               |     | sodium oxybate                                | 8      |
| S                             |     | sodium phenylbutyrate                         | 81     |
| sacubitril-valsartan          | 110 | sodium polystyrene sulfonate                  | 101    |
| salsalate                     | 109 | sodium sulfacetamide-sulfur                   | 11,115 |
| SANTYL                        | 82  | sofosbuvir-velpatasvir                        | 89     |
| sapropterin dihydrochloride   | 82  | solifenacin succinate                         | 87     |
| SAVELLA                       | 75  | SOLIQUA 100-33                                | 98     |
| scopolamine                   | 19  | SOLTAMOX                                      | 83     |
| SECUADO                       | 55  | SOLU-CORTEF                                   | 91     |
| selegiline hcl                | 52  | sorafenib                                     | 48     |
| selenium sulfide              | 11  | SORINE  | 74     |
| SELZENTRY                     | 56  | sotalol                                       | 74     |
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| SEROSTIM                      | 97  | SOVALDI                                       | 89     |
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| sf                            | 78  | spironolactone                                | 102    |
| sf 5000 plus                  | 79  | spironolactone-hctz                           | 102    |
| SHAROBEL                      | 96  | SPRINTEC                                      | 96     |
| SHINGRIX                      | 63  | SPS   | 101    |
| SHINGRIX ADJUVANT COMPONENT   | 110 | SRONYX  | 96     |
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| sss 10-5                      | 115   | tacrolimus                                   | 15,72 |
| st. joseph aspirin            | 109   | tadalafil                                    | 120   |
| st. joseph aspirin ec         | 109   | tadalafil 20 mg tablet (generic for adcirca) | 120   |
| STELARA                       | 100   | TAFINLAR                                     | 49    |
| STERILE WATER DILUENT-PRIORIX | 110   | tafluprost                                   | 31    |
| STIVARGA                      | 48    | TAGRISSO                                     | 49    |
| STRENSIQ                      | 83    | TAKHZYRO                                     | 101   |
| STRIBILD                      | 57    | tamoxifen citrate                            | 83    |
| STRIVERDI RESPIMAT            | 71    | tamsulosin hcl                               | 1     |
| SUBVENITE                     | 21    | TARINA 24 FE                                 | 96    |
| SUCRAID                       | 83    | TARINA FE                                    | 96    |
| sucralfate                    | 64    | TARINA FE 1-20 EQ                            | 96    |
| SUFLAVE                       | 86    | TASIGNA                                      | 49    |
| sulconazole nitrate           | 30    | TAVNEOS                                      | 98    |
| sulfacetamide sodium          | 10,11 | tazarotene                                   | 115   |
| sulfacetamide-prednisolone    | 10    | TAZTIA XT                                    | 16    |
| sulfadiazine                  | 17    | TAZVERIK                                     | 49    |
| sulfamethoxazole-trimethoprim | 17    | tdvax  | 59    |
| sulfasalazine                 | 17    | telmisartan                                  | 111   |
| sulfasalazine dr              | 17    | telmisartan-hydrochlorothiazid               | 111   |
| SULFATRIM                     | 17    | temazepam                                    | 68    |
| sulindac                      | 108   | temozolomide                                 | 49    |
| sumatriptan                   | 38    | TENCON                                       | 1     |
| sumatriptan succ-naproxen sod | 38    | TENIVAC                                      | 59    |
| sumatriptan succinate         | 38    | tenofovir disoproxil fumarate                | 57    |
| sunitinib malate              | 48    | terazosin hcl                                | 73    |
| SUNLENCA                      | 64    | terbinafine hcl                              | 29    |
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| SYNJARDY XR                   | 27    | THALOMID                                     | 103   |
| SYNTHROID                     | 117   | theophylline er                              | 116   |
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| TABLOID                       | 48    | thiothixene                                  | 56    |



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| TIADYL ER   | 16    | tramadol hcl-acetaminophen     | 5      |
| tiagabine hcl   | 23    | trandolapril                   | 111    |
| TILIA FE  | 96    | tranexamic acid                | 34     |
| timolol maleate                                       | 31,74 | tranylcypromine sulfate        | 24     |
| timolol maleate 0.25% eye drop (generic for timoptic) | 31    | travoprost                     | 32     |
| timolol maleate 0.5% eye drops (generic for timoptic) | 31    | trazodone hcl                  | 25     |
| tinidazole  | 53    | TRECTOR                        | 39     |
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| TIVICAY   | 56    | treprostinil                   | 113    |
| TIVICAY PD  | 56    | tretinoin                      | 49,115 |
| tizanidine hcl  | 114   | TRETTEN                        | 34     |
| tobramycin  | 10,17 | TRI-CHLOR                      | 116    |
| tobramycin-dexamethasone                              | 10    | TRI-ESTARYLLA                  | 96     |
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| TPOXX (NATIONAL STOCKPILE)                            | 64    | TRI-SPRINTEC                   | 96     |
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| tramadol er 100 mg tablet (generic for ryzolt)        | 4     | TRI-VYLIBRA LO                 | 96     |
| tramadol er 200 mg tablet (generic for ryzolt)        | 4     | triamcinolone acetonide        | 14     |
| tramadol er 300 mg tablet (generic for ryzolt)        | 4     | triamterene-hydrochlorothiazid | 80     |
| tramadol hcl  | 5     | triazolam                      | 68     |
| tramadol hcl er 100 mg capsule (generic for conzip)   | 5     | trichloroacetic acid           | 116    |
| tramadol hcl er 100 mg tablet (generic for ultram er) | 5     | trifluoperazine hcl            | 56     |
| tramadol hcl er 200 mg capsule (generic for conzip)   | 5     | trifluridine                   | 10     |
| tramadol hcl er 200 mg tablet (generic for ultram er) | 5     | trihexyphenidyl hcl            | 52     |
| tramadol hcl er 300 mg capsule (generic for conzip)   | 5     | TRIJARDY XR                    | 27     |
| tramadol hcl er 300 mg tablet (generic for ultram er) | 5     | TRIKAFTA                       | 78     |
|   |       | trimethobenzamide hcl          | 29     |
|   |       | trimethoprim                   | 9      |
|   |       | trimipramine maleate           | 26     |
|   |       | trinatal rx 1                  | 120    |
|   |       | TRINTELLIX                     | 25     |
|   |       | TRIUMEO                        | 57     |
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