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FROM |  coordinated care

# Formulary Formulario

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# Formulary Introduction

## FORMULARY

The Ambetter Formulary, or Prescription Drug List, is a guide to available brand and generic drugs that are approved by the Food and Drug Administration (FDA) and covered through your prescription drug benefit. Generic drugs have the same active ingredients as their brand name counterparts and should be considered the first line of treatment. The FDA requires generics to be safe and work the same as brand name drugs. If there is no generic available, there may be more than one brand name drug to treat a condition. Preferred brand name drugs are listed on Tier 2 to help identify brand drugs that are clinically appropriate, safe, and cost-effective treatment options, if a generic medication on the formulary is not suitable for your condition.

Please note, the Formulary is not meant to be a complete list of the drugs covered under your prescription benefit. Not all dosage forms or strengths of a drug may be covered. This list is periodically reviewed and updated and may be subject to change. Drugs may be added or removed, or additional requirements may be added in order to approve continued usage of a specific drug.

Specific prescription benefit plan designs may not cover certain products or categories, regardless of their appearance in this document. Please check your benefits for coverage limitations and your share of cost for your drugs.

### Drug List Key:

Brand name drugs are listed in CAPS and generic drugs are lower case.

Drugs are covered under different copay tiers depending on your benefit:

- Tier 0 No copayment for those drugs that are used for prevention and are mandated by the Affordable Care Act. Select oral contraceptives, vitamin D, folic acid for women of child bearing age, over-the-counter (OTC) aspirin, and smoking cessation products may be covered under this tier. Certain age limits may apply.
- Tier 1<sub>A</sub> Lowest copayment for select drugs that offer the greatest value compared to other drugs used to treat similar conditions. Select over-the-counter (OTC) drugs may be covered under this tier.
- Tier 1<sub>B</sub> Low copayment for those drugs that offer great value compared to other drugs used to treat similar conditions. Select over-the-counter (OTC) drugs may be covered under this tier.
- Tier 2 Medium copayment covers brand name drugs that are generally more affordable, or may be preferred compared to other drugs to treat the same conditions.
- Tier 3 High copayment covers higher cost brand name and non-preferred generic drugs. This tier may also cover non-specialty drugs that are not on the Prescription Drug List but approval has been granted for coverage.
- Tier 4 Highest copayment is for “specialty” drugs used to treat complex, chronic conditions that may require special handling, storage or clinical management. Prescription drugs covered under the specialty tier may require fulfillment at a pharmacy that participates in Ambetter's "specialty" or "hemophilia" networks. For additional information on which pharmacies are within our "specialty" or "hemophilia" networks, please consult Ambetter website's pharmacy information section.

### Prior Authorization for Non-Formulary Drugs

To obtain prior authorization for a non-formulary drug, your provider must fill out the Prior Authorization form. Services will respond via fax or phone within 24 hours of receipt of all necessary information for urgent requests, and within 72 hours for non-urgent requests, unless state law requires faster response. If the request is disapproved, the notice of disapproval will contain a clear explanation of the specific reasons for disapproving the prior authorization request, or if the request was incomplete, the explanation will identify the missing material information that is necessary to complete the request.

### Formulary Abbreviations:

| Abbreviation | Term                 | What it means                                                                                                                                                                                                                                   |
|--------------|----------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| AL           | Age Limit            | Some drugs are only covered for certain ages.                                                                                                                                                                                                   |
| QL           | Quantity Limit       | Some drugs are only covered for a certain amount.                                                                                                                                                                                               |
| PA           | Prior Authorization  | Your doctor must ask for approval from Ambetter before some drugs will be covered.                                                                                                                                                              |
| ST           | Step Therapy         | In some cases, you must first try certain drugs before Ambetter covers another drug for your medical condition. For example, if Drug A and Drug B both treat your medical condition, Ambetter may not cover Drug B unless you try Drug A first. |
| NF           | Non-formulary        | This product is not covered unless you or your provider request an exception. Alternative medications are listed next to non-covered product                                                                                                    |
| RX/OTC       | Prescription and OTC | These drugs are made in both prescription form and Over-the-counter (OTC) form.                                                                                                                                                                 |
| SP           | Specialty Drug       | These products are Specialty Drugs that may have special fill requirements.                                                                                                                                                                     |
| SF           | Split Fill           | Initially, certain medications may only be available in 15-day-supply increments until you are stabilized on the medication. After you have been taking the medication for 90 days, this restriction may no longer apply.                       |

### Opioid Medications:

Medications identified on the formulary by "New starts limited to 7 day supply" allow up to two 7 day fills during any 28 day period and up to a total of 28 day non-consecutive supply in any 90 day period. This limit applies cumulatively to all opioid medications filled. For fills exceeding these limits, your providers may submit a Prior Authorization request.

# Introducción al Formulario

## FORMULARIO

El Formulario de Ambetter, o la Lista de medicamentos recetados, es una guía de los medicamentos de marca y genéricos disponibles que están aprobados por la Administración de Alimentos y Medicamentos (FDA) y que están cubiertos a través de su beneficio de medicamentos recetados. Los medicamentos genéricos tienen los mismos principios activos que los de marca y deben considerarse la primera línea de tratamiento. La FDA exige que los medicamentos genéricos sean seguros y funcionen igual que los medicamentos de marca. Si no hay un genérico disponible, podría haber más de un medicamento de marca para tratar una condición. Los medicamentos de marca preferidos figuran en el nivel 2 para ayudar a identificar los medicamentos de marca que son opciones de tratamiento clínicamente adecuadas, seguras y rentables si un medicamento genérico del Formulario no es adecuado para su condición.

Tenga en cuenta que el Formulario no pretende ser una lista completa de los medicamentos cubiertos por su beneficio de medicamentos recetados. Es posible que no estén cubiertas todas las formas farmacéuticas o concentraciones de un medicamento. Esta lista se revisa y actualiza periódicamente y puede estar sujeta a cambios. Se pueden agregar o eliminar medicamentos, o se pueden incorporar requisitos adicionales para aprobar el uso continuado de un medicamento específico.

Es posible que determinados diseños de planes de beneficios de medicamentos recetados no cubran algunos productos o categorías, independientemente de que figuren en este documento. Revise sus beneficios para conocer las limitaciones de la cobertura y la parte que le corresponde pagar por sus medicamentos.

Clave de la lista de medicamentos:

Los medicamentos de marca aparecen en MAYÚSCULAS y los medicamentos genéricos aparecen en minúsculas. Los medicamentos están cubiertos por diferentes niveles de copago en función de su beneficio:

Nivel 0 - Sin copago para aquellos medicamentos que se usan para prevención y son obligatorios según la Ley de Cuidado de Salud Asequible. Los anticonceptivos orales seleccionados, la vitamina D, el ácido fólico para mujeres en edad fértil, las aspirinas de venta libre (OTC) y los productos para dejar de fumar pueden estar cubiertos en este nivel. Es posible que se apliquen ciertos límites de edad.

Nivel 1<sub>A</sub> - El copago más bajo para medicamentos seleccionados que ofrecen el mayor valor en comparación con otros medicamentos utilizados para tratar condiciones similares. Ciertos medicamentos de venta libre (OTC) seleccionados pueden estar cubiertos en este nivel.

Nivel 1<sub>B</sub> - Copago bajo para aquellos medicamentos que ofrecen un gran valor en comparación con otros medicamentos utilizados para tratar condiciones similares. Ciertos medicamentos de venta libre (OTC) seleccionados pueden estar cubiertos en este nivel.

Nivel 2 - El copago medio cubre los medicamentos de marca que suelen ser más asequibles o que pueden ser preferidos en comparación con otros medicamentos para tratar las mismas condiciones.

Nivel 3 - El copago alto cubre los medicamentos de marca de costo más alto y medicamentos genéricos no preferidos. Este nivel también puede cubrir medicamentos no especializados que no figuran en la Lista de medicamentos recetados, pero cuya cobertura ha sido aprobada.

Nivel 4 - El copago más alto es para medicamentos “de especialidad” usados para tratar condiciones crónicas complejas que pueden requerir una manipulación, almacenamiento o administración clínica especiales. Los medicamentos recetados cubiertos en el nivel de especialidad pueden tener que ser surtidos en una farmacia que participe de las redes de “especialidad” o de “hemoflia” de Ambetter. Para obtener información adicional sobre qué farmacias están dentro de nuestras redes de “especialidad” o “hemoflia”, debe consultar la sección de información farmacéutica del sitio web de Ambetter.

#### Autorización previa para medicamentos no incluidos en el Formulario

Para obtener autorización previa para un medicamento no incluido en el Formulario, su proveedor debe completar el formulario de autorización previa. Los servicios responderán por fax o teléfono en un plazo de 24 horas a partir de la recepción de toda la información necesaria para las solicitudes urgentes, y en un plazo de 72 horas en caso de solicitudes no urgentes, a menos que la legislación estatal exija una respuesta más rápida. Si la solicitud es denegada, el aviso de la denegación incluirá una explicación clara de los motivos específicos para denegar la solicitud de autorización previa, o si la autorización estaba incompleta, la explicación identificará la información material faltante necesaria para completar la solicitud.

#### Abreviaturas del Formulario:

| Abreviatura | Plazo                        | Significado                                                                                                                                                                                                                                                                                                                          |
|-------------|------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| AL          | Límite de edad               | Algunos medicamentos solo están cubiertos para determinadas edades.                                                                                                                                                                                                                                                                  |
| QL          | Límite de cantidad           | Algunos medicamentos solo están cubiertos para determinadas cantidades.                                                                                                                                                                                                                                                              |
| PA          | Autorización previa          | Su médico debe solicitar la aprobación de Ambetter antes de que algunos medicamentos tengan cobertura.                                                                                                                                                                                                                               |
| ST          | Terapia escalonada           | En algunos casos, usted primero debe probar un medicamento determinado antes de que Ambetter cubra otro medicamento para su condición médica. Por ejemplo, si tanto el medicamento A como el medicamento B tratan su condición médica, Ambetter podría no cubrir el medicamento B a menos que usted pruebe primero el medicamento A. |
| NF          | No incluido en el Formulario | Este producto no está cubierto a menos que usted o su proveedor soliciten una excepción. Hay medicamentos alternativos que figuran a continuación del producto no cubierto.                                                                                                                                                          |
| RX/OTC      | Medicamentos recetados y OTC | Estos medicamentos se fabrican tanto como medicamento recetado como de venta libre (OTC).                                                                                                                                                                                                                                            |
| SP          | Medicamento de especialidad  | Estos productos son medicamentos de especialidad que pueden tener requisitos de surtido especiales.                                                                                                                                                                                                                                  |
| SF          | Surtido dividido             | Al principio es posible que ciertos medicamentos solo estén disponibles en suministros incrementales cada 15 días hasta que usted se estabilice con el medicamento. Una vez transcurridos 90 días desde que comenzó a tomar este medicamento, es posible que esta restricción ya no se aplique.                                      |

#### Medicamentos opioides:

Los medicamentos identificados en el Formulario como “Nuevos pedidos limitados a suministro de 7 días” permiten hasta dos surtidos de 7 días durante cualquier periodo de 28 días y hasta un total de 28 días no consecutivos en un periodo de 90 días. Este límite se aplica de forma acumulativa a todos los medicamentos opioides surtidos. Para surtidos que superen estos límites, sus proveedores pueden presentar una solicitud de autorización previa.

| Drug Name                                                                                              | Drug Tier | Requirements/ Limits                   |
|--------------------------------------------------------------------------------------------------------|-----------|----------------------------------------|
| <b>ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders</b> |           |                                        |
| <b>Amphetamines</b>                                                                                    |           |                                        |
| <i>amphetamine sulfate TABS</i>                                                                        | 3         | PA                                     |
| <i>amphetamine-dextroamphetamine CP24 5 MG, 10 MG</i>                                                  | 1B        | QL(1 EA daily)                         |
| <i>amphetamine-dextroamphetamine CP24 20 MG, 25 MG, 30 MG</i>                                          | 1B        | QL(2 EA daily)                         |
| <i>amphetamine-dextroamphetamine CP24 15 MG</i>                                                        | 1B        |                                        |
| <i>amphetamine-dextroamphetamine TABS 30 MG</i>                                                        | 1B        | QL(2 EA daily)                         |
| <i>amphetamine-dextroamphetamine TABS 5 MG, 7.5 MG, 10 MG, 12.5 MG, 15 MG, 20 MG</i>                   | 1B        | QL(3 EA daily)                         |
| <i>dextroamphetamine sulfate CP24 5 MG</i>                                                             | 1B        |                                        |
| <i>dextroamphetamine sulfate CP24 10 MG, 15 MG</i>                                                     | 1B        | QL(4 EA daily)                         |
| <i>dextroamphetamine sulfate TABS 5 MG, 10 MG</i>                                                      | 1B        | QL(4 EA daily)                         |
| <i>dextroamphetamine sulfate TABS 2.5 MG, 7.5 MG, 15 MG, 20 MG, 30 MG</i>                              | 1B        |                                        |
| <i>lisdexamfetamine dimesylate CAPS</i>                                                                | 1B        | QL(1 EA daily); ST                     |
| <i>lisdexamfetamine dimesylate CHEW</i>                                                                | 1B        | QL(1 EA daily); ST                     |
| <i>methamphetamine hcl</i>                                                                             | 1B        | QL(5 EA daily); AL(At least 6 yrs old) |
| <b>Anorexiants Non-Amphetamine</b>                                                                     |           |                                        |

| Drug Name                                                     | Drug Tier | Requirements/ Limits                        |
|---------------------------------------------------------------|-----------|---------------------------------------------|
| <i>phendimetrazine tartrate TABS</i>                          | 1B        | PA                                          |
| <i>phentermine hcl CAPS</i>                                   | 1B        | PA                                          |
| <b>Attention-Deficit/Hyperactivity Disorder (ADHD) Agents</b> |           |                                             |
| <i>atomoxetine hcl 10 MG, 18 MG, 25 MG, 40 MG</i>             | 1B        | QL(2 EA daily); AL(At least 6 yrs old)      |
| <i>atomoxetine hcl 60 MG, 80 MG, 100 MG</i>                   | 1B        | QL(1 EA daily); AL(At least 6 yrs old)      |
| <i>clonidine hcl (adhd) TB12</i>                              | 1B        |                                             |
| <i>guanfacine hcl (adhd)</i>                                  | 1B        | QL(1 EA daily); AL(At least 6 yrs old)      |
| <b>Dopamine and Norepinephrine Reuptake Inhibitors (DNRI)</b> |           |                                             |
| <i>SUNOSI 75 MG</i>                                           | 3         | QL(2 EA daily); PA                          |
| <i>SUNOSI 150 MG</i>                                          | 3         | QL(1 EA daily); PA                          |
| <b>Stimulants - Misc.</b>                                     |           |                                             |
| <i>armodafinil</i>                                            | 1B        | QL(1 EA daily); AL(At least 17 yrs old); PA |
| <i>dexmethylphenidate hcl CP24</i>                            | 1B        | QL(1 EA daily)                              |
| <i>dexmethylphenidate hcl TABS</i>                            | 1B        | QL(2 EA daily); AL(At least 6 yrs old)      |
| <i>methylphenidate hcl CHEW 2.5 MG</i>                        | 1B        | QL(2 EA daily)                              |
| <i>methylphenidate hcl CHEW 5 MG</i>                          | 1B        | QL(6 EA daily)                              |
| <i>methylphenidate hcl CHEW 10 MG</i>                         | 1B        | QL(5 EA daily)                              |
| <i>methylphenidate hcl CP24 30 MG</i>                         | 1B        | QL(2 EA daily); AL(At least 6 yrs old)      |
| <i>methylphenidate hcl CP24</i>                               | 1B        | QL(1 EA daily)                              |
| <i>methylphenidate hcl CP24 10 MG, 20 MG, 40 MG, 60 MG</i>    | 1B        | QL(1 EA daily); AL(At least 6 yrs old)      |

| Drug Name                                                    | Drug Tier | Requirements/ Limits                    |
|--------------------------------------------------------------|-----------|-----------------------------------------|
| <i>methylphenidate hcl CPCR</i>                              | 1B        | QL(1 EA daily); AL(At least 6 yrs old)  |
| <i>methylphenidate hcl SOLN</i>                              | 1B        | QL(30 ML daily); AL(At least 6 yrs old) |
| <i>methylphenidate hcl TABS 5 MG</i>                         | 1B        | QL(6 EA daily); AL(At least 6 yrs old)  |
| <i>methylphenidate hcl TABS 10 MG, 20 MG</i>                 | 1B        | QL(5 EA daily); AL(At least 6 yrs old)  |
| <i>methylphenidate hcl TB24 18 MG, 27 MG</i>                 | 1B        | QL(1 EA daily); AL(At least 6 yrs old)  |
| <i>methylphenidate hcl TB24 36 MG, 54 MG</i>                 | 1B        | QL(2 EA daily); AL(At least 6 yrs old)  |
| <i>methylphenidate hcl TBCR 10 MG, 20 MG</i>                 | 1B        | QL(3 EA daily); AL(At least 6 yrs old)  |
| <i>methylphenidate hcl TBCR 36 MG, 54 MG</i>                 | 1B        | QL(2 EA daily); AL(At least 6 yrs old)  |
| <i>methylphenidate hcl TBCR 18 MG, 27 MG</i>                 | 1B        | QL(1 EA daily); AL(At least 6 yrs old)  |
| <i>methylphenidate PTCH</i>                                  | 1B        | QL(1 EA daily); PA                      |
| <i>modafinil 200 MG</i>                                      | 1B        | QL(2 EA daily); PA                      |
| <i>modafinil 100 MG</i>                                      | 1B        | QL(1 EA daily); PA                      |
| <b>ALLERGENIC EXTRACTS/BIOLOGICALS MISC</b>                  |           |                                         |
| Allergenic Extracts                                          |           |                                         |
| GRASTEK SUBL                                                 | 3         | PA                                      |
| PALFORZIA INITIAL DOSE 1-3YRS CSPK                           | 3         | PA                                      |
| <b>AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections</b> |           |                                         |
| Aminoglycosides                                              |           |                                         |
| <i>amikacin sulfate SOLN 1 GM/4ML, 500 MG/2ML</i>            | 1B        |                                         |
| ARIKAYCE                                                     | 4         | PA                                      |

| Drug Name                                                                                                    | Drug Tier | Requirements/ Limits                                         |
|--------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------------------|
| <i>gentamicin in saline 0.8 MG/ML-0.9 %, 1 MG/ML-0.9 %, 1.2 MG/ML-0.9 %, 1.6 MG/ML-0.9 %</i>                 | 1B        |                                                              |
| <i>gentamicin sulfate IJ 40 MG/ML</i>                                                                        | 1B        |                                                              |
| <i>neomycin sulfate TABS</i>                                                                                 | 1B        |                                                              |
| <i>streptomycin sulfate SOLR</i>                                                                             | 3         |                                                              |
| <i>tobramycin NEBU</i>                                                                                       | 4         | QL(280 ML per 56 day(s) retail; 280 ML per 56 days mail); PA |
| <b>ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions</b>           |           |                                                              |
| Antirheumatic - Enzyme Inhibitors                                                                            |           |                                                              |
| RINVOQ LQ SOLN                                                                                               | 4         | QL(12 ML daily); PA                                          |
| RINVOQ TB24                                                                                                  | 4         | QL(1 EA daily); PA                                           |
| <i>tofacitinib citrate SOLN 1 MG/ML</i>                                                                      | 4         | QL(20 ML daily); PA                                          |
| <i>tofacitinib citrate TABS 5 MG, 10 MG</i>                                                                  | 4         | QL(2 EA daily); PA                                           |
| <i>tofacitinib citrate TB24 11 MG, 22 MG</i>                                                                 | 4         | QL(1 EA daily); PA                                           |
| XELJANZ XR TB24 11 MG, 22 MG ( <i>tofacitinib citrate</i> )                                                  | 4         | QL(1 EA daily); PA                                           |
| XELJANZ SOLN 1 MG/ML ( <i>tofacitinib citrate</i> )                                                          | 4         | QL(20 ML daily); PA                                          |
| XELJANZ TABS 5 MG, 10 MG ( <i>tofacitinib citrate</i> )                                                      | 4         | QL(2 EA daily); PA                                           |
| Antirheumatic Antimetabolites                                                                                |           |                                                              |
| OTREXUP SOAJ 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML | 3         | PA                                                           |

| Drug Name                                                                                                                                  | Drug Tier | Requirements/ Limits                                                                           | Drug Name                          | Drug Tier | Requirements/ Limits                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------------------------------------------------------------------------------------------|------------------------------------|-----------|------------------------------------------------------------------------------------------------|
| RASUVO SOAJ 7.5 MG/0.15ML, 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML | 3         | PA                                                                                             | HUMIRA (2 PEN) AJKT 80 MG/0.8ML    | 4         | QL(0.072 EA daily); PA                                                                         |
| Anti-TNF-alpha - Monoclonal Antibodies                                                                                                     |           |                                                                                                | HUMIRA (2 PEN) AJKT                | 4         | QL(0.143 EA daily); PA                                                                         |
|                                                                                                                                            |           |                                                                                                | HUMIRA (2 SYRINGE) PSKT            | 4         | QL(0.143 EA daily); PA                                                                         |
|                                                                                                                                            |           |                                                                                                | HUMIRA-CD/UC/HS STARTER AJKT       | 4         | 1 package(s) per 180 day(s) retail; 1 package(s) per 180 day(s) mail; PA                       |
|                                                                                                                                            |           |                                                                                                | HUMIRA-PED>=40KG UC STARTER AJKT   | 4         | 1 package(s) per 180 day(s) retail; 1 package(s) per 180 day(s) mail; PA                       |
|                                                                                                                                            |           |                                                                                                | HUMIRA-PS/UV/ADOL HS STARTER AJKT  | 4         | 1 package(s) per 180 day(s) retail; 1 package(s) per 180 day(s) mail; PA                       |
|                                                                                                                                            |           |                                                                                                | HUMIRA-PSORIASIS/UEIT STARTER AJKT | 4         | 1 package(s) per 180 day(s) retail; 1 package(s) per 180 day(s) mail; PA                       |
|                                                                                                                                            |           |                                                                                                | SIMLANDI (1 PEN) AJKT              | 4         | QL(0.143 EA daily); PA                                                                         |
|                                                                                                                                            |           |                                                                                                | SIMLANDI (1 SYRINGE) PSKT          | 4         | QL(0.143 EA daily); PA                                                                         |
|                                                                                                                                            |           |                                                                                                | SIMLANDI (2 PEN) AJKT              | 4         | QL(0.143 EA daily); PA                                                                         |
|                                                                                                                                            |           |                                                                                                | SIMLANDI (2 SYRINGE) PSKT          | 4         | QL(0.143 EA daily); PA                                                                         |
|                                                                                                                                            |           |                                                                                                | YUFLYMA (1 PEN) AJKT 40 MG/0.4ML   | 4         | QL(0.143 EA daily); PA                                                                         |
|                                                                                                                                            |           |                                                                                                | YUFLYMA (1 PEN) AJKT 80 MG/0.8ML   | 4         | QL(0.143 EA daily); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA |
| ADALIMUMAB-AATY (1 PEN) AJKT 80 MG/0.8ML                                                                                                   | 4         | QL(0.143 EA daily); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA |                                    |           |                                                                                                |
| ADALIMUMAB-AATY (1 PEN) AJKT 40 MG/0.4ML                                                                                                   | 4         | QL(0.143 EA daily); PA                                                                         |                                    |           |                                                                                                |
| ADALIMUMAB-AATY (2 PEN) AJKT                                                                                                               | 4         | QL(0.143 EA daily); PA                                                                         |                                    |           |                                                                                                |
| ADALIMUMAB-AATY (2 SYRINGE) PSKT                                                                                                           | 4         | QL(0.143 EA daily); PA                                                                         |                                    |           |                                                                                                |
| ADALIMUMAB-AATY CD/UC/HS START AJKT 80 MG/0.8ML                                                                                            | 4         | QL(0.143 EA daily); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA |                                    |           |                                                                                                |
| ADALIMUMAB-ADAZ SOAJ                                                                                                                       | 4         | QL(0.143 ML daily); PA                                                                         |                                    |           |                                                                                                |
| ADALIMUMAB-ADAZ SOSY                                                                                                                       | 4         | QL(0.143 ML daily); PA                                                                         |                                    |           |                                                                                                |
| ADALIMUMAB-ADBM (2 PEN) AJKT                                                                                                               | 4         | QL(0.143 EA daily); PA                                                                         |                                    |           |                                                                                                |
| ADALIMUMAB-ADBM (2 SYRINGE) PSKT                                                                                                           | 4         | QL(0.143 EA daily); PA                                                                         |                                    |           |                                                                                                |
| ADALIMUMAB-ADBM(CD/UC/HS STRT) AJKT                                                                                                        | 4         | QL(0.143 EA daily); PA                                                                         |                                    |           |                                                                                                |
| ADALIMUMAB-ADBM(PS/UV STARTER) AJKT                                                                                                        | 4         | QL(0.143 EA daily); PA                                                                         |                                    |           |                                                                                                |

| Drug Name                                      | Drug Tier | Requirements/ Limits                                                                           | Drug Name                                     | Drug Tier | Requirements/ Limits                                                                                              |
|------------------------------------------------|-----------|------------------------------------------------------------------------------------------------|-----------------------------------------------|-----------|-------------------------------------------------------------------------------------------------------------------|
| YUFLYMA (2 PEN) AJKT                           | 4         | QL(0.143 EA daily); PA                                                                         | <i>etodolac TABS</i>                          | 1B        |                                                                                                                   |
| YUFLYMA (2 SYRINGE) PSKT                       | 4         | QL(0.143 EA daily); PA                                                                         | <i>fenoprofen calcium TABS</i>                | 1B        | QL(4 EA daily); ST                                                                                                |
| YUFLYMA-CD/UC/HS STARTER AJKT                  | 4         | QL(0.143 EA daily); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA | <i>flurbiprofen TABS</i>                      | 1B        |                                                                                                                   |
| Gold Compounds                                 |           |                                                                                                | <i>ibuprofen SUSP 100 MG/5ML, 200 MG/10ML</i> | 1B        | RX/OTC                                                                                                            |
| AURANOFIN 3 MG                                 | 3         | QL(3 EA daily)                                                                                 | <i>ibuprofen TABS 400 MG, 600 MG</i>          | 1A        |                                                                                                                   |
| RIDAURA                                        | 3         | QL(3 EA daily)                                                                                 | <i>ibuprofen TABS 800 MG</i>                  | 1B        |                                                                                                                   |
| Interleukin-6 Receptor Inhibitors              |           |                                                                                                | <i>indomethacin CAPS 25 MG, 50 MG</i>         | 1B        |                                                                                                                   |
| ACTEMRA ACTPEN SOAJ                            | 4         | QL(3.6 ML per 28 day(s) retail; 4 ML per 28 days mail); PA                                     | <i>indomethacin CPCR</i>                      | 1B        |                                                                                                                   |
| ACTEMRA SOLN 80 MG/4ML                         | 4         | QL(20 ML per 28 day(s) retail; 20 ML per 28 days mail); PA                                     | <i>ketoprofen CAPS 50 MG, 75 MG</i>           | 1B        |                                                                                                                   |
| ACTEMRA SOLN 200 MG/10ML, 400 MG/20ML          | 4         | QL(40 ML per 28 day(s) retail; 40 ML per 28 days mail); PA                                     | <i>ketorolac tromethamine TABS</i>            | 1B        | QL(20 EA per fill retail; 20 per fill mail); 1 max fill(s) per 30 day(s) retail; 1 max fill(s) per 30 day(s) mail |
| ACTEMRA SOSY                                   | 4         | QL(3.6 ML per 28 day(s) retail; 4 ML per 28 days mail); PA                                     | <i>meloxicam TABS</i>                         | 1A        | QL(1 EA daily)                                                                                                    |
| KEVZARA SOAJ                                   | 4         | QL(0.082 ML daily); PA                                                                         | <i>nabumetone</i>                             | 1B        |                                                                                                                   |
| KEVZARA SOSY                                   | 4         | QL(0.082 ML daily); PA                                                                         | <i>naproxen sodium TABS 550 MG</i>            | 1B        |                                                                                                                   |
| Nonsteroidal Anti-inflammatory Agents (NSAIDs) |           |                                                                                                | <i>naproxen TABS</i>                          | 1B        |                                                                                                                   |
| <i>celecoxib</i>                               | 1B        | QL(2 EA daily)                                                                                 | <i>naproxen TBEC 500 MG</i>                   | 1B        | QL(3 EA daily)                                                                                                    |
| <i>diclofenac potassium TABS 50 MG</i>         | 1B        |                                                                                                | <i>oxaprozin TABS</i>                         | 1B        |                                                                                                                   |
| <i>diclofenac sodium TB24</i>                  | 1B        |                                                                                                | <i>piroxicam CAPS</i>                         | 1B        |                                                                                                                   |
| <i>diclofenac sodium TBEC</i>                  | 1B        |                                                                                                | <i>sulindac TABS</i>                          | 1B        |                                                                                                                   |
| <i>diclofenac w/ misoprostol TBEC</i>          | 1B        |                                                                                                | <i>tolmetin sodium CAPS</i>                   | 1B        |                                                                                                                   |
| <i>etodolac CAPS</i>                           | 1B        |                                                                                                | <i>tolmetin sodium TABS 600 MG</i>            | 1B        |                                                                                                                   |
|                                                |           |                                                                                                | Phosphodiesterase 4 (PDE4) Inhibitors         |           |                                                                                                                   |
|                                                |           |                                                                                                | OTEZLA XR TB24 PO 75 MG                       | 4         | QL(1 EA daily); PA                                                                                                |
|                                                |           |                                                                                                | OTEZLA/OTEZLA XR INITIATION PK TBPK           | 4         | 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA                                        |

| Drug Name                                                                   | Drug Tier | Requirements/ Limits                                                       |
|-----------------------------------------------------------------------------|-----------|----------------------------------------------------------------------------|
| OTEZLA TABS                                                                 | 4         | QL(2 EA daily); PA                                                         |
| OTEZLA TBPk                                                                 | 4         | 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA |
| OTEZLA TBPk                                                                 | 4         | 1 package(s) per 180 day(s) retail; PA                                     |
| Pyrimidine Synthesis Inhibitors                                             |           |                                                                            |
| <i>leflunomide</i>                                                          | 1B        | QL(1 EA daily)                                                             |
| Soluble Tumor Necrosis Factor Receptor Agents                               |           |                                                                            |
| ENBREL MINI SOCT                                                            | 4         | QL(0.146 ML daily); PA                                                     |
| ENBREL SURECLICK SOAJ                                                       | 4         | QL(0.146 ML daily); PA                                                     |
| ENBREL SOLN                                                                 | 4         | QL(0.146 ML daily); PA                                                     |
| ENBREL SOSY 50 MG/ML                                                        | 4         | QL(0.286 ML daily); PA                                                     |
| ENBREL SOSY 25 MG/0.5ML                                                     | 4         | QL(0.146 ML daily); PA                                                     |
| ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions |           |                                                                            |
| Analgesic Combinations                                                      |           |                                                                            |
| <i>butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-325 MG</i>            | 1B        |                                                                            |
| <i>butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-300 MG</i>            | 1B        | QL(6 EA daily)                                                             |
| <i>butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG</i>            | 1B        | QL(6 EA daily)                                                             |
| <i>butalbital-acetaminophen TABS 50 MG-325 MG</i>                           | 1B        | QL(6 EA daily)                                                             |
| <i>butalbital-aspirin-caffeine CAPS</i>                                     | 1B        | QL(4 EA daily)                                                             |
| Salicylates                                                                 |           |                                                                            |

| Drug Name                                                                   | Drug Tier | Requirements/ Limits                               |
|-----------------------------------------------------------------------------|-----------|----------------------------------------------------|
| <i>aspirin CHEW</i>                                                         | 0         | AL(At least 45 yrs old - Up to 79 yrs old)         |
| <i>aspirin TABS 325 MG</i>                                                  | 0         | AL(At least 45 yrs old - Up to 79 yrs old)         |
| <i>aspirin TBEC 325 MG</i>                                                  | 1A        |                                                    |
| <i>aspirin TBEC 81 MG</i>                                                   | 0         | AL(At least 45 yrs old - Up to 79 yrs old)         |
| <i>diflunisal TABS</i>                                                      | 1B        |                                                    |
| <i>salsalate</i>                                                            | 1B        |                                                    |
| ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions      |           |                                                    |
| Opioid Agonists                                                             |           |                                                    |
| <i>codeine sulfate TABS 30 MG</i>                                           | 1B        | New starts limited to 7 day supply                 |
| CODEINE SULFATE TABS                                                        | 1B        | New starts limited to 7 day supply                 |
| <i>fentanyl citrate LPOP</i>                                                | 1B        | QL(4 EA daily); PA                                 |
| <i>fentanyl citrate SOLN IJ 50 MCG/ML</i>                                   | 3         | QL(2 ML daily); PA                                 |
| <i>fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR</i> | 1B        | QL(0.34 EA daily)                                  |
| <i>hydrocodone bitartrate CP12</i>                                          | 3         | QL(2 EA daily); PA                                 |
| <i>hydrocodone bitartrate T24A</i>                                          | 3         | QL(2 EA daily); PA                                 |
| <i>hydromorphone hcl LIQD</i>                                               | 1B        | New starts limited to 7 day supply                 |
| <i>hydromorphone hcl SOLN IJ 10 MG/ML, 50 MG/5ML, 500 MG/50ML</i>           | 1B        |                                                    |
| <i>hydromorphone hcl TABS</i>                                               | 1B        | New starts limited to 7 day supply; QL(8 EA daily) |
| <i>hydromorphone hcl TB24 32 MG</i>                                         | 1B        | QL(1 EA daily); PA                                 |

| Drug Name                                                                     | Drug Tier | Requirements/ Limits                                           | Drug Name                                                            | Drug Tier | Requirements/ Limits                                |
|-------------------------------------------------------------------------------|-----------|----------------------------------------------------------------|----------------------------------------------------------------------|-----------|-----------------------------------------------------|
| <i>hydromorphone hcl TB24 8 MG, 12 MG, 16 MG</i>                              | 1B        | QL(2 EA daily); PA                                             | <i>morphine sulfate TABS</i>                                         | 1B        | New starts limited to 7 day supply; QL(6 EA daily)  |
| <i>levorphanol tartrate TABS 2 MG</i>                                         | 1B        | New starts limited to 7 day supply                             | <i>morphine sulfate TBCR</i>                                         | 1B        | QL(2 EA daily)                                      |
| <i>meperidine hcl SOLN IJ 25 MG/ML, 50 MG/ML, 100 MG/ML</i>                   | 1B        |                                                                | <i>oxycodone hcl TABS</i>                                            | 1B        | New starts limited to 7 day supply; QL(12 EA daily) |
| <i>meperidine hcl SOLN PO 50 MG/5ML</i>                                       | 1B        | New starts limited to 7 day supply; QL(500 ML per fill retail) | <i>oxymorphone hcl TABS</i>                                          | 1B        | QL(12 EA daily); PA                                 |
| <i>meperidine hcl TABS 50 MG</i>                                              | 1B        | New starts limited to 7 day supply; QL(6 EA daily)             | <i>oxymorphone hcl TB12 5 MG, 7.5 MG, 10 MG, 15 MG, 20 MG, 30 MG</i> | 1B        | QL(2 EA daily); PA                                  |
| <i>methadone hcl CONC</i>                                                     | 1B        | QL(10 ML daily)                                                | <i>oxymorphone hcl TB12 40 MG</i>                                    | 1B        | QL(4 EA daily); PA                                  |
| <i>methadone hcl SOLN PO 5 MG/5ML</i>                                         | 1B        | QL(100 ML daily)                                               | TAPENTADOL HCL ER TB12 50 MG                                         | 3         | QL(2 EA daily); PA                                  |
| <i>methadone hcl SOLN IJ 10 MG/ML</i>                                         | 1B        |                                                                | <i>tapentadol hcl TABS 50 MG</i>                                     | 3         | QL(6 EA daily); PA                                  |
| <i>methadone hcl SOLN PO 10 MG/5ML</i>                                        | 1B        | QL(50 ML daily)                                                | <i>tramadol hcl TABS 50 MG</i>                                       | 1A        | New starts limited to 7 day supply; QL(8 EA daily)  |
| METHADONE HCL SOLN IJ ( <i>methadone hcl</i> )                                | 1B        |                                                                | <i>tramadol hcl TB24</i>                                             | 1B        | QL(1 EA daily)                                      |
| <i>methadone hcl TABS 5 MG</i>                                                | 1B        | QL(4 EA daily)                                                 | Opioid Combinations                                                  |           |                                                     |
| <i>methadone hcl TABS 10 MG</i>                                               | 1B        | QL(10 EA daily)                                                | <i>acetaminophen w/ codeine SOLN</i>                                 | 1A        | New starts limited to 7 day supply; QL(75 ML daily) |
| <i>methadone hcl TBSO</i>                                                     | 1B        | QL(2 EA daily)                                                 | <i>acetaminophen w/ codeine TABS 60 MG-300 MG</i>                    | 1B        | New starts limited to 7 day supply; QL(6 EA daily)  |
| <i>morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG</i> | 1B        | QL(2 EA daily); PA                                             | <i>acetaminophen w/ codeine TABS 15 MG-300 MG</i>                    | 1B        | New starts limited to 7 day supply; QL(13 EA daily) |
| <i>morphine sulfate SOLN PO 20 MG/5ML</i>                                     | 1B        | New starts limited to 7 day supply; QL(50 ML daily)            | <i>acetaminophen w/ codeine TABS 30 MG-300 MG</i>                    | 1A        | New starts limited to 7 day supply; QL(12 EA daily) |
| <i>morphine sulfate SOLN IJ 0.5 MG/ML, 1 MG/ML</i>                            | 1B        |                                                                | <i>acetaminophen-caff-dihydrocod CAPS 30 MG-320.5 MG-16 MG</i>       | 3         | New starts limited to 7 day supply; PA              |
| <i>morphine sulfate SOLN PO 10 MG/5ML</i>                                     | 1B        | New starts limited to 7 day supply; QL(100 ML daily)           |                                                                      |           |                                                     |

| Drug Name                                                                                                   | Drug Tier | Requirements/ Limits                                 |
|-------------------------------------------------------------------------------------------------------------|-----------|------------------------------------------------------|
| <i>acetaminophen-caff-dihydrocod CAPS 30 MG-320.5 MG-16 MG</i>                                              | 1B        | New starts limited to 7 day supply                   |
| <i>butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-300 MG</i>                                | 1B        | New starts limited to 7 day supply                   |
| <i>butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-325 MG</i>                                | 1B        | New starts limited to 7 day supply; QL(6 EA daily)   |
| <i>butalbital-aspirin-caffeine w/cod</i>                                                                    | 1B        | New starts limited to 7 day supply; QL(6 EA daily)   |
| <i>hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML</i> | 1B        | New starts limited to 7 day supply; QL(180 ML daily) |
| <i>hydrocodone-acetaminophen SOLN 325 MG/15ML-10 MG/15ML</i>                                                | 1B        | New starts limited to 7 day supply                   |
| <i>hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG</i>                              | 1B        | New starts limited to 7 day supply; QL(12 EA daily)  |
| <i>hydrocodone-acetaminophen TABS 325 MG-2.5 MG</i>                                                         | 1B        | New starts limited to 7 day supply                   |
| <i>hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG, 300 MG-7.5 MG</i>                              | 1B        | New starts limited to 7 day supply; QL(13 EA daily)  |
| <i>hydrocodone-ibuprofen 7.5 MG-200 MG</i>                                                                  | 1B        | New starts limited to 7 day supply; QL(5 EA daily)   |
| <i>hydrocodone-ibuprofen 10 MG-200 MG, 5 MG-200 MG</i>                                                      | 1B        | PA                                                   |
| <i>oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG</i>                             | 1B        | New starts limited to 7 day supply; QL(12 EA daily)  |

| Drug Name                                                                                 | Drug Tier | Requirements/ Limits                                |
|-------------------------------------------------------------------------------------------|-----------|-----------------------------------------------------|
| <i>oxycodone w/ acetaminophen TABS 325 MG-2.5 MG</i>                                      | 1B        | New starts limited to 7 day supply; QL(13 EA daily) |
| <i>tramadol-acetaminophen</i>                                                             | 1B        | New starts limited to 7 day supply; QL(8 EA daily)  |
| <b>Opioid Partial Agonists</b>                                                            |           |                                                     |
| <i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG</i>                        | 1B        | QL(2 EA daily)                                      |
| <i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG</i> | 1B        | QL(3 EA daily)                                      |
| <i>buprenorphine hcl-naloxone hcl dihydrate SUBL</i>                                      | 1A        | QL(3 EA daily)                                      |
| <i>buprenorphine hcl SOLN</i>                                                             | 1B        |                                                     |
| <i>buprenorphine hcl SUBL</i>                                                             | 1A        | QL(3 EA daily)                                      |
| <i>buprenorphine PTWK</i>                                                                 | 1B        | QL(0.143 EA daily); PA                              |
| <i>butorphanol tartrate NA 10 MG/ML</i>                                                   | 1B        | QL(0.34 ML daily); PA                               |
| <i>butorphanol tartrate IJ 1 MG/ML, 2 MG/ML</i>                                           | 1B        |                                                     |
| <i>nalbuphine hcl 10 MG/ML</i>                                                            | 3         | QL(8 ML daily); PA                                  |
| <i>pentazocine w/ naloxone hcl</i>                                                        | 1B        | New starts limited to 7 day supply                  |
| SUBOXONE                                                                                  | NF        |                                                     |
| ZUBSOLV                                                                                   | NF        |                                                     |
| <b>ANDROGENS-ANABOLIC - Drugs to Regulate Hormones</b>                                    |           |                                                     |
| <b>Androgens</b>                                                                          |           |                                                     |
| <i>danazol CAPS</i>                                                                       | 1B        |                                                     |
| <i>methyltestosterone TABS</i>                                                            | 3         |                                                     |
| <i>testosterone cypionate SOLN IM</i>                                                     | 1B        |                                                     |

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| Drug Name                                                                                | Drug Tier | Requirements/ Limits                                                                                                        |
|------------------------------------------------------------------------------------------|-----------|-----------------------------------------------------------------------------------------------------------------------------|
| TESTOSTERONE CYPIONATE SOLN IJ 200 MG/ML                                                 | 1B        |                                                                                                                             |
| <i>testosterone enanthate SOLN IM</i>                                                    | 1B        |                                                                                                                             |
| <b>ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching</b> |           |                                                                                                                             |
| Intrarectal Steroids                                                                     |           |                                                                                                                             |
| <i>budesonide (intrarectal)</i>                                                          | 4         | QL(3.2 GM daily); PA                                                                                                        |
| <i>hydrocortisone (intrarectal)</i>                                                      | 1B        |                                                                                                                             |
| Rectal Steroids                                                                          |           |                                                                                                                             |
| <i>hydrocortisone (rectal) EX</i>                                                        | 1B        |                                                                                                                             |
| <i>hydrocortisone acetate (rectal)</i>                                                   | 1B        |                                                                                                                             |
| Vasodilating Agents                                                                      |           |                                                                                                                             |
| <i>nitroglycerin (intra-anal)</i>                                                        | 1B        | QL(2 GM daily)                                                                                                              |
| <b>ANTHELMINTICS - Drugs to Treat Worm Infections</b>                                    |           |                                                                                                                             |
| Anthelmintics                                                                            |           |                                                                                                                             |
| <i>albendazole</i>                                                                       | 1B        | PA                                                                                                                          |
| EMVERM CHEW                                                                              | 2         | QL(2 EA daily; 6 EA per fill retail; 6 per fill mail); 1 max fill(s) per 60 day(s) retail; 1 max fill(s) per 60 day(s) mail |
| <i>ivermectin</i>                                                                        | 1B        | QL(9 EA per fill retail; 9 per fill mail); 1 max fill(s) per 75 day(s) retail; 1 max fill(s) per 75 day(s) mail             |
| <i>praziquantel</i>                                                                      | 1B        | PA                                                                                                                          |
| <b>ANTIANGINAL AGENTS - Drugs to Treat Chest Pain</b>                                    |           |                                                                                                                             |

| Drug Name                                                  | Drug Tier | Requirements/ Limits |
|------------------------------------------------------------|-----------|----------------------|
| Antianginals-Other                                         |           |                      |
| <i>ranolazine TB12 1000 MG</i>                             | 1B        | QL(2 EA daily)       |
| <i>ranolazine TB12 500 MG</i>                              | 1B        | QL(3 EA daily)       |
| Nitrates                                                   |           |                      |
| <i>isosorbide dinitrate TABS 5 MG, 10 MG, 20 MG, 30 MG</i> | 1B        |                      |
| <i>isosorbide mononitrate TABS</i>                         | 1B        |                      |
| <i>isosorbide mononitrate TB24</i>                         | 1A        |                      |
| <i>nitroglycerin OINT</i>                                  | 1B        |                      |
| <i>nitroglycerin PT24</i>                                  | 1B        |                      |
| NITROGLYCERIN SOLN IV                                      | 1B        |                      |
| <i>nitroglycerin SUBL</i>                                  | 1B        |                      |
| <b>ANTIANGIETY AGENTS - Drugs to Treat Anxiety</b>         |           |                      |
| Antianxiety Agents - Misc.                                 |           |                      |
| <i>buspirone hcl 7.5 MG, 10 MG, 15 MG, 30 MG</i>           | 1B        |                      |
| <i>buspirone hcl 5 MG</i>                                  | 1A        |                      |
| <i>hydroxyzine hcl SOLN 50 MG/ML</i>                       | 1B        |                      |
| <i>hydroxyzine hcl SYRP</i>                                | 1B        |                      |
| <i>hydroxyzine hcl TABS</i>                                | 1B        |                      |
| <i>hydroxyzine pamoate CAPS</i>                            | 1B        |                      |
| <i>meprobamate</i>                                         | 1B        |                      |
| Benzodiazepines                                            |           |                      |
| <i>alprazolam TABS 2 MG</i>                                | 1B        | QL(4 EA daily)       |
| <i>alprazolam TABS 0.25 MG, 0.5 MG, 1 MG</i>               | 1A        | QL(4 EA daily)       |
| <i>alprazolam TB24</i>                                     | 1B        |                      |
| <i>alprazolam TBDP</i>                                     | 1B        |                      |
| <i>chlordiazepoxide hcl CAPS</i>                           | 1B        |                      |
| <i>clorazepate dipotassium TABS</i>                        | 1B        |                      |

| Drug Name                                                                       | Drug Tier | Requirements/ Limits   |
|---------------------------------------------------------------------------------|-----------|------------------------|
| <i>diazepam CONC</i>                                                            | 1B        |                        |
| <i>diazepam SOLN PO 5 MG/5ML</i>                                                | 1B        |                        |
| <i>diazepam TABS</i>                                                            | 1A        | QL(4 EA daily)         |
| <i>lorazepam CONC</i>                                                           | 1B        |                        |
| <i>lorazepam TABS 1 MG</i>                                                      | 1A        | QL(4 EA daily)         |
| <i>lorazepam TABS 0.5 MG, 2 MG</i>                                              | 1A        | QL(3 EA daily)         |
| <i>oxazepam CAPS</i>                                                            | 1B        |                        |
| <b>ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms</b>                  |           |                        |
| Antiarrhythmics Type I-A                                                        |           |                        |
| <i>disopyramide phosphate CAPS</i>                                              | 1B        |                        |
| <i>procainamide hcl SOLN 500 MG/ML</i>                                          | 1B        |                        |
| <i>quinidine sulfate TABS</i>                                                   | 1B        |                        |
| Antiarrhythmics Type I-B                                                        |           |                        |
| <i>mexiletine hcl</i>                                                           | 1B        |                        |
| Antiarrhythmics Type I-C                                                        |           |                        |
| <i>flecainide acetate</i>                                                       | 1B        |                        |
| <i>propafenone hcl CP12</i>                                                     | 1B        |                        |
| <i>propafenone hcl TABS</i>                                                     | 1B        |                        |
| Antiarrhythmics Type III                                                        |           |                        |
| <i>amiodarone hcl SOLN 150 MG/3ML</i>                                           | 1B        |                        |
| <i>amiodarone hcl TABS</i>                                                      | 1B        |                        |
| <i>dofetilide</i>                                                               | 1B        |                        |
| <b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions</b> |           |                        |
| Antiasthmatic - Monoclonal Antibodies                                           |           |                        |
| FASENRA PEN SOAJ                                                                | 4         | QL(0.036 ML daily); PA |
| FASENRA SOSY 30 MG/ML                                                           | 4         | QL(0.036 ML daily); PA |
| FASENRA SOSY 10 MG/0.5ML                                                        | 4         | QL(0.018 ML daily); PA |

| Drug Name                                                    | Drug Tier | Requirements/ Limits  |
|--------------------------------------------------------------|-----------|-----------------------|
| Anti-Inflammatory Agents                                     |           |                       |
| <i>cromolyn sodium NEBU</i>                                  | 1B        | C; QL(8 ML daily)     |
| Bronchodilators - Anticholinergics                           |           |                       |
| INCRUSE ELLIPTA 62.5 MCG/ACT ( <i>umeclidinium bromide</i> ) | 2         | C; QL(1 EA daily)     |
| <i>ipratropium bromide hfa 17 MCG/ACT</i>                    | 1B        | QL(0.44 GM daily)     |
| <i>ipratropium bromide SOLN 0.02 %</i>                       | 1B        | C; QL(15 ML daily)    |
| SPIRIVA RESPIMAT AERS IN                                     | 2         | C; QL(0.14 GM daily)  |
| <i>tiotropium bromide CAPS IN 18 MCG</i>                     | 1B        | C; QL(1 EA daily)     |
| <i>umeclidinium bromide 62.5 MCG/INH</i>                     | 1B        | C; QL(1 EA daily)     |
| Leukotriene Modulators                                       |           |                       |
| <i>montelukast sodium CHEW</i>                               | 1B        | C; QL(1 EA daily)     |
| <i>montelukast sodium PACK</i>                               | 1B        | C; QL(1 EA daily)     |
| <i>montelukast sodium TABS</i>                               | 1B        | C; QL(1 EA daily)     |
| <i>zafirlukast</i>                                           | 1B        | C; QL(2 EA daily)     |
| <i>zileuton TB12</i>                                         | 3         | QL(4 EA daily); PA    |
| Selective Phosphodiesterase 4 (PDE4) Inhibitors              |           |                       |
| <i>roflumilast</i>                                           | 1B        | QL(1 EA daily)        |
| Steroid Inhalants                                            |           |                       |
| ALVESCO                                                      | 3         | PA                    |
| <i>beclomethasone dipropionate 40 MCG/ACT, 80 MCG/ACT</i>    | 1B        |                       |
| <i>budesonide (inhalation) SUSP</i>                          | 1B        | C; QL(4 ML daily); PA |

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| Drug Name                                                                                                 | Drug Tier | Requirements/ Limits                                               | Drug Name                                                                                                | Drug Tier | Requirements/ Limits                                   |
|-----------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------------|
| <i>fluticasone furoate (inhalation) 50 MCG/ACT, 100 MCG/ACT, 200 MCG/ACT</i>                              | 1B        | 1 package(s) per 30 day(s) retail; 3 package(s) per 90 day(s) mail | <i>fluticasone-salmeterol AEPB 113 MCG/ACT-14 MCG/ACT, 232 MCG/ACT-14 MCG/ACT, 55 MCG/ACT-14 MCG/ACT</i> | 1B        | C                                                      |
| <i>fluticasone propionate (inhalation) AEPB</i>                                                           | 1B        | C                                                                  | <i>fluticasone-salmeterol AERO</i>                                                                       | 1B        | C                                                      |
| <i>fluticasone propionate hfa</i>                                                                         | 1B        | C; QL(0.8 GM daily)                                                | <i>formoterol fumarate NEBU</i>                                                                          | 1B        | C; QL(4 ML daily)                                      |
| PULMICORT FLEXHALER AEPB                                                                                  | 2         | C                                                                  | <i>ipratropium-albuterol SOLN</i>                                                                        | 1B        | C; QL(18 ML daily)                                     |
| PULMICORT FLEXHALER AEPB                                                                                  | 2         | C                                                                  | <i>levalbuterol hcl</i>                                                                                  | 1B        | C                                                      |
| QVAR REDHALER                                                                                             | 2         | C                                                                  | <i>levalbuterol tartrate</i>                                                                             | 1B        | C; QL(0.5 GM daily)                                    |
| Sympathomimetics                                                                                          |           |                                                                    | PROAIR RESPICLICK AEPB                                                                                   | 3         |                                                        |
| AIRSUPRA                                                                                                  | 2         |                                                                    | SEREVENT DISKUS                                                                                          | 2         | C                                                      |
| <i>albuterol sulfate AERS</i>                                                                             | 1B        | C                                                                  | STIOLTO RESPIMAT                                                                                         | 2         | C                                                      |
| <i>albuterol sulfate NEBU</i>                                                                             | 1B        | C                                                                  | STRIVERDI RESPIMAT                                                                                       | 2         | C                                                      |
| <i>albuterol sulfate SYRP</i>                                                                             | 1B        | C                                                                  | <i>terbutaline sulfate SOLN</i>                                                                          | 1B        | C                                                      |
| <i>albuterol sulfate TABS</i>                                                                             | 1B        | C                                                                  | <i>terbutaline sulfate TABS</i>                                                                          | 1B        | C                                                      |
| <i>arformoterol tartrate</i>                                                                              | 1B        | C; QL(4 ML daily)                                                  | TRELEGY ELLIPTA                                                                                          | 2         | C; QL(2 EA daily)                                      |
| BREO ELLIPTA 50 MCG/INH-25 MCG/INH                                                                        | 2         | C                                                                  | <i>umeclidinium-vilanterol</i>                                                                           | 2         | C; QL(2 EA daily)                                      |
| BREO ELLIPTA ( <i>fluticasone furoate-vilanterol</i> )                                                    | 2         |                                                                    | Xanthines                                                                                                |           |                                                        |
| BREZTRI AEROSPHERE                                                                                        | 2         | C; QL(0.38 GM daily)                                               | <i>theophylline ELIX</i>                                                                                 | 1B        |                                                        |
| <i>budesonide-formoterol fumarate dihydrate</i>                                                           | 1B        |                                                                    | <i>theophylline SOLN</i>                                                                                 | 1B        | C; QL(56 ML daily)                                     |
| COMBIVENT RESPIMAT AERS                                                                                   | 2         | QL(0.16 GM daily)                                                  | <i>theophylline TB12</i>                                                                                 | 1B        | C                                                      |
| DULERA                                                                                                    | 2         | C                                                                  | <i>theophylline TB24</i>                                                                                 | 1B        | C                                                      |
| <i>fluticasone furoate-vilanterol</i>                                                                     | 1B        |                                                                    | ANTICOAGULANTS - Blood Thinners                                                                          |           |                                                        |
| <i>fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT</i> | 1B        |                                                                    | Coumarin Anticoagulants                                                                                  |           |                                                        |
|                                                                                                           |           |                                                                    | <i>warfarin sodium TABS</i>                                                                              | 1A        |                                                        |
|                                                                                                           |           |                                                                    | Direct Factor Xa Inhibitors                                                                              |           |                                                        |
|                                                                                                           |           |                                                                    | ELIQUIS DVT/PE STARTER PACK TBPB                                                                         | 2         | QL(2.47 EA daily); 1 max fill(s) per 180 day(s) retail |
|                                                                                                           |           |                                                                    | ELIQUIS TABS                                                                                             | 2         | QL(2 EA daily)                                         |

| Drug Name                                                 | Drug Tier | Requirements/ Limits                                     | Drug Name                                                                          | Drug Tier | Requirements/ Limits                                               |
|-----------------------------------------------------------|-----------|----------------------------------------------------------|------------------------------------------------------------------------------------|-----------|--------------------------------------------------------------------|
| <i>rivaroxaban SUSR 1 MG/ML</i>                           | 1B        | QL(900 ML per 30 day(s) retail; 900 ML per 30 days mail) | <i>heparin sodium (porcine) SOLN IJ 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML</i> | 1B        |                                                                    |
| <i>rivaroxaban TABS 2.5 MG</i>                            | 1B        | QL(2 EA daily)                                           | Thrombin Inhibitors                                                                |           |                                                                    |
| XARELTO STARTER PACK TBPk                                 | 2         | 1 max fill(s) per 365 day(s) retail                      | <i>dabigatran etexilate mesylate CAPS</i>                                          | 1B        |                                                                    |
| XARELTO TABS 10 MG, 20 MG                                 | 2         | QL(1 EA daily)                                           | <b>ANTICONVULSANTS - Drugs to Treat Seizures</b>                                   |           |                                                                    |
| XARELTO TABS 15 MG                                        | 2         | QL(2 EA daily)                                           | AMPA Glutamate Receptor Antagonists                                                |           |                                                                    |
| Heparins And Heparinoid-Like Agents                       |           |                                                          | <i>perampanel TABS 8 MG, 10 MG, 12 MG</i>                                          | 1B        | QL(1 EA daily); PA                                                 |
| <i>enoxaparin sodium SOLN IJ 300 MG/3ML</i>               | 4         | QL(6 ML daily)                                           | <i>perampanel TABS 2 MG</i>                                                        | 1B        | QL(6 EA daily); PA                                                 |
| <i>enoxaparin sodium SOSY 40 MG/0.4ML</i>                 | 4         | QL(0.8 ML daily)                                         | <i>perampanel TABS 6 MG</i>                                                        | 1B        | QL(2 EA daily); PA                                                 |
| <i>enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML</i>   | 4         | QL(1.6 ML daily)                                         | <i>perampanel TABS 4 MG</i>                                                        | 1B        | QL(3 EA daily); PA                                                 |
| <i>enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML</i>        | 4         | QL(2 ML daily)                                           | Anticonvulsants - Benzodiazepines                                                  |           |                                                                    |
| <i>enoxaparin sodium SOSY 60 MG/0.6ML</i>                 | 4         | QL(1.2 ML daily)                                         | <i>clobazam SUSP</i>                                                               | 1B        | QL(16 ML daily); PA                                                |
| <i>enoxaparin sodium SOSY 30 MG/0.3ML</i>                 | 4         | QL(0.6 ML daily)                                         | <i>clobazam TABS</i>                                                               | 1B        | QL(2 EA daily); PA                                                 |
| <i>fondaparinux sodium 7.5 MG/0.6ML</i>                   | 4         | QL(5.4 ML per 180 day(s) retail; 5 ML per 180 days mail) | <i>clonazepam TABS</i>                                                             | 1A        |                                                                    |
| <i>fondaparinux sodium 10 MG/0.8ML</i>                    | 4         | QL(7.2 ML per 180 day(s) retail; 7 ML per 180 days mail) | <i>diazepam (anticonvulsant) GEL</i>                                               | 3         | 5 package(s) per 30 day(s) retail; 5 package(s) per 30 day(s) mail |
| <i>fondaparinux sodium 2.5 MG/0.5ML</i>                   | 4         | QL(4.5 ML per 180 day(s) retail; 4 ML per 180 days mail) | NAYZILAM                                                                           | 3         | QL(10 EA per 30 day(s) retail); PA                                 |
| <i>fondaparinux sodium 5 MG/0.4ML</i>                     | 4         | QL(3.6 ML per 180 day(s) retail; 4 ML per 180 days mail) | VALTOCO 10 MG DOSE LIQD                                                            | 4         | QL(10 EA per 30 day(s) retail); PA                                 |
| FRAGMIN SOSY                                              | 4         | PA                                                       | VALTOCO 15 MG DOSE LQPK 7.5 MG/0.1ML                                               | 4         | QL(10 EA per 30 day(s) retail); PA                                 |
| HEPARIN (PORCINE) IN NACL SOLN IV 0.45 %-12500 UNIT/250ML | 1B        |                                                          | VALTOCO 20 MG DOSE LQPK 10 MG/0.1ML                                                | 4         | QL(10 EA per 30 day(s) retail); PA                                 |
|                                                           |           |                                                          | VALTOCO 5 MG DOSE LIQD                                                             | 4         | QL(10 EA per 30 day(s) retail); PA                                 |
|                                                           |           |                                                          | Anticonvulsants - Misc.                                                            |           |                                                                    |

| Drug Name                                                     | Drug Tier | Requirements/ Limits | Drug Name                                                          | Drug Tier | Requirements/ Limits |
|---------------------------------------------------------------|-----------|----------------------|--------------------------------------------------------------------|-----------|----------------------|
| <i>brivaracetam SOLN PO 10 MG/ML</i>                          | 1B        | QL(20 ML daily); PA  | <i>levetiracetam TABS 1000 MG</i>                                  | 1B        | QL(3 EA daily)       |
| <i>BRIVIACT SOLN PO 10 MG/ML (brivaracetam)</i>               | 3         | QL(20 ML daily); PA  | <i>levetiracetam TB24</i>                                          | 1B        | QL(4 EA daily)       |
| <i>carbamazepine CHEW</i>                                     | 1B        |                      | <i>oxcarbazepine SUSP</i>                                          | 1B        | QL(40 ML daily)      |
| <i>carbamazepine CP12 200 MG</i>                              | 1B        | QL(6 EA daily)       | <i>oxcarbazepine TABS 600 MG</i>                                   | 1B        | QL(4 EA daily)       |
| <i>carbamazepine CP12 100 MG</i>                              | 1B        |                      | <i>oxcarbazepine TABS 150 MG, 300 MG</i>                           | 1B        | QL(3 EA daily)       |
| <i>carbamazepine CP12 300 MG</i>                              | 1B        | QL(4 EA daily)       | <i>pregabalin CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG</i> | 1B        | QL(3 EA daily); ST   |
| <i>carbamazepine SUSP</i>                                     | 1B        |                      | <i>pregabalin CAPS 225 MG, 300 MG</i>                              | 1B        | QL(2 EA daily); ST   |
| <i>carbamazepine TABS</i>                                     | 1B        |                      | <i>pregabalin SOLN</i>                                             | 1B        | QL(30 ML daily); ST  |
| <i>carbamazepine TB12 100 MG, 400 MG</i>                      | 1B        | QL(4 EA daily)       | <i>primidone 50 MG, 250 MG</i>                                     | 1B        |                      |
| <i>carbamazepine TB12 200 MG</i>                              | 1B        | QL(6 EA daily)       | <i>rufinamide SUSP</i>                                             | 3         | QL(80 ML daily); PA  |
| <i>eslicarbazepine acetate 200 MG, 400 MG, 600 MG, 800 MG</i> | 1B        | QL(2 EA daily); ST   | <i>rufinamide TABS 400 MG</i>                                      | 3         | QL(8 EA daily); PA   |
| <i>gabapentin CAPS</i>                                        | 1B        |                      | <i>rufinamide TABS 200 MG</i>                                      | 3         | QL(2 EA daily); PA   |
| <i>gabapentin SOLN</i>                                        | 1B        | QL(60 ML daily)      | <i>topiramate CPSP 25 MG</i>                                       | 1B        | QL(8 EA daily)       |
| <i>gabapentin TABS 600 MG, 800 MG</i>                         | 1B        |                      | <i>topiramate CPSP 15 MG</i>                                       | 1B        | QL(6 EA daily)       |
| <i>lacosamide SOLN PO 10 MG/ML, 50 MG/5ML, 100 MG/10ML</i>    | 1B        | QL(40 ML daily)      | <i>topiramate CS24</i>                                             | 3         | PA                   |
| <i>lacosamide TABS</i>                                        | 1B        | QL(2 EA daily)       | <i>topiramate TABS 50 MG</i>                                       | 1B        | QL(6 EA daily)       |
| <i>lamotrigine CHEW 5 MG</i>                                  | 1B        | QL(100 EA daily)     | <i>topiramate TABS 200 MG</i>                                      | 1B        | QL(2 EA daily)       |
| <i>lamotrigine CHEW 25 MG</i>                                 | 1B        | QL(20 EA daily)      | <i>topiramate TABS 25 MG, 100 MG</i>                               | 1B        | QL(4 EA daily)       |
| <i>lamotrigine TABS</i>                                       | 1B        |                      | <i>zonisamide CAPS</i>                                             | 1B        | QL(6 EA daily)       |
| <i>lamotrigine TBDP</i>                                       | 1B        | QL(1 EA daily)       | Carbamates                                                         |           |                      |
| <i>levetiracetam SOLN IV 500 MG/5ML</i>                       | 1B        | QL(30 ML daily)      | <i>felbamate SUSP</i>                                              | 1B        | QL(30 ML daily)      |
| <i>levetiracetam TABS 500 MG</i>                              | 1B        | QL(6 EA daily)       | <i>felbamate TABS 600 MG</i>                                       | 1B        | QL(6 EA daily)       |
| <i>levetiracetam TABS 250 MG, 750 MG</i>                      | 1B        | QL(4 EA daily)       | <i>felbamate TABS 400 MG</i>                                       | 1B        | QL(9 EA daily)       |
|                                                               |           |                      | GABA Modulators                                                    |           |                      |
|                                                               |           |                      | <i>tiagabine hcl</i>                                               | 1B        |                      |
|                                                               |           |                      | <i>vigabatrin PACK</i>                                             | 4         | QL(6 EA daily); PA   |

| Drug Name                                               | Drug Tier | Requirements/ Limits |
|---------------------------------------------------------|-----------|----------------------|
| <i>vigabatrin TABS</i>                                  | 4         | QL(6 EA daily); PA   |
| Hydantoins                                              |           |                      |
| DILANTIN                                                | 2         |                      |
| DILANTIN ( <i>phenytoin sodium extended</i> )           | 2         |                      |
| DILANTIN INFATABS CHEW ( <i>phenytoin</i> )             | 2         |                      |
| DILANTIN-125 SUSP ( <i>phenytoin</i> )                  | 2         |                      |
| DILANTIN SUSP ( <i>phenytoin</i> )                      | 2         |                      |
| <i>fosphenytoin sodium</i>                              | 1B        |                      |
| <i>phenytoin sodium extended 100 MG, 200 MG, 300 MG</i> | 1B        |                      |
| <i>phenytoin sodium SOLN</i>                            | 1B        |                      |
| <i>phenytoin CHEW</i>                                   | 1B        |                      |
| <i>phenytoin SUSP</i>                                   | 1B        |                      |
| Succinimides                                            |           |                      |
| <i>ethosuximide CAPS</i>                                | 1B        | QL(6 EA daily)       |
| <i>ethosuximide SOLN</i>                                | 1B        | QL(30 ML daily)      |
| <i>methsuximide</i>                                     | 1B        | QL(4 EA daily)       |
| Valproic Acid                                           |           |                      |
| <i>divalproex sodium TB24</i>                           | 1B        |                      |
| <i>divalproex sodium TBEC</i>                           | 1B        |                      |
| <i>valproate sodium SOLN PO 250 MG/5ML, 500 MG/10ML</i> | 1B        |                      |
| <i>valproic acid CAPS</i>                               | 1B        |                      |
| <b>ANTIDEPRESSANTS - Drugs to Treat Depression</b>      |           |                      |
| Alpha-2 Receptor Antagonists (Tetracyclics)             |           |                      |
| <i>mirtazapine TABS</i>                                 | 1B        |                      |
| <i>mirtazapine TBDP</i>                                 | 1B        |                      |
| Antidepressants - Misc.                                 |           |                      |
| <i>bupropion hcl TABS</i>                               | 1B        | D+/C                 |
| <i>bupropion hcl TB12</i>                               | 1B        | D+/C                 |

| Drug Name                                            | Drug Tier | Requirements/ Limits |
|------------------------------------------------------|-----------|----------------------|
| <i>bupropion hcl TB24 150 MG, 300 MG</i>             | 1B        |                      |
| Monoamine Oxidase Inhibitors (MAOIs)                 |           |                      |
| EMSAM                                                | 3         | QL(1 EA daily)       |
| MARPLAN                                              | 2         | QL(6 EA daily)       |
| <i>phenelzine sulfate</i>                            | 1B        |                      |
| <i>tranylcypromine sulfate</i>                       | 1B        |                      |
| N-Methyl-D-aspartic acid (NMDA) Receptor Antagonists |           |                      |
| SPRAVATO (56 MG DOSE)                                | 4         | PA                   |
| SPRAVATO (84 MG DOSE)                                | 4         | PA                   |
| Selective Serotonin Reuptake Inhibitors (SSRIs)      |           |                      |
| <i>citalopram hydrobromide SOLN</i>                  | 1A        |                      |
| <i>citalopram hydrobromide TABS</i>                  | 1A        | D/C                  |
| <i>escitalopram oxalate SOLN</i>                     | 1B        |                      |
| <i>escitalopram oxalate TABS</i>                     | 1B        | D+/C                 |
| <i>fluoxetine hcl CAPS</i>                           | 1A        | D/C                  |
| <i>fluoxetine hcl CPDR</i>                           | 1A        |                      |
| <i>fluoxetine hcl SOLN</i>                           | 1B        |                      |
| <i>fluoxetine hcl TABS</i>                           | 1B        |                      |
| <i>fluvoxamine maleate TABS</i>                      | 1B        | D+/C                 |
| <i>paroxetine hcl SUSP</i>                           | 1B        |                      |
| <i>paroxetine hcl TABS</i>                           | 1B        | D/C                  |
| <i>paroxetine hcl TB24</i>                           | 1B        |                      |
| <i>sertraline hcl CONC</i>                           | 1B        |                      |
| <i>sertraline hcl TABS</i>                           | 1B        | D/C                  |
| Serotonin Modulators                                 |           |                      |
| <i>nefazodone hcl</i>                                | 1B        |                      |
| <i>trazodone hcl TABS</i>                            | 1B        |                      |
| TRINTELLIX                                           | 3         | QL(1 EA daily); PA   |

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| Drug Name                                            | Drug Tier | Requirements/ Limits |
|------------------------------------------------------|-----------|----------------------|
| <i>vilazodone hcl TABS</i>                           | 1B        |                      |
| Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs) |           |                      |
| <i>desvenlafaxine succinate</i>                      | 1B        |                      |
| <i>duloxetine hcl CPEP</i>                           | 1B        | D/C                  |
| FETZIMA TITRATION C4PK                               | 3         | PA                   |
| FETZIMA CP24                                         | 3         | QL(1 EA daily); PA   |
| <i>venlafaxine hcl CP24</i>                          | 1B        | D+/C                 |
| <i>venlafaxine hcl TABS</i>                          | 1B        | D/C                  |
| <i>venlafaxine hcl TB24</i>                          | 1B        |                      |
| Tricyclic Agents                                     |           |                      |
| <i>amitriptyline hcl TABS</i>                        | 1A        | D/C                  |
| <i>amoxapine</i>                                     | 1B        |                      |
| <i>clomipramine hcl</i>                              | 1B        |                      |
| <i>desipramine hcl TABS</i>                          | 1B        |                      |
| <i>doxepin hcl CAPS</i>                              | 1B        |                      |
| <i>doxepin hcl CONC</i>                              | 1B        |                      |
| <i>imipramine hcl TABS</i>                           | 1B        | D+/C                 |
| <i>imipramine pamoate</i>                            | 1B        |                      |
| <i>nortriptyline hcl CAPS</i>                        | 1B        |                      |
| <i>nortriptyline hcl SOLN</i>                        | 1B        |                      |
| <i>protriptyline hcl</i>                             | 1B        |                      |
| <i>trimipramine maleate CAPS</i>                     | 1B        |                      |
| <b>ANTIDIABETICS - Drugs to Regulate Blood Sugar</b> |           |                      |
| Alpha-Glucosidase Inhibitors                         |           |                      |
| <i>acarbose</i>                                      | 1B        | QL(3 EA daily)       |
| <i>miglitol</i>                                      | 1B        | QL(3 EA daily)       |
| Antidiabetic Combinations                            |           |                      |
| <i>alogliptin-metformin hcl</i>                      | 1B        | QL(2 EA daily); PA   |
| <i>alogliptin-pioglitazone 30 MG-12.5 MG</i>         | 1B        | QL(2 EA daily); PA   |

| Drug Name                                                            | Drug Tier | Requirements/ Limits |
|----------------------------------------------------------------------|-----------|----------------------|
| <i>alogliptin-pioglitazone 15 MG-25 MG, 30 MG-25 MG, 45 MG-25 MG</i> | 1B        | QL(1 EA daily); PA   |
| <i>dapagliflozin free base-metformin hcl TB24 PO 1000 MG-10 MG</i>   | 1B        | QL(1 EA daily)       |
| <i>dapagliflozin free base-metformin hcl TB24 PO 1000 MG-5 MG</i>    | 1B        | QL(2 EA daily)       |
| <i>glipizide-metformin hcl 250 MG-2.5 MG, 500 MG-2.5 MG</i>          | 1B        | D+; QL(2 EA daily)   |
| <i>glipizide-metformin hcl 500 MG-5 MG</i>                           | 1B        | D+; QL(4 EA daily)   |
| <i>glyburide-metformin 250 MG-1.25 MG</i>                            | 1B        | D+; QL(2 EA daily)   |
| <i>glyburide-metformin 500 MG-2.5 MG, 500 MG-5 MG</i>                | 1B        | D+; QL(4 EA daily)   |
| GLYXAMBI                                                             | 2         | QL(1 EA daily)       |
| <i>pioglitazone hcl-glimepiride</i>                                  | 1B        | QL(1 EA daily)       |
| <i>pioglitazone hcl-metformin hcl TABS</i>                           | 1B        | QL(2 EA daily)       |
| <i>saxagliptin-metformin hcl 1000 MG-5 MG, 500 MG-5 MG</i>           | 1B        | QL(1 EA daily)       |
| <i>saxagliptin-metformin hcl 1000 MG-2.5 MG</i>                      | 1B        | QL(2 EA daily)       |
| <i>sitagliptin phosphate-metformin hcl TABS</i>                      | 1B        | QL(2 EA daily)       |
| <i>sitagliptin phosphate-metformin hcl TB24</i>                      | 1B        | QL(2 EA daily)       |
| <i>sitagliptin phosphate-metformin hcl TB24</i>                      | 1B        | QL(1 EA daily)       |
| SOLQUA                                                               | 2         | QL(0.5 ML daily); PA |
| SYNJARDY XR TB24 1000 MG-25 MG                                       | 2         | QL(1 EA daily)       |
| SYNJARDY XR TB24 1000 MG-10 MG, 1000 MG-12.5 MG, 1000 MG-5 MG        | 2         | QL(2 EA daily)       |
| SYNJARDY TABS                                                        | 2         | QL(2 EA daily)       |

| Drug Name                                               | Drug Tier | Requirements/ Limits         |
|---------------------------------------------------------|-----------|------------------------------|
| TRIJARDY XR 1000 MG-2.5 MG-12.5 MG, 1000 MG-2.5 MG-5 MG | 2         | QL(2 EA daily)               |
| TRIJARDY XR 1000 MG-5 MG-10 MG, 1000 MG-5 MG-25 MG      | 2         | QL(1 EA daily)               |
| XULTOPHY                                                | 2         | QL(0.5 ML daily); PA         |
| Biguanides                                              |           |                              |
| <i>metformin hcl TABS 1000 MG</i>                       | 1A        | D+; QL(2.5 EA daily)         |
| <i>metformin hcl TABS 500 MG</i>                        | 1A        | D+; QL(5 EA daily)           |
| <i>metformin hcl TABS 850 MG</i>                        | 0         | QL(3 EA daily)               |
| <i>metformin hcl TB24 500 MG</i>                        | 1B        | D+; QL(4 EA daily)           |
| <i>metformin hcl TB24 750 MG</i>                        | 1B        | D+; QL(3 EA daily)           |
| Diabetic Other                                          |           |                              |
| <i>diazoxide</i>                                        | 3         |                              |
| <i>glucagon SOLR IJ 1 MG</i>                            | 1B        | D+; QL(0.035 EA daily)       |
| Dipeptidyl Peptidase-4 (DPP-4) Inhibitors               |           |                              |
| <i>alogliptin benzoate</i>                              | 1B        | QL(1 EA daily)               |
| <i>saxagliptin hcl</i>                                  | 1B        | QL(1 EA daily)               |
| <i>sitagliptin phosphate 25 MG, 50 MG, 100 MG</i>       | 1B        | QL(1 EA daily)               |
| Incretin Mimetic Agents                                 |           |                              |
| <i>liraglutide</i>                                      | 1B        | QL(0.3 ML daily)             |
| MOUNJARO                                                | 2         | Smart PA; QL(0.072 ML daily) |
| OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN                      | 2         | Smart PA; QL(0.108 ML daily) |
| OZEMPIC (1 MG/DOSE) SOPN 4 MG/3ML                       | 2         | Smart PA; QL(0.108 ML daily) |

| Drug Name                              | Drug Tier | Requirements/ Limits         |
|----------------------------------------|-----------|------------------------------|
| OZEMPIC (2 MG/DOSE) SOPN               | 2         | Smart PA; QL(0.108 ML daily) |
| OZEMPIC TABS 1.5 MG, 4 MG, 9 MG        | 2         | Smart PA; QL(1 EA daily)     |
| RYBELSUS TABS                          | 2         | Smart PA; QL(1 EA daily)     |
| TRULICITY                              | 2         | Smart PA; QL(0.143 ML daily) |
| Insulin                                |           |                              |
| APIDRA SOLOSTAR SOPN                   | 3         | PA                           |
| APIDRA SOLN                            | 3         | PA                           |
| FIASP FLEXTouch SOPN                   | 1B        |                              |
| FIASP PENFILL SOCT                     | 1B        |                              |
| FIASP PUMPCART SOCT                    | 1B        |                              |
| FIASP SOLN                             | 1B        |                              |
| HUMULIN R U-500 (CONCENTRATED) SOLN SC | 2         | D; QL(1.34 ML daily)         |
| HUMULIN R U-500 KWIKPEN SOPN SC        | 2         | D; QL(1.34 ML daily)         |
| INSULIN ASPART FLEXPEN SOPN            | 1B        | D                            |
| INSULIN ASPART SOLN IJ                 | 1B        | D                            |
| INSULIN GLARGINE-YFGN SOLN             | 2         |                              |
| INSULIN GLARGINE-YFGN SOPN             | 2         |                              |
| INSULIN LISPRO (1 UNIT DIAL) SOPN      | 1B        |                              |
| INSULIN LISPRO JUNIOR KWIKPEN SOPN     | 1B        |                              |
| INSULIN LISPRO PROT & LISPRO SUPN      | 1B        |                              |
| INSULIN LISPRO SOLN IJ                 | 1B        | D                            |
| NOVOLIN 70/30 FLEXPEN RELION SUPN      | 2         |                              |

| Drug Name                         | Drug Tier | Requirements/ Limits |
|-----------------------------------|-----------|----------------------|
| NOVOLIN 70/30 FLEXPEN SUPN        | 2         | D                    |
| NOVOLIN 70/30 RELION SUSP         | 2         |                      |
| NOVOLIN 70/30 SUSP                | 2         | D                    |
| NOVOLIN N FLEXPEN RELION SUPN     | 2         |                      |
| NOVOLIN N FLEXPEN SUPN            | 2         | D                    |
| NOVOLIN N RELION SUSP             | 2         |                      |
| NOVOLIN N SUSP                    | 2         | D                    |
| NOVOLIN R FLEXPEN RELION SOPN IJ  | 2         |                      |
| NOVOLIN R FLEXPEN SOPN IJ         | 2         |                      |
| NOVOLIN R RELION SOLN IJ          | 2         |                      |
| NOVOLIN R SOLN IJ                 | 2         | D                    |
| NOVOLOG 70/30 FLEXPEN RELION SUPN | 1B        |                      |
| NOVOLOG FLEXPEN RELION SOPN       | 1B        | D                    |
| NOVOLOG FLEXPEN SOPN              | 1B        | D                    |
| NOVOLOG MIX 70/30 FLEXPEN SUPN    | 1B        |                      |
| NOVOLOG MIX 70/30 RELION SUSP     | 1B        |                      |
| NOVOLOG MIX 70/30 SUSP            | 1B        |                      |
| NOVOLOG PENFILL SOCT              | 1B        | D                    |
| NOVOLOG RELION SOLN IJ            | 1B        | D                    |
| NOVOLOG SOLN IJ                   | 1B        | D                    |
| REZVOGLAR KWIKPEN                 | 3         | PA                   |
| TRESIBA FLEXTOUCH SOPN            | 2         | D                    |
| TRESIBA SOLN                      | 2         | D                    |
| Insulin Sensitizing Agents        |           |                      |

| Drug Name                                                | Drug Tier | Requirements/ Limits |
|----------------------------------------------------------|-----------|----------------------|
| <i>pioglitazone hcl</i>                                  | 1B        | D+; QL(1 EA daily)   |
| Meglitinide Analogues                                    |           |                      |
| <i>nateglinide</i>                                       | 1B        | QL(3 EA daily)       |
| <i>repaglinide 2 MG</i>                                  | 1B        | QL(8 EA daily)       |
| <i>repaglinide 0.5 MG, 1 MG</i>                          | 1B        | QL(4 EA daily)       |
| Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors       |           |                      |
| <i>dapagliflozin TABS PO 5 MG, 10 MG</i>                 | 1B        | QL(1 EA daily)       |
| JARDIANCE                                                | 2         | QL(1 EA daily)       |
| Sulfonylureas                                            |           |                      |
| <i>glimepiride 4 MG</i>                                  | 1A        | D+; QL(2 EA daily)   |
| <i>glimepiride 1 MG, 2 MG</i>                            | 1A        | D+; QL(4 EA daily)   |
| <i>glipizide TABS 5 MG, 10 MG</i>                        | 1A        | D+; QL(4 EA daily)   |
| <i>glipizide TB24</i>                                    | 1A        | D+; QL(2 EA daily)   |
| <i>glyburide micronized 1.5 MG, 3 MG, 6 MG</i>           | 1B        | D+; QL(4 EA daily)   |
| <i>glyburide TABS</i>                                    | 1A        | D+; QL(4 EA daily)   |
| ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea |           |                      |
| Antiperistaltic Agents                                   |           |                      |
| <i>diphenoxylate w/ atropine LIQD</i>                    | 1B        |                      |
| <i>diphenoxylate w/ atropine TABS</i>                    | 1B        |                      |
| <i>loperamide hcl CAPS</i>                               | 1B        | RX/OTC               |
| MOTOFEN                                                  | 3         |                      |
| ANTIDOTES AND SPECIFIC ANTAGONISTS                       |           |                      |
| Antidotes - Chelating Agents                             |           |                      |
| CHEMET                                                   | 3         |                      |
| <i>deferasirox PACK</i>                                  | 4         | PA                   |
| <i>deferasirox TABS</i>                                  | 4         | PA                   |

| Drug Name                                        | Drug Tier | Requirements/ Limits                                                 |
|--------------------------------------------------|-----------|----------------------------------------------------------------------|
| <i>deferasirox TBSO</i>                          | 4         | PA                                                                   |
| Antidotes and Specific Antagonists               |           |                                                                      |
| VISTOGARD                                        | 4         | PA                                                                   |
| Opioid Antagonists                               |           |                                                                      |
| <i>naloxone hcl LIQD</i>                         | 1B        | QL(2 EA per fill retail); 2 max fill(s) per 30 day(s) retail; RX/OTC |
| <i>naloxone hcl SOLN 0.4 MG/ML, 4 MG/10ML</i>    | 1A        |                                                                      |
| <i>naltrexone hcl</i>                            | 1A        |                                                                      |
| VIVITROL                                         | NF        |                                                                      |
| ANTIEMETICS - Drugs to Treat Nausea and Vomiting |           |                                                                      |
| 5-HT3 Receptor Antagonists                       |           |                                                                      |
| ANZEMET TABS 50 MG                               | 3         | QL(0.167 EA daily); PA                                               |
| <i>granisetron hcl SOLN IV 1 MG/ML</i>           | 1B        |                                                                      |
| <i>granisetron hcl TABS</i>                      | 1B        | QL(0.34 EA daily)                                                    |
| <i>ondansetron hcl SOLN IJ 4 MG/2ML</i>          | 1B        |                                                                      |
| <i>ondansetron hcl SOLN PO 4 MG/5ML</i>          | 1B        | QL(3.34 ML daily)                                                    |
| <i>ondansetron hcl SOSY</i>                      | 1B        |                                                                      |
| <i>ondansetron hcl TABS 4 MG</i>                 | 1B        | QL(4 EA daily; 60 EA per fill retail; 60 per fill mail)              |
| <i>ondansetron hcl TABS 8 MG</i>                 | 1B        | QL(3 EA daily; 45 EA per fill retail; 45 per fill mail)              |
| <i>ondansetron hcl TABS 24 MG</i>                | 1B        | QL(0.143 EA daily)                                                   |
| <i>ondansetron TBDP 8 MG</i>                     | 1B        |                                                                      |
| <i>ondansetron TBDP 4 MG</i>                     | 1B        | QL(1 EA daily)                                                       |
| <i>palonosetron hcl SOLN</i>                     | 1B        |                                                                      |
| Antiemetics - Anticholinergic                    |           |                                                                      |

| Drug Name                                           | Drug Tier | Requirements/ Limits                                                                       |
|-----------------------------------------------------|-----------|--------------------------------------------------------------------------------------------|
| <i>meclizine hcl TABS 12.5 MG</i>                   | 1A        | RX/OTC                                                                                     |
| <i>meclizine hcl TABS 25 MG</i>                     | 1B        | RX/OTC                                                                                     |
| <i>scopolamine</i>                                  | 1B        | QL(0.34 EA daily)                                                                          |
| <i>trimethobenzamide hcl CAPS</i>                   | 1B        |                                                                                            |
| Antiemetics - Miscellaneous                         |           |                                                                                            |
| <i>doxylamine-pyridoxine TBEC</i>                   | 1B        | QL(4 EA daily); 3 max fill(s) per 365 day(s) retail; 3 max fill(s) per 365 day(s) mail; PA |
| <i>dronabinol CAPS</i>                              | 1B        |                                                                                            |
| Substance P/Neurokinin 1 (NK1) Receptor Antagonists |           |                                                                                            |
| <i>aprepitant CAPS 40 MG, 125 MG</i>                | 1B        | QL(0.067 EA daily)                                                                         |
| <i>aprepitant CAPS 80 MG</i>                        | 1B        | QL(0.134 EA daily)                                                                         |
| <i>aprepitant CPPK PO</i>                           | 1B        | PA                                                                                         |
| VARUBI (180 MG DOSE) TBPK                           | 3         | PA                                                                                         |
| ANTIFUNGALS - Drugs to Treat Fungal Infections      |           |                                                                                            |
| Antifungals                                         |           |                                                                                            |
| <i>amphotericin b IV</i>                            | 3         |                                                                                            |
| <i>flucytosine</i>                                  | 1B        |                                                                                            |
| <i>griseofulvin microsize SUSP</i>                  | 1B        | AL(At least 2 yrs old)                                                                     |
| <i>griseofulvin microsize TABS</i>                  | 1B        |                                                                                            |
| <i>griseofulvin ultramicrosize</i>                  | 1B        |                                                                                            |
| <i>nystatin TABS</i>                                | 1B        |                                                                                            |
| <i>terbinafine hcl TABS</i>                         | 1B        | QL(1 EA daily)                                                                             |
| Imidazole-Related Antifungals                       |           |                                                                                            |
| <i>fluconazole SUSR</i>                             | 1B        |                                                                                            |
| <i>fluconazole TABS</i>                             | 1B        |                                                                                            |

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| Drug Name                                                           | Drug Tier | Requirements/ Limits    |
|---------------------------------------------------------------------|-----------|-------------------------|
| <i>itraconazole CAPS</i>                                            | 1B        | QL(4 EA daily); PA      |
| <i>itraconazole SOLN</i>                                            | 1B        | QL(20 ML daily); PA     |
| <i>ketoconazole</i>                                                 | 1B        |                         |
| <i>posaconazole SUSP</i>                                            | 3         | QL(20 ML daily)         |
| <i>posaconazole TBEC</i>                                            | 3         | QL(6 EA daily)          |
| TOLSURA CAPS                                                        | 4         | PA                      |
| <i>voriconazole TABS</i>                                            | 1B        | QL(4 EA daily)          |
| <b>ANTIHISTAMINES - Drugs to Treat Allergies</b>                    |           |                         |
| Antihistamines - Ethanolamines                                      |           |                         |
| <i>carbinoxamine maleate SOLN</i>                                   | 1B        |                         |
| <i>carbinoxamine maleate TABS 4 MG</i>                              | 1B        |                         |
| <i>clemastine fumarate TABS 2.68 MG</i>                             | 1B        |                         |
| <i>diphenhydramine hcl CAPS 50 MG</i>                               | 1A        |                         |
| <i>diphenhydramine hcl ELIX 12.5 MG/5ML</i>                         | 1B        |                         |
| <i>diphenhydramine hcl LIQD 12.5 MG/5ML, 25 MG/10ML, 50 MG/20ML</i> | 1B        | QL(20 ML daily)         |
| Antihistamines - Non-Sedating                                       |           |                         |
| <i>cetirizine hcl TABS</i>                                          | 1A        | QL(1 EA daily)          |
| <i>desloratadine TABS</i>                                           | 1B        | QL(1 EA daily)          |
| <i>desloratadine TBDP 2.5 MG</i>                                    | 1B        | QL(1 EA daily)          |
| <i>levocetirizine dihydrochloride SOLN</i>                          | 1B        | QL(10 ML daily); RX/OTC |
| <i>levocetirizine dihydrochloride TABS</i>                          | 1B        | QL(1 EA daily); RX/OTC  |
| <i>loratadine CAPS</i>                                              | 1B        |                         |
| <i>loratadine CHEW</i>                                              | 1B        |                         |
| <i>loratadine SOLN</i>                                              | 1B        |                         |
| <i>loratadine TABS</i>                                              | 1A        |                         |
| <i>loratadine TBDP</i>                                              | 1B        |                         |
| QUZYTIR SOLN IV                                                     | 3         | PA                      |

| Drug Name                                                  | Drug Tier | Requirements/ Limits    |
|------------------------------------------------------------|-----------|-------------------------|
| XYZAL ALLERGY 24HR CHILDRENS SOLN 2.5 MG/5ML               | 2         | QL(10 ML daily); RX/OTC |
| Antihistamines - Phenothiazines                            |           |                         |
| <i>promethazine hcl SUPP 12.5 MG, 25 MG</i>                | 1B        | QL(6 EA daily)          |
| <i>promethazine hcl SUPP 50 MG</i>                         | 1B        |                         |
| <i>promethazine hcl TABS</i>                               | 1B        |                         |
| Antihistamines - Piperidines                               |           |                         |
| <i>ciproheptadine hcl SYRP</i>                             | 1B        |                         |
| <i>ciproheptadine hcl TABS</i>                             | 1B        |                         |
| <b>ANTIHYPERTENSIVES - Drugs to Treat High Cholesterol</b> |           |                         |
| Antihyperlipidemics - Combinations                         |           |                         |
| <i>ezetimibe-simvastatin</i>                               | 1B        | QL(1 EA daily)          |
| Antihyperlipidemics - Misc.                                |           |                         |
| <i>icosapent ethyl 1 GM</i>                                | 1B        | QL(4 EA daily); PA      |
| <i>omega-3-acid ethyl esters</i>                           | 1B        | D+; QL(4 EA daily)      |
| Bile Acid Sequestrants                                     |           |                         |
| <i>cholestyramine light PACK</i>                           | 1B        | QL(6 EA daily)          |
| <i>cholestyramine light POWD</i>                           | 1B        | QL(24 GM daily)         |
| <i>cholestyramine PACK</i>                                 | 1B        | QL(6 EA daily)          |
| <i>cholestyramine POWD</i>                                 | 1B        | QL(25.2 GM daily)       |
| <i>colesevelam hcl PACK</i>                                | 1B        | QL(1 EA daily); PA      |
| <i>colesevelam hcl TABS</i>                                | 1B        | QL(7 EA daily)          |
| <i>colestipol hcl GRAN</i>                                 | 1B        | QL(6 GM daily)          |
| <i>colestipol hcl PACK</i>                                 | 1B        | QL(6 EA daily)          |
| <i>colestipol hcl TABS</i>                                 | 1B        | QL(16 EA daily)         |
| Fibric Acid Derivatives                                    |           |                         |
| <i>choline fenofibrate</i>                                 | 1B        | D+; QL(1 EA daily)      |

| Drug Name                                                | Drug Tier | Requirements/ Limits    |
|----------------------------------------------------------|-----------|-------------------------|
| <i>fenofibrate micronized 67 MG, 134 MG, 200 MG</i>      | 1B        | D+; QL(1 EA daily)      |
| <i>fenofibrate micronized 43 MG, 130 MG</i>              | 1B        | QL(1 EA daily)          |
| <i>fenofibrate TABS 48 MG, 54 MG, 145 MG, 160 MG</i>     | 1B        | D+; QL(1 EA daily)      |
| <i>gemfibrozil TABS</i>                                  | 1B        | D+; QL(2 EA daily)      |
| HMG CoA Reductase Inhibitors                             |           |                         |
| <i>atorvastatin calcium TABS</i>                         | 1A        | D+; QL(1 EA daily)      |
| <i>fluvastatin sodium CAPS 40 MG</i>                     | 1B        | QL(2 EA daily)          |
| <i>fluvastatin sodium CAPS 20 MG</i>                     | 1B        | QL(1 EA daily)          |
| <i>lovastatin TABS 40 MG</i>                             | 1A        | D+; QL(2 EA daily); PV  |
| <i>lovastatin TABS 10 MG, 20 MG</i>                      | 1A        | D+; QL(1 EA daily); PV  |
| <i>pravastatin sodium</i>                                | 1B        | D+; QL(1 EA daily)      |
| <i>rosuvastatin calcium TABS</i>                         | 1B        | QL(1 EA daily)          |
| <i>simvastatin TABS</i>                                  | 1A        | D+; QL(1 EA daily)      |
| Intestinal Cholesterol Absorption Inhibitors             |           |                         |
| <i>ezetimibe</i>                                         | 1B        | D+; QL(1 EA daily)      |
| Nicotinic Acid Derivatives                               |           |                         |
| <i>niacin (antihyperlipidemic) TBCR</i>                  | 1B        | QL(2 EA daily)          |
| Proprotein Convertase Subtilisin/Kexin Type 9 Inhibitors |           |                         |
| REPATHA PUSHTRONEX SYSTEM SOCT                           | 4         | QL(0.25 ML daily); PA   |
| REPATHA SURECLICK SOAJ                                   | 4         | QL(0.0714 ML daily); PA |
| REPATHA SOSY                                             | 4         | QL(0.0714 ML daily); PA |
| ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure   |           |                         |

| Drug Name                                                       | Drug Tier | Requirements/ Limits |
|-----------------------------------------------------------------|-----------|----------------------|
| ACE Inhibitors                                                  |           |                      |
| <i>benazepril hcl</i>                                           | 1A        | D+                   |
| <i>captopril 25 MG, 50 MG, 100 MG</i>                           | 1B        | QL(3 EA daily)       |
| <i>captopril 12.5 MG</i>                                        | 1B        |                      |
| <i>enalapril maleate TABS</i>                                   | 1A        | D+                   |
| <i>fosinopril sodium</i>                                        | 1B        | D+                   |
| <i>lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG</i> | 1A        | D+                   |
| <i>moexipril hcl</i>                                            | 1B        | QL(2 EA daily)       |
| <i>perindopril erbumine 4 MG</i>                                | 1B        |                      |
| <i>perindopril erbumine 2 MG, 8 MG</i>                          | 1B        | QL(2 EA daily)       |
| <i>quinapril hcl 5 MG, 10 MG</i>                                | 1B        | QL(2 EA daily)       |
| <i>quinapril hcl 20 MG, 40 MG</i>                               | 1B        |                      |
| <i>ramipril CAPS</i>                                            | 1B        | D+                   |
| <i>trandolapril 1 MG, 2 MG</i>                                  | 1B        | D+; QL(1 EA daily)   |
| <i>trandolapril 4 MG</i>                                        | 1B        | D+; QL(2 EA daily)   |
| Agents for Pheochromocytoma                                     |           |                      |
| <i>phenoxybenzamine hcl</i>                                     | 3         | PA                   |
| Angiotensin II Receptor Antagonists                             |           |                      |
| <i>azilsartan medoxomil 40 MG, 80 MG</i>                        | 1B        | QL(1 EA daily); ST   |
| <i>candesartan cilexetil</i>                                    | 1B        | QL(1 EA daily)       |
| EDARBI 40 MG, 80 MG ( <i>azilsartan medoxomil</i> )             | 3         | QL(1 EA daily); ST   |
| <i>irbesartan</i>                                               | 1B        | D+; QL(1 EA daily)   |
| <i>losartan potassium</i>                                       | 1A        | D+; QL(1 EA daily)   |
| <i>olmesartan medoxomil</i>                                     | 1B        | D+; QL(1 EA daily)   |
| <i>telmisartan</i>                                              | 1B        | QL(1 EA daily)       |
| <i>valsartan TABS</i>                                           | 1B        | D+; QL(1 EA daily)   |
| Antiadrenergic Antihypertensives                                |           |                      |

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| Drug Name                                                               | Drug Tier | Requirements/ Limits | Drug Name                                                                        | Drug Tier | Requirements/ Limits |
|-------------------------------------------------------------------------|-----------|----------------------|----------------------------------------------------------------------------------|-----------|----------------------|
| <i>clonidine hcl TABS</i>                                               | 1A        | D+; QL(8 EA daily)   | <i>lisinopril &amp; hydrochlorothiazide</i>                                      | 1A        | D+                   |
| <i>clonidine PTWK</i>                                                   | 1B        | QL(0.15 EA daily)    | <i>losartan potassium &amp; hydrochlorothiazide 12.5 MG-50 MG</i>                | 1A        | D+; QL(2 EA daily)   |
| <i>doxazosin mesylate</i>                                               | 1B        |                      | <i>losartan potassium &amp; hydrochlorothiazide 12.5 MG-100 MG, 25 MG-100 MG</i> | 1A        | D+; QL(1 EA daily)   |
| <i>guanfacine hcl</i>                                                   | 1B        |                      | <i>metoprolol &amp; hydrochlorothiazide TABS 25 MG-100 MG, 50 MG-100 MG</i>      | 1B        |                      |
| <i>methyldopa TABS</i>                                                  | 1B        | QL(6 EA daily)       | <i>metoprolol &amp; hydrochlorothiazide TABS 25 MG-50 MG</i>                     | 1B        | QL(1 EA daily)       |
| <i>prazosin hcl CAPS</i>                                                | 1B        | QL(4 EA daily)       | <i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>                       | 1B        | ST                   |
| <i>terazosin hcl</i>                                                    | 1B        |                      | <i>olmesartan medoxomil-hydrochlorothiazide</i>                                  | 1B        |                      |
| Antihypertensive Combinations                                           |           |                      | <i>quinapril-hydrochlorothiazide 25 MG-20 MG</i>                                 | 1B        | QL(2 EA daily)       |
| <i>amlodipine besylate-benazepril hcl</i>                               | 1B        |                      | <i>quinapril-hydrochlorothiazide 12.5 MG-20 MG</i>                               | 1B        | QL(4 EA daily)       |
| <i>amlodipine besylate-olmesartan medoxomil</i>                         | 1B        | ST                   | <i>quinapril-hydrochlorothiazide 12.5 MG-10 MG</i>                               | 1B        | QL(3 EA daily)       |
| <i>amlodipine besylate-valsartan</i>                                    | 1B        | QL(1 EA daily)       | <i>telmisartan-amlodipine</i>                                                    | 1B        | QL(1 EA daily)       |
| <i>amlodipine-valsartan-hydrochlorothiazide</i>                         | 3         |                      | <i>telmisartan-hydrochlorothiazide</i>                                           | 1B        | QL(1 EA daily)       |
| <i>atenolol &amp; chlorthalidone</i>                                    | 1B        |                      | <i>trandolapril-verapamil hcl 180 MG-2 MG, 240 MG-1 MG</i>                       | 3         |                      |
| <i>benazepril &amp; hydrochlorothiazide 12.5 MG-20 MG, 6.25 MG-5 MG</i> | 1B        |                      | <i>trandolapril-verapamil hcl 240 MG-2 MG, 240 MG-4 MG</i>                       | 3         | QL(1 EA daily)       |
| <i>benazepril &amp; hydrochlorothiazide 12.5 MG-10 MG, 25 MG-20 MG</i>  | 1B        | QL(1 EA daily)       | <i>valsartan-hydrochlorothiazide</i>                                             | 1B        | QL(1 EA daily)       |
| <i>bisoprolol &amp; hydrochlorothiazide</i>                             | 1B        | QL(2 EA daily)       | Antihypertensives - Misc.                                                        |           |                      |
| <i>candesartan cilexetil-hydrochlorothiazide</i>                        | 1B        |                      | VECAMYL                                                                          | 3         | PA                   |
| <i>enalapril maleate &amp; hydrochlorothiazide 25 MG-10 MG</i>          | 1B        |                      |                                                                                  |           |                      |
| <i>enalapril maleate &amp; hydrochlorothiazide 12.5 MG-5 MG</i>         | 1B        | QL(2 EA daily)       |                                                                                  |           |                      |
| <i>fosinopril sodium &amp; hydrochlorothiazide</i>                      | 1B        | QL(1 EA daily)       |                                                                                  |           |                      |
| <i>irbesartan-hydrochlorothiazide</i>                                   | 1B        | D+                   |                                                                                  |           |                      |

| Drug Name                                                                  | Drug Tier | Requirements/ Limits                                                                        |
|----------------------------------------------------------------------------|-----------|---------------------------------------------------------------------------------------------|
| Direct Renin Inhibitors                                                    |           |                                                                                             |
| <i>aliskiren fumarate</i>                                                  | 1B        | QL(1 EA daily)                                                                              |
| Selective Aldosterone Receptor Antagonists (SARAs)                         |           |                                                                                             |
| <i>eplerenone</i>                                                          | 1B        |                                                                                             |
| Vasodilators                                                               |           |                                                                                             |
| <i>hydralazine hcl SOLN</i>                                                | 1B        |                                                                                             |
| <i>hydralazine hcl TABS</i>                                                | 1B        | D+                                                                                          |
| <i>minoxidil 2.5 MG, 10 MG</i>                                             | 1B        | D+                                                                                          |
| <b>ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections</b> |           |                                                                                             |
| Anti-infective Agents - Misc.                                              |           |                                                                                             |
| <i>metronidazole TABS 250 MG, 500 MG</i>                                   | 1B        |                                                                                             |
| <i>pentamidine isethionate IN</i>                                          | 1B        |                                                                                             |
| <i>tinidazole</i>                                                          | 1B        |                                                                                             |
| <i>trimethoprim TABS</i>                                                   | 1B        |                                                                                             |
| XIFAXAN 550 MG                                                             | 3         | QL(3 EA daily); AL(At least 12 yrs old); PA                                                 |
| XIFAXAN 200 MG                                                             | 3         | QL(3 EA daily; 9 EA per 3 day(s) retail; 9 EA per 3 days mail); AL(At least 12 yrs old); PA |
| Anti-infective Misc. - Combinations                                        |           |                                                                                             |
| <i>sulfamethoxazole-trimethoprim SOLN</i>                                  | 1B        |                                                                                             |
| <i>sulfamethoxazole-trimethoprim SUSP</i>                                  | 1B        |                                                                                             |
| <i>sulfamethoxazole-trimethoprim TABS</i>                                  | 1A        |                                                                                             |
| Antiprotozoal Agents                                                       |           |                                                                                             |
| <i>atovaquone</i>                                                          | 1B        |                                                                                             |
| <i>nitazoxanide TABS</i>                                                   | 1B        | PA                                                                                          |

| Drug Name                                                                          | Drug Tier | Requirements/ Limits                  |
|------------------------------------------------------------------------------------|-----------|---------------------------------------|
| Carbapenems                                                                        |           |                                       |
| <i>ertapenem sodium IJ</i>                                                         | 1B        |                                       |
| Chloramphenicols                                                                   |           |                                       |
| <i>chloramphenicol sodium succinate</i>                                            | 4         | PA                                    |
| Cyclic Lipopeptides                                                                |           |                                       |
| <i>daptomycin 500 MG</i>                                                           | 1B        |                                       |
| Glycopeptides                                                                      |           |                                       |
| <i>vancomycin hcl CAPS</i>                                                         | 1B        | QL(4 EA daily; 40 EA per fill retail) |
| <i>vancomycin hcl SOLR PO 25 MG/ML, 50 MG/ML, 250 MG/5ML</i>                       | 1B        | QL(300 ML per fill retail)            |
| Leprostatics                                                                       |           |                                       |
| <i>dapsone</i>                                                                     | 1B        |                                       |
| Lincosamides                                                                       |           |                                       |
| <i>clindamycin hcl</i>                                                             | 1B        |                                       |
| <i>clindamycin palmitate hydrochloride</i>                                         | 1B        |                                       |
| <i>clindamycin phosphate SOLN IJ 9 GM/60ML, 300 MG/2ML, 600 MG/4ML, 900 MG/6ML</i> | 1B        |                                       |
| <i>lincomycin hcl</i>                                                              | 1B        |                                       |
| Monobactams                                                                        |           |                                       |
| <i>aztreonam 1 GM</i>                                                              | 1B        |                                       |
| CAYSTON                                                                            | 4         | QL(3 ML daily); PA                    |
| Oxazolidinones                                                                     |           |                                       |
| <i>linezolid SUSR</i>                                                              | 1B        |                                       |
| <i>linezolid TABS</i>                                                              | 1B        | QL(2 EA daily); PA                    |
| Urinary Anti-infectives                                                            |           |                                       |
| <i>fosfomycin tromethamine</i>                                                     | 1B        |                                       |
| <i>methenamine hippurate</i>                                                       | 1B        |                                       |
| <i>nitrofurantoin</i>                                                              | 1B        |                                       |

| Drug Name                                                            | Drug Tier | Requirements/ Limits                                                                                                                                                                 |
|----------------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>nitrofurantoin macrocrystal 50 MG, 100 MG</i>                     | 1B        |                                                                                                                                                                                      |
| <i>nitrofurantoin monohydrate macro</i>                              | 1B        |                                                                                                                                                                                      |
| <b>ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)</b> |           |                                                                                                                                                                                      |
| <b>Antimalarial Combinations</b>                                     |           |                                                                                                                                                                                      |
| <i>atovaquone-proguanil hcl</i>                                      | 1B        | Covered for malaria treatment only. Limit 1 fill every 180 days; QL(12 EA per fill retail; 12 per fill mail); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail |
| COARTEM                                                              | 2         | Covered for malaria treatment only. Limit 1 fill every 180 days; QL(24 EA per fill retail; 24 per fill mail); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail |
| <b>Antimalarials</b>                                                 |           |                                                                                                                                                                                      |
| <i>chloroquine phosphate TABS 500 MG</i>                             | 1B        |                                                                                                                                                                                      |
| <i>chloroquine phosphate TABS 250 MG</i>                             | 1B        | QL(3 EA daily)                                                                                                                                                                       |
| <i>hydroxychloroquine sulfate 200 MG</i>                             | 1B        | QL(3 EA daily)                                                                                                                                                                       |
| <i>hydroxychloroquine sulfate 400 MG</i>                             | 1B        | QL(1 EA daily)                                                                                                                                                                       |
| <i>hydroxychloroquine sulfate 100 MG</i>                             | 1B        | QL(4 EA daily)                                                                                                                                                                       |
| KRINTAFEL                                                            | 3         | QL(2 EA per 30 day(s) retail)                                                                                                                                                        |

| Drug Name                                                                            | Drug Tier | Requirements/ Limits                                                                                                                                    |
|--------------------------------------------------------------------------------------|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>mefloquine hcl</i>                                                                | 1B        | Covered for malaria treatment only. Limit 1 fill every 180 days; QL(5 EA daily); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail |
| <i>primaquine phosphate TABS</i>                                                     | 3         |                                                                                                                                                         |
| <i>pyrimethamine</i>                                                                 | 1B        | QL(3 EA daily); PA                                                                                                                                      |
| <i>quinine sulfate CAPS 324 MG</i>                                                   | 1B        | PA                                                                                                                                                      |
| <b>ANTIMYASTHENIC/CHOLINERGIC AGENTS</b>                                             |           |                                                                                                                                                         |
| <b>Antimyasthenic/Cholinergic Agents</b>                                             |           |                                                                                                                                                         |
| <i>neostigmine methylsulfate SOSY</i>                                                | 3         | PA                                                                                                                                                      |
| <i>pyridostigmine bromide SOLN PO</i>                                                | 1B        |                                                                                                                                                         |
| <i>pyridostigmine bromide TABS 60 MG</i>                                             | 1B        |                                                                                                                                                         |
| <i>pyridostigmine bromide TBCR</i>                                                   | 1B        |                                                                                                                                                         |
| <b>ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)</b> |           |                                                                                                                                                         |
| <b>Antimycobacterial Agents</b>                                                      |           |                                                                                                                                                         |
| <i>cycloserine</i>                                                                   | 1B        | QL(4 EA daily)                                                                                                                                          |
| <i>ethambutol hcl TABS</i>                                                           | 1B        |                                                                                                                                                         |
| <i>isoniazid SOLN</i>                                                                | 1B        |                                                                                                                                                         |
| <i>isoniazid SYRP</i>                                                                | 1B        |                                                                                                                                                         |
| <i>isoniazid TABS</i>                                                                | 1A        |                                                                                                                                                         |
| PRETOMANID                                                                           | 3         | PA                                                                                                                                                      |
| PRIFTIN 150 MG ( <i>rifapentine</i> )                                                | 3         |                                                                                                                                                         |
| <i>pyrazinamide</i>                                                                  | 1B        |                                                                                                                                                         |
| <i>rifabutin</i>                                                                     | 1B        | PA                                                                                                                                                      |
| <i>rifampin CAPS</i>                                                                 | 1B        |                                                                                                                                                         |

| Drug Name                                                               | Drug Tier | Requirements/ Limits |
|-------------------------------------------------------------------------|-----------|----------------------|
| <i>rifampin SOLR</i>                                                    | 1B        |                      |
| <i>rifapentine 150 MG</i>                                               | 1B        |                      |
| SIRTURO                                                                 | 3         | PA                   |
| <b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer</b> |           |                      |
| <b>Alkylating Agents</b>                                                |           |                      |
| <i>busulfan SOLN</i>                                                    | 4         | PA                   |
| <i>carmustine</i>                                                       | 4         | PA                   |
| <i>cisplatin SOLN 100 MG/100ML</i>                                      | 4         | PA                   |
| <i>cyclophosphamide CAPS</i>                                            | 1B        | PA                   |
| LEUKERAN                                                                | 4         | PA                   |
| <i>lomustine 40 MG, 100 MG</i>                                          | 4         | PA                   |
| <i>lomustine 10 MG</i>                                                  | 4         | PA                   |
| <i>melphalan hcl IV</i>                                                 | 1B        |                      |
| TEMODAR SOLR                                                            | 4         |                      |
| <i>temozolomide CAPS</i>                                                | 4         | PA                   |
| <i>thiotepa 15 MG</i>                                                   | 4         | PA                   |
| ZANOSAR                                                                 | 4         | PA                   |
| <b>Antimetabolites</b>                                                  |           |                      |
| <i>azacitidine SUSR</i>                                                 | 4         | PA                   |
| <i>capecitabine</i>                                                     | 4         | PA                   |
| <i>clofarabine</i>                                                      | 4         | PA                   |
| <i>decitabine</i>                                                       | 4         | PA                   |
| <i>floxuridine</i>                                                      | 4         | PA                   |
| <i>fludarabine phosphate SOLN</i>                                       | 4         | PA                   |
| <i>fludarabine phosphate SOLR</i>                                       | 4         | PA                   |
| <i>mercaptopurine TABS</i>                                              | 1B        |                      |
| <i>methotrexate sodium SOLN 50 MG/2ML, 250 MG/10ML</i>                  | 1B        |                      |
| <i>methotrexate sodium SOLR</i>                                         | 1B        |                      |
| <i>methotrexate sodium TABS 2.5 MG</i>                                  | 1B        |                      |
| <i>nelarabine</i>                                                       | 4         | PA                   |

| Drug Name                                           | Drug Tier | Requirements/ Limits |
|-----------------------------------------------------|-----------|----------------------|
| <i>pemetrexed disodium SOLR 500 MG</i>              | 4         | PA                   |
| <i>pralatrexate 20 MG/ML</i>                        | 4         | PA                   |
| TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG             | 4         | PA                   |
| <b>Antineoplastic - Angiogenesis Inhibitors</b>     |           |                      |
| LENVIMA (10 MG DAILY DOSE)                          | 4         | QL(1 EA daily); PA   |
| LENVIMA (12 MG DAILY DOSE)                          | 4         | QL(3 EA daily); PA   |
| LENVIMA (14 MG DAILY DOSE)                          | 4         | QL(2 EA daily); PA   |
| LENVIMA (18 MG DAILY DOSE)                          | 4         | QL(3 EA daily); PA   |
| LENVIMA (20 MG DAILY DOSE)                          | 4         | QL(2 EA daily); PA   |
| LENVIMA (24 MG DAILY DOSE)                          | 4         | QL(3 EA daily); PA   |
| LENVIMA (4 MG DAILY DOSE)                           | 4         | QL(1 EA daily); PA   |
| LENVIMA (8 MG DAILY DOSE)                           | 4         | QL(2 EA daily); PA   |
| ZALTRAP 100 MG/4ML                                  | 4         | PA                   |
| <b>Antineoplastic - Antibodies</b>                  |           |                      |
| ARZERRA                                             | 4         | PA                   |
| LOQTORZI                                            | 4         | PA                   |
| RUXIENCE                                            | 4         | PA                   |
| TRUXIMA                                             | 4         | PA                   |
| <b>Antineoplastic - EGFR Inhibitors</b>             |           |                      |
| <i>erlotinib hcl</i>                                | 4         | QL(1 EA daily); PA   |
| <i>gefitinib</i>                                    | 4         | QL(2 EA daily); PA   |
| <b>Antineoplastic - Hedgehog Pathway Inhibitors</b> |           |                      |
| DAURISMO                                            | 4         | PA                   |
| <b>Antineoplastic - Hormonal and Related Agents</b> |           |                      |
| <i>abiraterone acetate 250 MG</i>                   | 4         | QL(4 EA daily); PA   |

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| Drug Name                                   | Drug Tier | Requirements/ Limits    | Drug Name                                  | Drug Tier | Requirements/ Limits   |
|---------------------------------------------|-----------|-------------------------|--------------------------------------------|-----------|------------------------|
| <i>abiraterone acetate 500 MG</i>           | 4         | QL(2 EA daily); PA      | <i>idarubicin hcl 5 MG/5ML, 10 MG/10ML</i> | 4         | PA                     |
| <i>anastrozole</i>                          | 1B        | QL(1 EA daily)          | <i>idarubicin hcl 20 MG/20ML</i>           | 4         | PA                     |
| <i>bicalutamide</i>                         | 1B        | QL(1 EA daily)          | <i>mitomycin SOLR IV 20 MG</i>             | 4         | PA                     |
| ELIGARD SC 22.5 MG, 30 MG, 45 MG            | 4         | PA                      | <i>mitoxantrone hcl 25 MG/12.5ML</i>       | 4         | PA                     |
| ELIGARD KIT SC 7.5 MG                       | 4         | QL(0.0089 EA daily); PA | <i>valrubicin</i>                          | 4         | PA                     |
| EMCYT                                       | 4         | PA                      | Antineoplastic Enzyme Inhibitors           |           |                        |
| ERLEADA 60 MG                               | 4         | QL(4 EA daily); PA      | ALECENSA                                   | 4         | QL(8 EA daily); PA     |
| ERLEADA 240 MG                              | 4         | QL(1 EA daily); PA      | <i>dasatinib</i>                           | 4         | QL(1 EA daily); PA     |
| <i>exemestane</i>                           | 4         | QL(1 EA daily)          | <i>everolimus TABS</i>                     | 4         | QL(1 EA daily); PA     |
| <i>fulvestrant SOSY</i>                     | 4         | QL(0.357 ML daily); PA  | <i>imatinib mesylate TABS</i>              | 4         | QL(2 EA daily); PA     |
| <i>letrozole</i>                            | 1B        |                         | JAKAFI                                     | 4         | QL(2 EA daily); PA     |
| <i>leuprolide acetate KIT IJ 1 MG/0.2ML</i> | 4         | PA                      | <i>lapatinib ditosylate</i>                | 4         | QL(6 EA daily); PA     |
| LYSODREN                                    | 4         | PA                      | LYNPARZA TABS                              | 4         | QL(4 EA daily); PA     |
| <i>megestrol acetate SUSP</i>               | 1B        |                         | <i>pazopanib hcl</i>                       | 4         | QL(2 EA daily); PA     |
| <i>megestrol acetate TABS</i>               | 1B        |                         | <i>pazopanib hcl</i>                       | 4         | QL(4 EA daily); PA     |
| <i>nilutamide</i>                           | 4         | QL(2 EA daily); PA      | <i>sorafenib tosylate</i>                  | 4         | QL(4 EA daily); PA     |
| NUBEQA                                      | 4         | QL(4 EA daily); PA      | STIVARGA                                   | 4         | QL(4 EA daily); PA     |
| <i>tamoxifen citrate TABS</i>               | 0         |                         | <i>sunitinib malate</i>                    | 4         | QL(1 EA daily); PA     |
| <i>toremifene citrate</i>                   | 1B        |                         | <i>temsirolimus</i>                        | 4         | QL(0.143 ML daily); PA |
| XTANDI CAPS                                 | 4         | QL(4 EA daily); PA      | TURALIO 125 MG                             | 4         | PA                     |
| XTANDI TABS 80 MG                           | 4         | QL(2 EA daily); PA      | VERZENIO                                   | 4         | QL(2 EA daily); PA     |
| XTANDI TABS 40 MG                           | 4         | QL(4 EA daily); PA      | ZELBORAF                                   | 4         | QL(8 EA daily); PA     |
| Antineoplastic - Immunomodulators           |           |                         | ZOLINZA                                    | 4         | QL(4 EA daily); PA     |
| <i>pomalidomide 1 MG, 2 MG, 3 MG, 4 MG</i>  | 4         | QL(1 EA daily); PA      | ZYDELIG                                    | 4         | QL(2 EA daily); PA     |
| Antineoplastic Antibiotics                  |           |                         | Antineoplastics Misc.                      |           |                        |
| <i>bleomycin sulfate 15 UNIT</i>            | 4         | PA                      |                                            |           |                        |
| <i>dactinomycin</i>                         | 4         | PA                      |                                            |           |                        |
| <i>doxorubicin hcl SOLR 10 MG, 50 MG</i>    | 4         | PA                      |                                            |           |                        |

| Drug Name                                                                            | Drug Tier | Requirements/ Limits | Drug Name                                                               | Drug Tier | Requirements/ Limits |
|--------------------------------------------------------------------------------------|-----------|----------------------|-------------------------------------------------------------------------|-----------|----------------------|
| ACTIMMUNE 100 MCG/0.5ML                                                              | 4         | PA                   | Antiparkinson COMT Inhibitors                                           |           |                      |
| arsenic trioxide 10 MG/10ML                                                          | 4         | PA                   | entacapone                                                              | 1B        | QL(8 EA daily)       |
| bexarotene                                                                           | 4         | PA                   | tolcapone                                                               | 1B        |                      |
| hydroxyurea                                                                          | 1B        |                      | Antiparkinson Dopaminergics                                             |           |                      |
| MATULANE                                                                             | 4         | PA                   | amantadine hcl CAPS                                                     | 1B        |                      |
| PHOTOFRIN                                                                            | 4         | PA                   | amantadine hcl SOLN                                                     | 1B        |                      |
| PROLEUKIN                                                                            | 4         | PA                   | amantadine hcl TABS                                                     | 1B        |                      |
| tretinoin (chemotherapy)                                                             | 1B        |                      | apomorphine hydrochloride SOCT                                          | 4         | PA                   |
| UVADEX                                                                               | 4         | PA                   | bromocriptine mesylate CAPS                                             | 1B        |                      |
| Chemotherapy Rescue/Antidote/Protective Agents                                       |           |                      | bromocriptine mesylate TABS 2.5 MG                                      | 1B        |                      |
| leucovorin calcium SOLR                                                              | 1B        |                      | carbidopa-levodopa-entacapone                                           | 1B        |                      |
| leucovorin calcium TABS                                                              | 1B        |                      | carbidopa-levodopa TABS                                                 | 1B        |                      |
| VORAXAZE                                                                             | 4         | PA                   | carbidopa-levodopa TBCR                                                 | 1B        |                      |
| Mitotic Inhibitors                                                                   |           |                      | carbidopa-levodopa TBDP                                                 | 1B        |                      |
| eribulin mesylate                                                                    | 4         | PA                   | NEUPRO                                                                  | 2         |                      |
| etoposide CAPS                                                                       | 4         | PA                   | pramipexole dihydrochloride TABS 0.25 MG, 0.5 MG, 0.75 MG, 1 MG, 1.5 MG | 1B        |                      |
| IXEMPRA KIT 15 MG                                                                    | 4         | PA                   | pramipexole dihydrochloride TABS 0.125 MG                               | 1B        | QL(4 EA daily)       |
| vinorelbine tartrate 10 MG/ML                                                        | 4         | PA                   | ropinirole hydrochloride TABS                                           | 1B        |                      |
| Topoisomerase I Inhibitors                                                           |           |                      | ropinirole hydrochloride TB24 2 MG, 4 MG, 6 MG                          | 1B        | QL(1 EA daily); ST   |
| HYCANTIN CAPS                                                                        | 4         | PA                   | ropinirole hydrochloride TB24 8 MG, 12 MG                               | 1B        | QL(2 EA daily); ST   |
| irinotecan hcl 40 MG/2ML, 100 MG/5ML                                                 | 4         | PA                   | Antiparkinson Monoamine Oxidase Inhibitors                              |           |                      |
| topotecan hcl SOLN                                                                   | 4         |                      | rasagiline mesylate                                                     | 1B        | QL(1 EA daily); PA   |
| topotecan hcl SOLR                                                                   | 4         |                      | selegiline hcl CAPS                                                     | 1B        |                      |
| <b>ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease</b> |           |                      | selegiline hcl TABS                                                     | 1B        |                      |
| Antiparkinson Adjunctive Therapy                                                     |           |                      | <b>ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders</b>  |           |                      |
| carbidopa                                                                            | 3         |                      |                                                                         |           |                      |
| Antiparkinson Anticholinergics                                                       |           |                      |                                                                         |           |                      |
| benztropine mesylate TABS                                                            | 1B        |                      |                                                                         |           |                      |
| trihexyphenidyl hcl SOLN                                                             | 1B        |                      |                                                                         |           |                      |
| trihexyphenidyl hcl TABS                                                             | 1B        |                      |                                                                         |           |                      |

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| Drug Name                                         | Drug Tier | Requirements/ Limits                    |
|---------------------------------------------------|-----------|-----------------------------------------|
| <b>Antimanic Agents</b>                           |           |                                         |
| <i>lithium</i>                                    | 1B        |                                         |
| <i>lithium carbonate CAPS</i>                     | 1B        |                                         |
| <i>lithium carbonate TABS</i>                     | 1B        |                                         |
| <i>lithium carbonate TBCR</i>                     | 1B        |                                         |
| <b>Antipsychotics - Misc.</b>                     |           |                                         |
| EQUETRO 200 MG                                    | 3         | QL(8 EA daily); ST                      |
| EQUETRO 300 MG                                    | 3         | QL(4 EA daily); ST                      |
| EQUETRO 100 MG                                    | 3         | QL(2 EA daily); ST                      |
| <i>lurasidone hcl 80 MG</i>                       | 1B        | QL(2 EA daily)                          |
| <i>lurasidone hcl 20 MG, 40 MG, 60 MG, 120 MG</i> | 1B        | QL(1 EA daily)                          |
| <i>ziprasidone hcl</i>                            | 1B        | QL(2 EA daily); AL(At least 18 yrs old) |
| <b>Benzisoxazoles</b>                             |           |                                         |
| FANAPT                                            | 2         | QL(2 EA daily); PA                      |
| FANAPT TITRATION PACK A                           | 2         | PA                                      |
| FANAPT TITRATION PACK B                           | 2         | PA                                      |
| FANAPT TITRATION PACK C                           | 2         | PA                                      |
| <i>paliperidone</i>                               | 1B        |                                         |
| <i>risperidone microspheres</i>                   | 1B        | QL(0.072 EA daily); PA                  |
| <i>risperidone SOLN</i>                           | 1B        |                                         |
| <i>risperidone TABS</i>                           | 1B        |                                         |
| <i>risperidone TBDP</i>                           | 1B        |                                         |
| <b>Butyrophenones</b>                             |           |                                         |
| <i>haloperidol decanoate</i>                      | 1B        | QL(0.036 ML daily)                      |
| <i>haloperidol lactate CONC</i>                   | 1B        |                                         |
| <i>haloperidol lactate SOLN</i>                   | 1B        |                                         |
| <i>haloperidol TABS</i>                           | 1B        |                                         |
| <b>Dibenzapines</b>                               |           |                                         |

| Drug Name                                                                    | Drug Tier | Requirements/ Limits    |
|------------------------------------------------------------------------------|-----------|-------------------------|
| <i>asenapine maleate 5 MG, 10 MG</i>                                         | 1B        | QL(2 EA daily); PA      |
| <i>asenapine maleate 2.5 MG</i>                                              | 1B        | QL(4 EA daily); PA      |
| <i>clozapine TABS</i>                                                        | 1B        |                         |
| <i>clozapine TBDP 25 MG</i>                                                  | 1B        | QL(3 EA daily)          |
| <i>clozapine TBDP 100 MG</i>                                                 | 1B        | QL(9 EA daily)          |
| <i>clozapine TBDP 12.5 MG, 150 MG</i>                                        | 1B        | QL(6 EA daily)          |
| <i>loxapine succinate</i>                                                    | 1B        |                         |
| <i>olanzapine SOLR</i>                                                       | 1B        | QL(0.215 EA daily)      |
| <i>olanzapine TABS 2.5 MG, 5 MG</i>                                          | 1B        | QL(4 EA daily)          |
| <i>olanzapine TABS 7.5 MG, 10 MG, 15 MG, 20 MG</i>                           | 1B        | QL(2 EA daily)          |
| <i>olanzapine TBDP 5 MG, 10 MG, 15 MG</i>                                    | 1B        | QL(2 EA daily)          |
| <i>olanzapine TBDP 20 MG</i>                                                 | 1B        | QL(1 EA daily)          |
| <i>quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 200 MG, 300 MG, 400 MG</i> | 1B        | AL(At least 10 yrs old) |
| <i>quetiapine fumarate TB24</i>                                              | 1B        |                         |
| <b>Phenothiazines</b>                                                        |           |                         |
| <i>chlorpromazine hcl SOLN</i>                                               | 3         |                         |
| <i>chlorpromazine hcl TABS</i>                                               | 1B        |                         |
| <i>fluphenazine hcl CONC</i>                                                 | 1B        |                         |
| <i>fluphenazine hcl ELIX</i>                                                 | 1B        |                         |
| <i>fluphenazine hcl SOLN</i>                                                 | 1B        |                         |
| <i>fluphenazine hcl TABS</i>                                                 | 1B        |                         |
| <i>perphenazine TABS</i>                                                     | 1B        |                         |
| <i>prochlorperazine</i>                                                      | 1B        |                         |
| <i>prochlorperazine maleate TABS</i>                                         | 1B        |                         |
| <i>thioridazine hcl</i>                                                      | 1B        |                         |
| <i>trifluoperazine hcl TABS</i>                                              | 1B        |                         |
| <b>Quinolinone Derivatives</b>                                               |           |                         |

| Drug Name                                     | Drug Tier | Requirements/ Limits                                 |
|-----------------------------------------------|-----------|------------------------------------------------------|
| <i>aripiprazole SOLN PO</i>                   | 1B        | QL(30 ML daily); AL(At least 6 yrs old)              |
| <i>aripiprazole TABS</i>                      | 1B        | QL(1 EA daily); AL(At least 6 yrs old)               |
| REXULTI                                       | 3         | PA                                                   |
| Thioxanthenes                                 |           |                                                      |
| <i>thiothixene</i>                            | 1B        |                                                      |
| ANTIVIRALS - Drugs to Treat Viral Infections  |           |                                                      |
| Antiretrovirals                               |           |                                                      |
| <i>abacavir sulfate-lamivudine</i>            | 1B        | QL(1 EA daily)                                       |
| <i>abacavir sulfate SOLN</i>                  | 1B        | QL(32 ML daily)                                      |
| <i>abacavir sulfate TABS</i>                  | 1B        | QL(2 EA daily)                                       |
| APRETUDE                                      | 3         | QL(3 ML per 30 day(s) retail; 3 ML per 30 days mail) |
| APTIVUS CAPS                                  | 3         | QL(4 EA daily)                                       |
| <i>atazanavir sulfate CAPS 150 MG, 300 MG</i> | 1B        | QL(1 EA daily)                                       |
| <i>atazanavir sulfate CAPS 200 MG</i>         | 1B        | QL(2 EA daily)                                       |
| BIKTARVY                                      | 3         | QL(1 EA daily)                                       |
| CABENUVA 600 MG/2ML-400 MG/2ML                | 3         | QL(4 ML per 30 day(s) retail; 4 ML per 30 days mail) |
| CABENUVA 900 MG/3ML-600 MG/3ML                | 3         | QL(6 ML per 30 day(s) retail; 6 ML per 30 days mail) |
| CIMDUO                                        | 3         | QL(1 EA daily)                                       |
| <i>darunavir TABS 600 MG</i>                  | 1B        | QL(2 EA daily)                                       |
| <i>darunavir TABS 800 MG</i>                  | 1B        | QL(1 EA daily)                                       |
| DELSTRIGO                                     | 3         | QL(1 EA daily)                                       |
| DESCOVY                                       | 3         | QL(1 EA daily)                                       |
| DOVATO                                        | 3         | QL(1 EA daily)                                       |
| EDURANT 25 MG ( <i>rilpivirine hcl</i> )      | 3         | QL(1 EA daily)                                       |

| Drug Name                                                                                      | Drug Tier | Requirements/ Limits |
|------------------------------------------------------------------------------------------------|-----------|----------------------|
| EDURANT PED PO 2.5 MG                                                                          | 3         | QL(6 EA daily)       |
| <i>efavirenz CAPS 50 MG</i>                                                                    | 1B        | QL(3 EA daily)       |
| <i>efavirenz CAPS 200 MG</i>                                                                   | 1B        | QL(2 EA daily)       |
| <i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>                                   | 1B        | QL(1 EA daily)       |
| <i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>                                      | 1B        | QL(1 EA daily)       |
| <i>efavirenz TABS</i>                                                                          | 1B        | QL(1 EA daily)       |
| <i>emtricitabine CAPS</i>                                                                      | 1B        | QL(1 EA daily)       |
| <i>emtricitabine-rilpivirine-tenofovir disoproxil fumarate</i>                                 | 1B        | QL(1 EA daily)       |
| <i>emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG</i>                               | 0         | QL(1 EA daily)       |
| <i>emtricitabine-tenofovir disoproxil fumarate 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG</i> | 1B        | QL(1 EA daily)       |
| EMTRIVA SOLN                                                                                   | 3         | QL(24 ML daily)      |
| <i>etravirine 100 MG</i>                                                                       | 1B        | QL(4 EA daily)       |
| <i>etravirine 200 MG</i>                                                                       | 1B        | QL(2 EA daily)       |
| EVOTAZ                                                                                         | 3         | QL(1 EA daily)       |
| <i>fosamprenavir calcium TABS</i>                                                              | 1B        | QL(4 EA daily)       |
| FUZEON SOLR                                                                                    | 4         | QL(2 EA daily)       |
| GENVOYA                                                                                        | 3         | QL(1 EA daily)       |
| IDVYNZO TABS PO                                                                                | 3         | QL(1 EA daily)       |
| INTELENCE 25 MG                                                                                | 3         | QL(8 EA daily)       |
| ISENTRESS HD TABS                                                                              | 3         | QL(2 EA daily)       |
| ISENTRESS CHEW                                                                                 | 3         | QL(6 EA daily)       |
| ISENTRESS PACK                                                                                 | 3         | QL(2 EA daily)       |
| ISENTRESS TABS                                                                                 | 3         | QL(2 EA daily)       |
| JULUCA                                                                                         | 3         | QL(1 EA daily)       |
| KALETRA SOLN                                                                                   | 2         | QL(12.5 ML daily)    |
| <i>lamivudine SOLN</i>                                                                         | 1B        | QL(30 ML daily)      |

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| Drug Name                       | Drug Tier | Requirements/ Limits                                   |
|---------------------------------|-----------|--------------------------------------------------------|
| <i>lamivudine TABS 300 MG</i>   | 1B        | QL(1 EA daily)                                         |
| <i>lamivudine TABS 150 MG</i>   | 1B        | QL(2 EA daily)                                         |
| <i>lamivudine-zidovudine</i>    | 1B        | QL(2 EA daily)                                         |
| <i>lopinavir-ritonavir SOLN</i> | 1B        | QL(12.5 ML daily)                                      |
| <i>lopinavir-ritonavir TABS</i> | 1B        | QL(4 EA daily)                                         |
| <i>maraviroc TABS 150 MG</i>    | 1B        | QL(2 EA daily)                                         |
| <i>maraviroc TABS 300 MG</i>    | 1B        | QL(4 EA daily)                                         |
| <i>nevirapine SUSP</i>          | 1B        | QL(40 ML daily)                                        |
| <i>nevirapine TABS</i>          | 1B        | QL(2 EA daily)                                         |
| <i>nevirapine TB24 400 MG</i>   | 1B        | QL(1 EA daily)                                         |
| NORVIR PACK                     | 3         | QL(12 EA daily)                                        |
| ODEFSEY                         | 3         | QL(1 EA daily)                                         |
| PIFELTRO                        | 3         | QL(1 EA daily)                                         |
| PREZCOBIX                       | 3         | QL(1 EA daily)                                         |
| PREZISTA SUSP                   | 3         | QL(12 ML daily)                                        |
| PREZISTA TABS 75 MG, 150 MG     | 3         | QL(2 EA daily)                                         |
| RETROVIR SOLN                   | 3         | QL(60 ML daily)                                        |
| REYATAZ PACK                    | 3         | QL(4 EA daily)                                         |
| <i>rilpivirine hcl 25 MG</i>    | 3         | QL(1 EA daily)                                         |
| <i>ritonavir TABS</i>           | 1B        | QL(12 EA daily)                                        |
| RUKOBIA                         | 3         | QL(2 EA daily)                                         |
| SELZENTRY SOLN                  | 3         | QL(30 ML daily)                                        |
| STRIBILD                        | 3         | QL(1 EA daily)                                         |
| SUNLENCA SOLN                   | 3         | QL(3 ML per 180 day(s) retail; 3 ML per 180 days mail) |
| SUNLENCA TABS PO 300 MG         | 3         | QL(0.167 EA daily)                                     |
| SUNLENCA TBPK 300 MG            | 3         | QL(4 EA per 180 day(s) retail; 4 EA per 180 days mail) |

| Drug Name                                 | Drug Tier | Requirements/ Limits                                   |
|-------------------------------------------|-----------|--------------------------------------------------------|
| SUNLENCA TBPK 300 MG                      | 3         | QL(5 EA per 180 day(s) retail; 5 EA per 180 days mail) |
| SYMTUZA                                   | 3         | QL(1 EA daily)                                         |
| <i>tenofovir disoproxil fumarate TABS</i> | 1B        | QL(1 EA daily)                                         |
| TIVICAY PD TBSO                           | 3         | QL(6 EA daily)                                         |
| TIVICAY TABS 50 MG                        | 3         | QL(2 EA daily)                                         |
| TRIUMEQ PD TBSO                           | 3         | QL(6 EA daily)                                         |
| TRIUMEQ TABS                              | 3         | QL(1 EA daily)                                         |
| TROGARZO                                  | 4         | QL(0.8 ML daily)                                       |
| TYBOST                                    | 3         | QL(1 EA daily)                                         |
| VIRACEPT TABS 250 MG                      | 3         | QL(10 EA daily)                                        |
| VIRACEPT TABS 625 MG                      | 3         | QL(4 EA daily)                                         |
| VIREAD POWD                               | 3         | QL(7.5 GM daily)                                       |
| VIREAD TABS 150 MG, 200 MG, 250 MG        | 3         | QL(1 EA daily)                                         |
| YEZTUGO SOLN 463.5 MG/1.5ML               | 3         | QL(3 ML per 180 day(s) retail; 3 ML per 180 days mail) |
| YEZTUGO TABS PO 300 MG                    | 3         | QL(0.134 EA daily)                                     |
| <i>zidovudine CAPS</i>                    | 1B        | QL(6 EA daily)                                         |
| <i>zidovudine SYRP</i>                    | 1B        | QL(60 ML daily)                                        |
| <i>zidovudine TABS</i>                    | 1B        | QL(2 EA daily)                                         |
| CMV Agents                                |           |                                                        |
| <i>cidofovir</i>                          | 3         |                                                        |
| <i>ganciclovir sodium SOLR</i>            | 1B        |                                                        |
| <i>valganciclovir hcl TABS</i>            | 1B        | QL(4 EA daily); PA                                     |
| Hepatitis Agents                          |           |                                                        |
| <i>adefovir dipivoxil</i>                 | 4         | QL(1 EA daily)                                         |
| <i>entecavir TABS</i>                     | 4         | QL(1 EA daily)                                         |
| <i>lamivudine (hbv) TABS</i>              | 1B        | QL(3 EA daily)                                         |
| PEGASYS SOLN                              | 4         | QL(0.0714 ML daily); PA                                |

| Drug Name                                  | Drug Tier | Requirements/ Limits                                                                                                                           |
|--------------------------------------------|-----------|------------------------------------------------------------------------------------------------------------------------------------------------|
| PEGASYS SOSY                               | 4         | QL(0.072 ML daily); PA                                                                                                                         |
| <i>ribavirin (hepatitis c) CAPS</i>        | 1B        | QL(7 EA daily)                                                                                                                                 |
| <i>ribavirin (hepatitis c) TABS 200 MG</i> | 1B        | QL(7 EA daily)                                                                                                                                 |
| SOFOSBUVIR-VELPATASVIR TABS                | 1B        | QL(1 EA daily); PA                                                                                                                             |
| VOSEVI                                     | 4         | QL(1 EA daily); PA                                                                                                                             |
| Herpes Agents                              |           |                                                                                                                                                |
| <i>acyclovir CAPS</i>                      | 1A        | QL(5 EA daily; 50 EA per fill retail; 50 per fill mail)                                                                                        |
| <i>acyclovir SUSP</i>                      | 1B        | QL(13.34 ML daily)                                                                                                                             |
| <i>acyclovir TABS PO</i>                   | 1B        | QL(5 EA daily)                                                                                                                                 |
| <i>famciclovir 500 MG</i>                  | 1B        | QL(4 EA daily)                                                                                                                                 |
| <i>famciclovir 125 MG, 250 MG</i>          | 1B        | QL(3 EA daily)                                                                                                                                 |
| <i>valacyclovir hcl 1 GM</i>               | 1B        | QL(4 EA daily)                                                                                                                                 |
| <i>valacyclovir hcl 500 MG</i>             | 1B        | QL(2 EA daily)                                                                                                                                 |
| Influenza Agents                           |           |                                                                                                                                                |
| <i>oseltamivir phosphate CAPS</i>          | 1B        | Limit 1 fill every 90 days.; QL(10 EA per fill retail; 10 per fill mail); 1 max fill(s) per 90 day(s) retail; 1 max fill(s) per 90 day(s) mail |
| <i>oseltamivir phosphate SUSR</i>          | 1B        | Limit 1 fill every 90 days.; QL(125 ML per fill retail); 1 max fill(s) per 90 day(s) retail                                                    |
| RELENZA DISKHALER                          | 2         | 1 package(s) per 30 day(s) retail                                                                                                              |
| <i>rimantadine hydrochloride TABS</i>      | 1B        | QL(2 EA daily)                                                                                                                                 |

## BETA BLOCKERS - Drugs to Treat High Blood

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| Drug Name                                             | Drug Tier | Requirements/ Limits |
|-------------------------------------------------------|-----------|----------------------|
| Pressure                                              |           |                      |
| Alpha-Beta Blockers                                   |           |                      |
| <i>carvedilol</i>                                     | 1A        | D+                   |
| <i>carvedilol phosphate</i>                           | 3         | QL(1 EA daily)       |
| <i>labetalol hcl SOLN</i>                             | 1B        |                      |
| <i>labetalol hcl TABS 300 MG</i>                      | 1B        | D+; QL(8 EA daily)   |
| <i>labetalol hcl TABS 100 MG, 200 MG</i>              | 1B        | D+                   |
| Beta Blockers Cardio-Selective                        |           |                      |
| <i>acebutolol hcl CAPS</i>                            | 1B        |                      |
| <i>atenolol TABS</i>                                  | 1A        | D+                   |
| <i>betaxolol hcl</i>                                  | 1B        |                      |
| <i>bisoprolol fumarate</i>                            | 1B        | D+                   |
| <i>metoprolol succinate TB24 25 MG, 50 MG, 100 MG</i> | 1B        | D+                   |
| <i>metoprolol succinate TB24 200 MG</i>               | 1B        | D+; QL(2 EA daily)   |
| <i>metoprolol tartrate SOLN IV 5 MG/5ML</i>           | 1B        |                      |
| <i>metoprolol tartrate TABS 25 MG, 50 MG, 100 MG</i>  | 1A        | D+                   |
| <i>nebivolol hcl 20 MG</i>                            | 3         | QL(2 EA daily)       |
| <i>nebivolol hcl 2.5 MG, 5 MG, 10 MG</i>              | 3         | QL(1 EA daily)       |
| Beta Blockers Non-Selective                           |           |                      |
| <i>nadolol TABS 20 MG</i>                             | 1B        | QL(3 EA daily)       |
| <i>nadolol TABS 80 MG</i>                             | 1B        |                      |
| <i>nadolol TABS 40 MG</i>                             | 1B        | QL(6 EA daily)       |
| <i>pindolol TABS</i>                                  | 1B        |                      |
| <i>propranolol hcl CP24</i>                           | 1B        | QL(2 EA daily)       |
| <i>propranolol hcl SOLN PO 20 MG/5ML, 40 MG/5ML</i>   | 1B        |                      |
| <i>propranolol hcl TABS</i>                           | 1B        |                      |
| <i>sotalol hcl (afib/af)</i>                          | 1B        |                      |
| <i>sotalol hcl TABS 240 MG</i>                        | 1B        |                      |

| Drug Name                                                                          | Drug Tier | Requirements/ Limits |
|------------------------------------------------------------------------------------|-----------|----------------------|
| <i>sotalol hcl TABS 80 MG, 120 MG, 160 MG</i>                                      | 1B        | QL(2 EA daily)       |
| <i>timolol maleate TABS</i>                                                        | 1B        |                      |
| <b>CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure</b>               |           |                      |
| Calcium Channel Blockers                                                           |           |                      |
| <i>amlodipine besylate TABS</i>                                                    | 1B        | D+                   |
| <i>diltiazem hcl coated beads CP24 120 MG, 300 MG, 360 MG</i>                      | 1B        |                      |
| <i>diltiazem hcl coated beads CP24 180 MG, 240 MG</i>                              | 1B        | QL(2 EA daily)       |
| <i>diltiazem hcl extended release beads 420 MG</i>                                 | 1B        |                      |
| <i>diltiazem hcl extended release beads 120 MG, 180 MG, 240 MG, 300 MG, 360 MG</i> | 1B        | D+                   |
| <i>diltiazem hcl CP12</i>                                                          | 1B        | QL(2 EA daily)       |
| <i>diltiazem hcl CP24</i>                                                          | 1B        | D+                   |
| <i>diltiazem hcl SOLN 50 MG/10ML</i>                                               | 1B        |                      |
| <i>DILTIAZEM HCL SOLR</i>                                                          | 1B        |                      |
| <i>diltiazem hcl TABS</i>                                                          | 1B        | D+                   |
| <i>diltiazem hcl TB24</i>                                                          | 1B        |                      |
| <i>felodipine</i>                                                                  | 1B        | D+                   |
| <i>isradipine CAPS</i>                                                             | 1B        |                      |
| <i>nicardipine hcl CAPS</i>                                                        | 1B        |                      |
| <i>nicardipine hcl SOLN</i>                                                        | 1B        |                      |
| <i>nifedipine CAPS 10 MG</i>                                                       | 1B        |                      |
| <i>nifedipine CAPS 20 MG</i>                                                       | 1B        | QL(9 EA daily)       |
| <i>nifedipine TB24</i>                                                             | 1B        |                      |
| <i>nifedipine TB24 90 MG</i>                                                       | 1B        | D+; QL(1 EA daily)   |
| <i>nifedipine TB24 60 MG</i>                                                       | 1B        | D+; QL(2 EA daily)   |
| <i>nifedipine TB24 30 MG</i>                                                       | 1B        | D+                   |
| <i>nimodipine CAPS</i>                                                             | 1B        |                      |
| <i>nisoldipine</i>                                                                 | 1B        |                      |

| Drug Name                                                                              | Drug Tier | Requirements/ Limits         |
|----------------------------------------------------------------------------------------|-----------|------------------------------|
| <i>verapamil hcl CP24 100 MG, 200 MG, 300 MG</i>                                       | 1B        |                              |
| <i>verapamil hcl CP24 120 MG, 180 MG, 240 MG, 360 MG</i>                               | 1B        | QL(1 EA daily)               |
| <i>verapamil hcl TABS</i>                                                              | 1B        | D+                           |
| <i>verapamil hcl TBCR</i>                                                              | 1B        | D+                           |
| <b>CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm</b>           |           |                              |
| Cardiac Glycosides                                                                     |           |                              |
| <i>digoxin SOLN PO 0.05 MG/ML</i>                                                      | 1B        |                              |
| <i>digoxin TABS 62.5 MCG, 125 MCG, 250 MCG</i>                                         | 1B        |                              |
| <i>LANOXIN SOLN IJ (digoxin)</i>                                                       | 2         |                              |
| <i>LANOXIN TABS 250 MCG (digoxin)</i>                                                  | 2         |                              |
| <b>CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions</b> |           |                              |
| Cardiovascular Agents Misc. - Combinations                                             |           |                              |
| <i>amlodipine besylate-atorvastatin calcium</i>                                        | 1B        | QL(1 EA daily)               |
| <i>isosorbide dinitrate-hydralazine hcl</i>                                            | 1B        |                              |
| <i>sacubitril-valsartan TABS</i>                                                       | 1B        | QL(2 EA daily)               |
| Impotence Agents                                                                       |           |                              |
| <i>avanafil</i>                                                                        | 1B        | QL(0.134 EA daily)           |
| <i>sildenafil citrate</i>                                                              | 1B        | QL(0.1334 EA daily); PA      |
| <i>tadalafil 5 MG</i>                                                                  | 1B        | BPH Only; QL(1 EA daily); PA |
| Prostaglandin Vasodilators                                                             |           |                              |
| <i>epoprostenol sodium</i>                                                             | 4         | PA                           |
| <i>treprostinil SOLN IJ</i>                                                            | 4         | PA                           |
| Pulmonary Hypertension - Endothelin Receptor Antagonists                               |           |                              |

| Drug Name                                                 | Drug Tier | Requirements/ Limits  | Drug Name                                           | Drug Tier | Requirements/ Limits |
|-----------------------------------------------------------|-----------|-----------------------|-----------------------------------------------------|-----------|----------------------|
| <i>ambrisentan</i>                                        | 4         | QL(1 EA daily); PA    | <i>cefaclor SUSR 250 MG/5ML</i>                     | 1B        |                      |
| <i>bosentan TABS</i>                                      | 4         | QL(2 EA daily); PA    | <i>cefotetan disodium IJ 1 GM, 2 GM</i>             | 1B        |                      |
| <i>bosentan TBSO 32 MG</i>                                | 4         | QL(2 EA daily); PA    | <i>cefoxitin sodium IV 1 GM, 2 GM</i>               | 1B        |                      |
| Pulmonary Hypertension - Phosphodiesterase Inhibitors     |           |                       | <i>cefprozil SUSR</i>                               | 1B        |                      |
| <i>sildenafil citrate (pulmonary hypertension) SOLN</i>   | 4         | QL(37.5 ML daily); PA | <i>cefprozil TABS</i>                               | 1B        |                      |
| <i>sildenafil citrate (pulmonary hypertension) SUSR</i>   | 4         | QL(6 ML daily); PA    | <i>cefuroxime axetil TABS</i>                       | 1B        |                      |
| <i>sildenafil citrate (pulmonary hypertension) TABS</i>   | 4         | QL(3 EA daily); PA    | <i>cefuroxime sodium IJ 750 MG</i>                  | 1B        |                      |
| <i>tadalafil (pulmonary hypertension) TABS</i>            | 4         | QL(2 EA daily); PA    | Cephalosporins - 3rd Generation                     |           |                      |
| Pulmonary Hypertension - Sol Guanylate Cyclase Stimulator |           |                       | <i>cefdinir CAPS</i>                                | 1B        |                      |
| <i>ADEMPAS</i>                                            | 4         | QL(3 EA daily); PA    | <i>cefdinir SUSR</i>                                | 1B        |                      |
| Sinus Node Inhibitors                                     |           |                       | <i>cefixime CAPS</i>                                | 1B        |                      |
| <i>ivabradine hcl TABS</i>                                | 3         | QL(2 EA daily); ST    | <i>cefixime SUSR</i>                                | 1B        | ST                   |
| CEPHALOSPORINS - Drugs to Treat Bacterial Infections      |           |                       | <i>cefpodoxime proxetil SUSR</i>                    | 1B        |                      |
| Cephalosporins - 1st Generation                           |           |                       | <i>cefpodoxime proxetil TABS</i>                    | 1B        |                      |
| <i>cefadroxil CAPS</i>                                    | 1B        |                       | <i>ceftazidime IJ 1 GM, 6 GM</i>                    | 1B        |                      |
| <i>cefadroxil SUSR</i>                                    | 1B        |                       | Cephalosporins - 4th Generation                     |           |                      |
| <i>cefadroxil TABS</i>                                    | 1B        |                       | <i>cefepime hcl SOLR IV 2 GM</i>                    | 1B        |                      |
| <i>cefazolin sodium SOLR IJ 1 GM, 10 GM, 500 MG</i>       | 1B        |                       | Cephalosporins - 5th Generation                     |           |                      |
| <i>cephalexin CAPS</i>                                    | 1B        |                       | <i>ceftaroline fosamil 400 MG, 600 MG</i>           | 1B        |                      |
| <i>cephalexin SUSR</i>                                    | 1B        |                       | <i>TEFLARO 400 MG, 600 MG (ceftaroline fosamil)</i> | 3         |                      |
| Cephalosporins - 2nd Generation                           |           |                       | CONTRACEPTIVES - Drugs to Prevent Pregnancy         |           |                      |
| <i>cefaclor CAPS</i>                                      | 1B        |                       | Combination Contraceptives - Oral                   |           |                      |
|                                                           |           |                       | <i>AVERI TABS PO</i>                                | 0         |                      |
|                                                           |           |                       | <i>desogestrel &amp; ethinyl estradiol</i>          | 0         |                      |
|                                                           |           |                       | <i>desogestrel-ethinyl estradiol (biphasic)</i>     | 0         |                      |

| Drug Name                                                                        | Drug Tier | Requirements/ Limits | Drug Name                                                  | Drug Tier | Requirements/ Limits                                 |
|----------------------------------------------------------------------------------|-----------|----------------------|------------------------------------------------------------|-----------|------------------------------------------------------|
| <i>desogestrel-ethinyl estradiol (triphasic)</i>                                 | 0         |                      | <i>norgestimate-ethinyl estradiol</i>                      | 0         |                                                      |
| <i>drospirenone-ethinyl estradiol</i>                                            | 0         |                      | <i>norgestimate-ethinyl estradiol (triphasic)</i>          | 0         |                                                      |
| <i>drospirenone-ethinyl estradiol-levomefolate calcium</i>                       | 0         |                      | <i>norgestrel &amp; ethinyl estradiol 30 MCG-0.3 MG</i>    | 0         |                                                      |
| <i>ethynodiol diacet &amp; eth estrad</i>                                        | 0         |                      | TYBLUME CHEW                                               | 0         |                                                      |
| FEMLYV TBDP                                                                      | 0         |                      | Combination Contraceptives - Transdermal                   |           |                                                      |
| <i>levonorgestrel &amp; eth estradiol TABS</i>                                   | 0         |                      | <i>norelgestromin-ethinyl estradiol</i>                    | 0         |                                                      |
| <i>levonorgestrel-eth estradiol (triphasic)</i>                                  | 0         |                      | TWIRLA                                                     | 0         | QL(3 EA per 28 day(s) retail; 9 EA per 84 days mail) |
| <i>levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG</i>                 | 0         |                      | Combination Contraceptives - Vaginal                       |           |                                                      |
| <i>levonorgestrel-ethinyl estradiol (continuous)</i>                             | 0         |                      | ANNOVERA                                                   | 0         |                                                      |
| <i>levonorgestrel-ethinyl estradiol-iron</i>                                     | 0         |                      | <i>etonogestrel-ethinyl estradiol</i>                      | 0         | QL(0.05 EA daily)                                    |
| LO LOESTRIN FE TABS                                                              | 0         |                      | Copper Contraceptives - IUD                                |           |                                                      |
| NATAZIA                                                                          | 0         |                      | MIUDELLA                                                   | 0         |                                                      |
| NEXTSTELLIS                                                                      | 0         |                      | PARAGARD INTRAUTERINE COPPER                               | 0         |                                                      |
| <i>norethin acet &amp; estrad-fe CAPS</i>                                        | 0         |                      | Emergency Contraceptives                                   |           |                                                      |
| <i>norethin acet &amp; estrad-fe CHEW</i>                                        | 0         |                      | ELLA                                                       | 0         |                                                      |
| <i>norethin acet &amp; estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG</i> | 0         |                      | <i>levonorgestrel (emergency oc) 1.5 MG</i>                | 0         |                                                      |
| <i>norethindrone &amp; eth estradiol</i>                                         | 0         |                      | Progestin Contraceptives - Implants                        |           |                                                      |
| <i>norethindrone &amp; ethinyl estradiol-fe</i>                                  | 0         |                      | NEXPLANON                                                  | 0         |                                                      |
| <i>norethindrone acet &amp; eth estra TABS</i>                                   | 0         |                      | Progestin Contraceptives - Injectable                      |           |                                                      |
| <i>norethindrone acetate-ethinyl estradiol-fe</i>                                | 0         |                      | DEPO-SUBQ PROVERA 104 SUSY SC                              | 0         |                                                      |
| <i>norethindrone-eth estradiol (triphasic)</i>                                   | 0         |                      | <i>medroxyprogesterone acetate (contraceptive) SUSP IM</i> | 0         | QL(1 ML per 90 day(s) retail)                        |
|                                                                                  |           |                      | <i>medroxyprogesterone acetate (contraceptive) SUSP IM</i> | 0         | QL(1 ML per 90 day(s) retail; 1 ML per 90 days mail) |
|                                                                                  |           |                      | Progestin Contraceptives - IUD                             |           |                                                      |

| Drug Name                                                                            | Drug Tier | Requirements/ Limits               |
|--------------------------------------------------------------------------------------|-----------|------------------------------------|
| KYLEENA                                                                              | 0         |                                    |
| LILETTA (52 MG)                                                                      | 0         |                                    |
| MIRENA (52 MG)                                                                       | 0         |                                    |
| SKYLA                                                                                | 0         |                                    |
| Progestin Contraceptives - Oral                                                      |           |                                    |
| <i>norethindrone (contraceptive)</i>                                                 | 0         |                                    |
| OPILL                                                                                | 0         |                                    |
| SLYND                                                                                | 0         | QL(1 EA daily)                     |
| <b>CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions</b> |           |                                    |
| Glucocorticosteroids                                                                 |           |                                    |
| <i>budesonide CPEP</i>                                                               | 1B        | QL(3 EA daily)                     |
| DEPO-MEDROL SUSP                                                                     | 3         |                                    |
| DEXAMETHASONE INTENSOL CONC                                                          | 1B        |                                    |
| <i>dexamethasone ELIX</i>                                                            | 1B        |                                    |
| <i>dexamethasone SOLN</i>                                                            | 1B        |                                    |
| <i>dexamethasone TABS 0.5 MG, 0.75 MG</i>                                            | 1A        |                                    |
| <i>dexamethasone TABS 1 MG, 1.5 MG, 2 MG, 4 MG, 6 MG</i>                             | 1B        |                                    |
| <i>hydrocortisone sod succinate 100 MG</i>                                           | 1B        | 2 max fill(s) per 30 day(s) retail |
| <i>hydrocortisone TABS</i>                                                           | 1B        |                                    |
| MEDROL TABS                                                                          | 3         |                                    |
| <i>methylprednisolone acetate SUSP</i>                                               | 1B        |                                    |
| <i>methylprednisolone sod succ 40 MG, 125 MG, 500 MG, 1000 MG</i>                    | 1B        |                                    |
| <i>methylprednisolone TABS</i>                                                       | 1B        |                                    |
| <i>methylprednisolone TBPk</i>                                                       | 1B        |                                    |
| <i>prednisolone sodium phosphate SOLN 5 MG/5ML, 10 MG/5ML, 15 MG/5ML, 25 MG/5ML</i>  | 1B        |                                    |

| Drug Name                                                                   | Drug Tier | Requirements/ Limits               |
|-----------------------------------------------------------------------------|-----------|------------------------------------|
| <i>prednisolone sodium phosphate TBPk</i>                                   | 3         |                                    |
| <i>prednisolone SOLN</i>                                                    | 1B        |                                    |
| <i>prednisolone TABS</i>                                                    | 1B        |                                    |
| <i>prednisone SOLN</i>                                                      | 1B        |                                    |
| <i>prednisone TABS 1 MG, 5 MG</i>                                           | 1B        |                                    |
| <i>prednisone TABS 2.5 MG, 10 MG, 20 MG, 50 MG</i>                          | 1A        |                                    |
| <i>prednisone TBPk</i>                                                      | 1B        |                                    |
| SOLU-CORTEF 250 MG                                                          | 3         |                                    |
| SOLU-CORTEF 500 MG, 1000 MG                                                 | 3         | 2 max fill(s) per 30 day(s) retail |
| SOLU-MEDROL 2 GM                                                            | 3         |                                    |
| <i>triamcinolone acetate SUSP 40 MG/ML</i>                                  | 1B        |                                    |
| Mineralocorticoids                                                          |           |                                    |
| <i>fludrocortisone acetate TABS</i>                                         | 1B        |                                    |
| <b>COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms</b> |           |                                    |
| Antitussives                                                                |           |                                    |
| <i>benzonatate 150 MG</i>                                                   | 1B        | QL(4 EA daily)                     |
| <i>benzonatate 100 MG</i>                                                   | 1B        | QL(6 EA daily)                     |
| <i>benzonatate 200 MG</i>                                                   | 1B        | QL(3 EA daily)                     |
| Cough/Cold/Allergy Combinations                                             |           |                                    |
| <i>hydrocodone polistirex-chlorpheniramine polistirex SUEP</i>              | 1B        |                                    |
| Misc. Respiratory Inhalants                                                 |           |                                    |
| HYPERSAL NEBU                                                               | 1B        |                                    |
| NEBUSAL NEBU                                                                | 1B        |                                    |
| <i>sodium chloride (inhalant) NEBU 7 %</i>                                  | 1B        |                                    |
| Mucolytics                                                                  |           |                                    |
| <i>acetylcysteine SOLN</i>                                                  | 1B        |                                    |
| <b>DERMATOLOGICALS - Drugs to Treat Skin</b>                                |           |                                    |

| Drug Name                                                   | Drug Tier | Requirements/ Limits                    |
|-------------------------------------------------------------|-----------|-----------------------------------------|
| <b>Conditions</b>                                           |           |                                         |
| <b>Acne Products</b>                                        |           |                                         |
| <i>adapalene-benzoyl peroxide GEL 2.5 %-0.1 %</i>           | 1B        | AL(At least 12 yrs old); ST             |
| <i>adapalene CREA</i>                                       | 1B        | AL(At least 12 yrs old)                 |
| <i>adapalene GEL</i>                                        | 1B        | AL(At least 12 yrs old); RX/OTC         |
| BENZEPRO CREAMY WASH LIQD                                   | 2         | AL(At least 12 yrs old)                 |
| BENZEPRO FOAM 5.3 %                                         | 2         | AL(At least 12 yrs old)                 |
| <i>benzoyl peroxide-erythromycin GEL</i>                    | 1B        | AL(At least 12 yrs old); PA             |
| <i>benzoyl peroxide FOAM 9.8 %</i>                          | 1B        | AL(At least 12 yrs old)                 |
| <i>benzoyl peroxide GEL 5 %</i>                             | 1B        | QL(3 GM daily); AL(At least 12 yrs old) |
| <i>benzoyl peroxide GEL 10 %</i>                            | 1B        | AL(At least 12 yrs old)                 |
| <i>benzoyl peroxide LIQD 4 %, 10 %</i>                      | 1B        | AL(At least 12 yrs old)                 |
| <i>clindamycin phosphate (topical) FOAM</i>                 | 1B        | AL(At least 12 yrs old); PA             |
| <i>clindamycin phosphate (topical) GEL</i>                  | 1B        | QL(8 GM daily)                          |
| <i>clindamycin phosphate (topical) LOTN</i>                 | 1B        | AL(At least 12 yrs old)                 |
| <i>clindamycin phosphate (topical) SOLN</i>                 | 1B        | QL(4 ML daily); AL(At least 12 yrs old) |
| <i>clindamycin phosphate (topical) SWAB</i>                 | 1B        | AL(At least 12 yrs old)                 |
| <i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i> | 1B        | AL(At least 12 yrs old); PA             |
| <i>clindamycin phosphate-benzoyl peroxide GEL 5 %-1 %</i>   | 1B        | AL(At least 12 yrs old); PA             |

| Drug Name                                            | Drug Tier | Requirements/ Limits                                           |
|------------------------------------------------------|-----------|----------------------------------------------------------------|
| <i>clindamycin phosphate-tretinoin</i>               | 1B        | AL(At least 12 yrs old); ST                                    |
| DIFFERIN LOTN                                        | 2         | AL(At least 12 yrs old); ST                                    |
| <i>erythromycin (acne aid) PADS</i>                  | 1B        | AL(At least 12 yrs old)                                        |
| <i>erythromycin (acne aid) SOLN</i>                  | 1B        | AL(At least 12 yrs old)                                        |
| <i>isotretinoin 10 MG, 20 MG, 30 MG, 40 MG</i>       | 3         | AL(At least 12 yrs old); PA                                    |
| PR BENZOYL PEROXIDE WASH LIQD                        | 2         | AL(At least 12 yrs old)                                        |
| <i>sulfacetamide sodium (acne)</i>                   | 1B        | AL(At least 12 yrs old)                                        |
| <i>sulfacetamide sodium w/ sulfur CREA 10 %-5 %</i>  | 1B        | AL(At least 12 yrs old)                                        |
| <i>sulfacetamide sodium w/ sulfur LIQD 10 %-5 %</i>  | 1B        | AL(At least 12 yrs old)                                        |
| <i>sulfacetamide sodium w/ sulfur LIQD 9 %-4.5 %</i> | 1B        | AL(At least 12 yrs old); ST                                    |
| <i>tretinoin microsphere 0.1 %</i>                   | 1B        | QL(3 GM daily); AL(At least 12 yrs old - Up to 30 yrs old); PA |
| <i>tretinoin CREA 0.025 %, 0.05 %, 0.1 %</i>         | 1B        | QL(3 GM daily); AL(At least 12 yrs old - Up to 30 yrs old)     |
| <i>tretinoin GEL 0.01 %, 0.025 %</i>                 | 1B        | QL(3 GM daily); AL(At least 12 yrs old - Up to 30 yrs old)     |
| <b>Antibiotics - Topical</b>                         |           |                                                                |
| <i>gentamicin sulfate (topical) CREA</i>             | 1B        | QL(1 GM daily)                                                 |
| <i>gentamicin sulfate (topical) OINT</i>             | 1B        |                                                                |
| <i>mupirocin OINT</i>                                | 1B        | QL(6 GM daily)                                                 |
| NEO-SYNALAR                                          | 3         | QL(60 GM per 30 day(s) retail; 60 GM per 30 days mail); PA     |

| Drug Name                                 | Drug Tier | Requirements/ Limits                                                                   | Drug Name                                              | Drug Tier | Requirements/ Limits                                                                                              |
|-------------------------------------------|-----------|----------------------------------------------------------------------------------------|--------------------------------------------------------|-----------|-------------------------------------------------------------------------------------------------------------------|
| Antifungals - Topical                     |           |                                                                                        | <i>nystatin (topical) OINT</i>                         | 1B        | QL(6 GM daily)                                                                                                    |
| <i>butenafine hcl</i>                     | 1B        | QL(6 GM daily)                                                                         | <i>nystatin (topical) POWD EX</i>                      | 1B        | QL(10 GM daily)                                                                                                   |
| <i>ciclopirox olamine CREA</i>            | 1B        | QL(90 GM per fill retail); 1 max fill(s) per 30 day(s) retail                          | <i>nystatin-triamcinolone CREA</i>                     | 1B        | QL(10 GM daily)                                                                                                   |
| <i>ciclopirox olamine SUSP</i>            | 1B        |                                                                                        | <i>nystatin-triamcinolone OINT</i>                     | 1B        | QL(4 GM daily)                                                                                                    |
| <i>ciclopirox GEL</i>                     | 1B        | QL(3.35 GM daily)                                                                      | <i>oxiconazole nitrate CREA</i>                        | 1B        | Limit 1 Fill per 180 days; QL(3 GM daily); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail |
| <i>ciclopirox SHAM</i>                    | 1B        | QL(10 ML daily)                                                                        | OXISTAT LOTN                                           | 2         | Limit 1 Fill per 180 days; QL(2 ML daily); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail |
| <i>ciclopirox SOLN</i>                    | 1B        | QL(0.22 ML daily)                                                                      |                                                        |           |                                                                                                                   |
| <i>clotrimazole (topical) CREA</i>        | 1B        | QL(4.5 GM daily); RX/OTC                                                               | <i>sulconazole nitrate CREA</i>                        | 1B        |                                                                                                                   |
| <i>clotrimazole (topical) SOLN</i>        | 1B        | QL(10 ML daily); RX/OTC                                                                | <i>sulconazole nitrate SOLN</i>                        | 1B        | 1 max fill(s) per 90 day(s) retail; 1 max fill(s) per 90 day(s) mail                                              |
| <i>clotrimazole w/ betamethasone CREA</i> | 1B        | QL(8 GM daily)                                                                         | <i>tavaborole</i>                                      | 1B        | PA                                                                                                                |
| <i>clotrimazole w/ betamethasone LOTN</i> | 1B        |                                                                                        | Anti-inflammatory Agents - Topical                     |           |                                                                                                                   |
| <i>econazole nitrate CREA</i>             | 1B        | QL(85 GM per fill retail; 85 per fill mail)                                            | <i>diclofenac epolamine PTCH EX</i>                    | 1B        | QL(2 EA daily); PA                                                                                                |
| ERTACZO                                   | 3         | QL(2.15 GM daily)                                                                      | <i>diclofenac sodium (topical) GEL EX</i>              | 1B        | QL(3.34 GM daily); RX/OTC                                                                                         |
| <i>ketoconazole (topical) CREA</i>        | 1B        | QL(10 GM daily)                                                                        | Antineoplastic or Premalignant Lesion Agents - Topical |           |                                                                                                                   |
| <i>ketoconazole (topical) SHAM 2 %</i>    | 1B        | QL(20 ML daily)                                                                        | <i>bexarotene (topical)</i>                            | 4         | PA                                                                                                                |
| <i>luliconazole</i>                       | 1B        | PA                                                                                     | <i>diclofenac sodium (actinic keratoses) EX</i>        | 1B        | QL(3.34 GM daily); PA                                                                                             |
| <i>naftifine hcl CREA 2 %</i>             | 1B        | QL(2 GM daily); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail | <i>fluorouracil (topical) CREA 5 %</i>                 | 1B        | QL(4 GM daily)                                                                                                    |
| <i>naftifine hcl CREA 1 %</i>             | 1B        | QL(3 GM daily); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail | <i>fluorouracil (topical) SOLN</i>                     | 1B        | QL(2 ML daily)                                                                                                    |
| <i>nystatin (topical) CREA</i>            | 1B        | QL(10 GM daily)                                                                        |                                                        |           |                                                                                                                   |

| Drug Name                         | Drug Tier | Requirements/ Limits                                                                                                                                 | Drug Name                             | Drug Tier | Requirements/ Limits                                     |
|-----------------------------------|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|-----------|----------------------------------------------------------|
| PANRETIN                          | 3         | QL(60 GM per 30 day(s) retail; 60 GM per 30 days mail)                                                                                               | <i>methoxsalen rapid</i>              | 1B        | QL(4 EA daily)                                           |
| Antipruritics - Topical           |           |                                                                                                                                                      | PYZCHIVA SC 45 MG/0.5ML               | 4         | QL(0.012 ML daily); PA                                   |
| <i>doxepin hcl (antipruritic)</i> | 3         | Limit 1 fill every 180 days; QL(45 GM per fill retail; 45 per fill mail); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA | PYZCHIVA 45 MG/0.5ML                  | 4         | QL(0.012 ML daily); PA                                   |
| Antipsoriatics                    |           |                                                                                                                                                      | PYZCHIVA 90 MG/ML                     | 4         | QL(0.018 ML daily); PA                                   |
| <i>acitretin 10 MG, 17.5 MG</i>   | 1B        | QL(1 EA daily)                                                                                                                                       | SKYRIZI PEN SOAJ                      | 4         | QL(0.025 ML daily); PA                                   |
| <i>acitretin 25 MG</i>            | 1B        | QL(2 EA daily)                                                                                                                                       | SKYRIZI SOSY                          | 4         | QL(0.025 ML daily); PA                                   |
| <i>calcipotriene CREA</i>         | 1B        | QL(4 GM daily); PA                                                                                                                                   | STEQEYMA 90 MG/ML                     | 4         | QL(0.018 ML daily); PA                                   |
| <i>calcipotriene OINT</i>         | 1B        | QL(4 GM daily); PA                                                                                                                                   | STEQEYMA 45 MG/0.5ML                  | 4         | QL(0.012 ML daily); PA                                   |
| <i>calcipotriene SOLN</i>         | 1B        | QL(4 ML daily); PA                                                                                                                                   | <i>tazarotene CREA 0.1 %</i>          | 1B        | QL(1 GM daily)                                           |
| <i>calcitriol (topical)</i>       | 1B        | QL(3.34 GM daily)                                                                                                                                    | TREMFYA ONE-PRESS SOPN SC 100 MG/ML   | 4         | QL(0.018 ML daily); PA                                   |
| COSENTYX (300 MG DOSE) SOSY       | 4         | QL(0.072 ML daily); PA                                                                                                                               | TREMFYA PEN SOAJ 100 MG/ML            | 4         | QL(0.018 ML daily); PA                                   |
| COSENTYX SENSOREADY (300 MG) SOAJ | 4         | QL(0.072 ML daily); PA                                                                                                                               | TREMFYA SOSY 100 MG/ML                | 4         | QL(0.018 ML daily); PA                                   |
| COSENTYX SENSOREADY PEN SOAJ      | 4         | QL(0.072 ML daily); PA                                                                                                                               | YESINTEK SOLN 45 MG/0.5ML             | 4         | QL(0.012 ML daily); PA                                   |
| COSENTYX UNOREADY SOAJ            | 4         | QL(0.072 ML daily); PA                                                                                                                               | YESINTEK SOSY 90 MG/ML                | 4         | QL(0.018 ML daily); PA                                   |
| COSENTYX SOSY 75 MG/0.5ML         | 4         | QL(0.18 ML daily); PA                                                                                                                                | YESINTEK SOSY 45 MG/0.5ML             | 4         | QL(0.012 ML daily); PA                                   |
| COSENTYX SOSY 150 MG/ML           | 4         | QL(0.036 ML daily); PA                                                                                                                               | Antiseborrheic Products               |           |                                                          |
| IMULDOSA SOSY SC 45 MG/0.5ML      | 4         | QL(0.012 ML daily); PA                                                                                                                               | <i>selenium sulfide LOTN 2.5 %</i>    | 1B        |                                                          |
| IMULDOSA SOSY SC 90 MG/ML         | 4         | QL(0.018 ML daily); PA                                                                                                                               | <i>sulfacetamide sodium SHAM 10 %</i> | 1B        |                                                          |
|                                   |           |                                                                                                                                                      | Antivirals - Topical                  |           |                                                          |
|                                   |           |                                                                                                                                                      | <i>acyclovir topical OINT</i>         | 1B        | 1 package(s) per fill retail; 1 package(s) per fill mail |
|                                   |           |                                                                                                                                                      | <i>penciclovir</i>                    | 3         | QL(0.18 GM daily)                                        |
|                                   |           |                                                                                                                                                      | Burn Products                         |           |                                                          |
|                                   |           |                                                                                                                                                      | <i>mafenide acetate PACK</i>          | 3         |                                                          |

| Drug Name                                        | Drug Tier | Requirements/ Limits                                                                                              | Drug Name                                            | Drug Tier | Requirements/ Limits                                               |
|--------------------------------------------------|-----------|-------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|-----------|--------------------------------------------------------------------|
| <i>silver sulfadiazine</i>                       | 1B        | QL(20 GM daily)                                                                                                   | <i>calcipotriene-betamethasone dipropionate OINT</i> | 1B        | ST                                                                 |
| SULFAMYLON CREA                                  | 3         |                                                                                                                   | <i>calcipotriene-betamethasone dipropionate SUSP</i> | 1B        | ST                                                                 |
| Corticosteroids - Topical                        |           |                                                                                                                   | <i>clobetasol propionate emollient base 0.05 %</i>   | 1B        | QL(1 GM daily); PA                                                 |
| <i>alclometasone dipropionate CREA</i>           | 1B        | QL(2 GM daily)                                                                                                    | <i>clobetasol propionate CREA 0.05 %</i>             | 1B        | QL(3 GM daily); PA                                                 |
| <i>alclometasone dipropionate OINT</i>           | 1B        | QL(3 GM daily)                                                                                                    | <i>clobetasol propionate FOAM</i>                    | 1B        | QL(3 GM daily); ST                                                 |
| <i>amcinonide CREA</i>                           | 1B        | QL(60 GM per fill retail; 60 per fill mail); 1 max fill(s) per 30 day(s) retail; 1 max fill(s) per 30 day(s) mail | <i>clobetasol propionate GEL 0.05 %</i>              | 1B        | QL(2 GM daily); ST                                                 |
| <i>amcinonide OINT</i>                           | 3         |                                                                                                                   | <i>clobetasol propionate OINT 0.05 %</i>             | 1B        | QL(1 GM daily); PA                                                 |
| <i>betamethasone dipropionate (topical) CREA</i> | 1B        | QL(3 GM daily)                                                                                                    | <i>clobetasol propionate SOLN 0.05 %</i>             | 1B        | QL(3.34 ML daily); PA                                              |
| <i>betamethasone dipropionate (topical) LOTN</i> | 1B        |                                                                                                                   | <i>clocortolone pivalate</i>                         | 3         | QL(3 GM daily)                                                     |
| <i>betamethasone dipropionate (topical) OINT</i> | 1B        | QL(3 GM daily)                                                                                                    | CORDRAN TAPE                                         | 3         | 1 package(s) per 30 day(s) retail; 3 package(s) per 90 day(s) mail |
| <i>betamethasone dipropionate augmented CREA</i> | 1B        | QL(3.5 GM daily)                                                                                                  | <i>desonide CREA</i>                                 | 1B        | QL(4 GM daily)                                                     |
| <i>betamethasone dipropionate augmented LOTN</i> | 1B        | QL(5 ML daily)                                                                                                    | <i>desonide LOTN</i>                                 | 1B        | QL(4 ML daily)                                                     |
| <i>betamethasone dipropionate augmented OINT</i> | 1B        | QL(3.5 GM daily)                                                                                                  | <i>desonide OINT</i>                                 | 1B        | QL(3 GM daily)                                                     |
| <i>betamethasone valerate CREA</i>               | 1B        | QL(2.5 GM daily)                                                                                                  | <i>desoximetasone CREA 0.25 %</i>                    | 1B        | QL(4 GM daily)                                                     |
| <i>betamethasone valerate FOAM</i>               | 1B        | QL(1.67 GM daily)                                                                                                 | <i>desoximetasone GEL</i>                            | 1B        | QL(3 GM daily)                                                     |
| <i>betamethasone valerate LOTN</i>               | 1B        | QL(5 ML daily)                                                                                                    | <i>desoximetasone OINT 0.25 %</i>                    | 1B        | QL(4 GM daily)                                                     |
| <i>betamethasone valerate OINT</i>               | 1B        | QL(3 GM daily)                                                                                                    | <i>diflorasone diacetate CREA</i>                    | 1B        | PA                                                                 |
|                                                  |           |                                                                                                                   | <i>diflorasone diacetate OINT</i>                    | 1B        | PA                                                                 |
|                                                  |           |                                                                                                                   | <i>fluocinolone acetonide CREA 0.01 %</i>            | 1B        |                                                                    |
|                                                  |           |                                                                                                                   | <i>fluocinolone acetonide CREA 0.025 %</i>           | 1B        | QL(4 GM daily)                                                     |

| Drug Name                                       | Drug Tier | Requirements/ Limits                                                                                                      | Drug Name                                                    | Drug Tier | Requirements/ Limits      |
|-------------------------------------------------|-----------|---------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|-----------|---------------------------|
| <i>fluocinolone acetonide OIL</i>               | 1B        | QL(118.28 ML per fill retail; 118.28 per fill mail); 1 max fill(s) per 30 day(s) retail; 1 max fill(s) per 30 day(s) mail | <i>hydrocortisone butyrate OINT</i>                          | 1B        | QL(3 GM daily)            |
| <i>fluocinolone acetonide OINT</i>              | 1B        | QL(4 GM daily)                                                                                                            | <i>hydrocortisone butyrate SOLN</i>                          | 1B        | QL(5 ML daily)            |
| <i>fluocinolone acetonide SOLN</i>              | 1B        | QL(4 ML daily)                                                                                                            | <i>hydrocortisone valerate CREA</i>                          | 1B        |                           |
| <i>fluocinonide emulsified base</i>             | 1B        | QL(2 GM daily)                                                                                                            | <i>hydrocortisone valerate OINT</i>                          | 1B        |                           |
| <i>fluocinonide CREA 0.1 %</i>                  | 1B        | QL(4 GM daily)                                                                                                            | <i>mometasone furoate CREA</i>                               | 1B        | QL(3 GM daily)            |
| <i>fluocinonide CREA 0.05 %</i>                 | 1B        | QL(2 GM daily)                                                                                                            | <i>mometasone furoate OINT</i>                               | 1B        | QL(4 GM daily)            |
| <i>fluocinonide GEL</i>                         | 1B        |                                                                                                                           | <i>mometasone furoate SOLN</i>                               | 1B        | QL(5 ML daily)            |
| <i>fluocinonide OINT</i>                        | 1B        | QL(2 GM daily)                                                                                                            | <i>triamcinolone acetonide (topical) CREA 0.1 %</i>          | 1B        | QL(3.34 GM daily)         |
| <i>fluocinonide SOLN</i>                        | 1B        | QL(2 ML daily)                                                                                                            | <i>triamcinolone acetonide (topical) CREA 0.025 %</i>        | 1B        | QL(15.15 GM daily)        |
| <i>flurandrenolide CREA</i>                     | 2         | QL(2 GM daily)                                                                                                            | <i>triamcinolone acetonide (topical) CREA 0.5 %</i>          | 1B        | QL(5 GM daily)            |
| <i>flurandrenolide LOTN</i>                     | 2         | QL(2 ML daily)                                                                                                            | <i>triamcinolone acetonide (topical) LOTN 0.025 %</i>        | 1B        |                           |
| <i>fluticasone propionate CREA 0.05 %</i>       | 1B        | QL(4 GM daily)                                                                                                            | <i>triamcinolone acetonide (topical) LOTN 0.1 %</i>          | 1B        | QL(6 ML daily)            |
| <i>fluticasone propionate LOTN</i>              | 1B        | QL(6 ML daily)                                                                                                            | <i>triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %</i> | 1B        | QL(15.15 GM daily)        |
| <i>fluticasone propionate OINT</i>              | 1B        | QL(4 GM daily)                                                                                                            | <i>triamcinolone acetonide (topical) OINT 0.5 %</i>          | 1B        | QL(6 GM daily)            |
| <i>halcinonide CREA</i>                         | 1B        | PA                                                                                                                        | <b>Eczema Agents</b>                                         |           |                           |
| <i>halobetasol propionate CREA</i>              | 1B        | QL(3.5 GM daily)                                                                                                          | DUPIXENT SOAJ 300 MG/2ML                                     | 4         | QL(0.29 ML daily); PA     |
| <i>halobetasol propionate OINT</i>              | 1B        | QL(3.5 GM daily)                                                                                                          | DUPIXENT SOAJ 200 MG/1.14ML                                  | 4         | QL(0.082 ML daily); PA    |
| HALOG OINT                                      | 3         | PA                                                                                                                        | DUPIXENT SOSY 200 MG/1.14ML                                  | 4         | QL(0.082 ML daily); PA    |
| <i>hydrocortisone (topical) CREA 1 %, 2.5 %</i> | 1B        | QL(15.15 EA daily); RX/OTC                                                                                                | DUPIXENT SOSY 300 MG/2ML                                     | 4         | QL(0.29 ML daily); PA     |
| <i>hydrocortisone (topical) LOTN 2.5 %</i>      | 1B        |                                                                                                                           | <b>Emollients</b>                                            |           |                           |
| <i>hydrocortisone (topical) OINT 1 %, 2.5 %</i> | 1B        | QL(15.15 GM daily); RX/OTC                                                                                                | <i>lactic acid (ammonium lactate) CREA</i>                   | 1B        | QL(12.9 GM daily); RX/OTC |
| <i>hydrocortisone butyrate CREA</i>             | 1B        | QL(3 GM daily)                                                                                                            |                                                              |           |                           |

| Drug Name                                       | Drug Tier | Requirements/ Limits                        |
|-------------------------------------------------|-----------|---------------------------------------------|
| <i>lactic acid (ammonium lactate) LOTN 12 %</i> | 1B        | RX/OTC                                      |
| Enzymes - Topical                               |           |                                             |
| SANTYL OINT                                     | 3         | PA                                          |
| Immunomodulating Agents - Topical               |           |                                             |
| <i>imiquimod 5 %</i>                            | 1B        | QL(12 EA per fill retail; 12 per fill mail) |
| Immunosuppressive Agents - Topical              |           |                                             |
| <i>pimecrolimus</i>                             | 1B        | QL(3 GM daily); AL(At least 2 yrs old); PA  |
| <i>tacrolimus (topical) OINT</i>                | 1B        | AL(At least 2 yrs old); PA                  |
| Keratolytic/Antimitotic/Vesicant Agents         |           |                                             |
| CANTHARIDIN SOLN                                | 3         | PA                                          |
| <i>podofilox SOLN</i>                           | 1B        |                                             |
| YCANTH SOLN                                     | 3         | PA                                          |
| Local Anesthetics - Topical                     |           |                                             |
| <i>lidocaine hcl GEL 2 %</i>                    | 1B        | QL(4 ML daily)                              |
| <i>lidocaine hcl PRSY</i>                       | 1B        | QL(4 ML daily)                              |
| <i>lidocaine hcl SOLN</i>                       | 1B        | QL(10 ML daily)                             |
| <i>lidocaine-prilocaine CREA</i>                | 1B        | QL(1 GM daily)                              |
| <i>lidocaine PTCH 5 %</i>                       | 1B        | PA                                          |
| Phosphodiesterase 4 (PDE4) Inhibitors - Topical |           |                                             |
| EUCRISA                                         | 3         | QL(2 GM daily); PA                          |
| Rosacea Agents                                  |           |                                             |
| <i>azelaic acid GEL</i>                         | 1B        | QL(1.67 GM daily)                           |
| <i>brimonidine tartrate (topical)</i>           | 3         | QL(1 GM daily); PA                          |
| <i>metronidazole (topical) CREA</i>             | 1B        | QL(3 GM daily)                              |
| <i>metronidazole (topical) GEL 0.75 %</i>       | 1B        | QL(3 GM daily)                              |

| Drug Name                              | Drug Tier | Requirements/ Limits                                                       |
|----------------------------------------|-----------|----------------------------------------------------------------------------|
| <i>metronidazole (topical) GEL 1 %</i> | 1B        | QL(5 GM daily)                                                             |
| <i>metronidazole (topical) LOTN</i>    | 1B        |                                                                            |
| Scabicides & Pediculicides             |           |                                                                            |
| <i>crotamiton LOTN</i>                 | 1B        | PA                                                                         |
| EURAX CREA                             | 3         |                                                                            |
| <i>ivermectin (pediculicide)</i>       | 1B        | PA                                                                         |
| <i>malathion</i>                       | 1B        |                                                                            |
| <i>permethrin CREA</i>                 | 1B        |                                                                            |
| <i>permethrin LIQD EX</i>              | 1B        |                                                                            |
| <i>spinosad</i>                        | 1B        | PA                                                                         |
| DIAGNOSTIC PRODUCTS                    |           |                                                                            |
| Diagnostic Drugs                       |           |                                                                            |
| THYROGEN 0.9 MG                        | 3         | 1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; PA |
| Diagnostic Tests                       |           |                                                                            |
| ACCU-CHEK GUIDE TEST STRP              | 1B        | QL(3.34 EA daily); RX/OTC                                                  |
| CHEMSTRIP K STRP                       | 1B        | D                                                                          |
| FORA GTEL BLOOD KETONE TEST            | 1B        | D                                                                          |
| FORA TEST N'GO ADV-VOICE-6 CON         | 1B        | D                                                                          |
| GOJJI BLOOD KETONE TEST                | 1B        | D                                                                          |
| KETONE TEST STRP                       | 1B        | D                                                                          |
| KETOSTIX STRP                          | 1B        | D                                                                          |
| NOVA MAX PLUS KETONE TEST              | 1B        | D                                                                          |
| PRECISION XTRA KETONE                  | 1B        | D                                                                          |
| RELION KETONE TEST STRP                | 1B        | D                                                                          |
| RELION TRUE METRIX TEST STRIPS STRP    | 1B        | D; QL(3.34 EA daily); RX/OTC                                               |

| Drug Name                                                                                                                                                                                                                                                 | Drug Tier | Requirements/ Limits                              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------------------------------------------|
| TRUE METRIX BLOOD GLUCOSE TEST STRP                                                                                                                                                                                                                       | 1B        | D; QL(3.34 EA daily); RX/OTC                      |
| <b>DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes</b>                                                                                                                                                                                              |           |                                                   |
| Digestive Enzymes                                                                                                                                                                                                                                         |           |                                                   |
| CREON CPEP                                                                                                                                                                                                                                                | 2         | Non-FDA approved uses require Prior Authorization |
| ZENPEP CPEP 105000 UNIT-79000 UNIT-25000 UNIT, 14000 UNIT-10000 UNIT-3000 UNIT, 168000 UNIT-126000 UNIT-40000 UNIT, 24000 UNIT-17000 UNIT-5000 UNIT, 42000 UNIT-32000 UNIT-10000 UNIT, 63000 UNIT-47000 UNIT-15000 UNIT, 84000 UNIT-63000 UNIT-20000 UNIT | 2         | Non-FDA approved uses require Prior Authorization |
| ZENPEP CPEP 252600 UNIT-189600 UNIT-60000 UNIT                                                                                                                                                                                                            | 2         |                                                   |
| <b>DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure</b>                                                                                                                                                                        |           |                                                   |
| Carbonic Anhydrase Inhibitors                                                                                                                                                                                                                             |           |                                                   |
| <i>acetazolamide sodium</i>                                                                                                                                                                                                                               | 1B        |                                                   |
| <i>acetazolamide CP12</i>                                                                                                                                                                                                                                 | 1B        | QL(2 EA daily)                                    |
| <i>acetazolamide TABS 125 MG</i>                                                                                                                                                                                                                          | 1B        | QL(8 EA daily)                                    |
| <i>acetazolamide TABS 250 MG</i>                                                                                                                                                                                                                          | 1B        | QL(4 EA daily)                                    |
| <i>methazolamide TABS</i>                                                                                                                                                                                                                                 | 1B        | QL(6 EA daily)                                    |
| Diuretic Combinations                                                                                                                                                                                                                                     |           |                                                   |
| <i>amiloride &amp; hydrochlorothiazide</i>                                                                                                                                                                                                                | 1B        |                                                   |
| <i>spironolactone &amp; hydrochlorothiazide</i>                                                                                                                                                                                                           | 1B        |                                                   |

| Drug Name                                                                                         | Drug Tier | Requirements/ Limits |
|---------------------------------------------------------------------------------------------------|-----------|----------------------|
| <i>triamterene &amp; hydrochlorothiazide CAPS 25 MG-37.5 MG</i>                                   | 1A        |                      |
| <i>triamterene &amp; hydrochlorothiazide TABS</i>                                                 | 1A        |                      |
| Loop Diuretics                                                                                    |           |                      |
| <i>bumetanide SOLN 0.25 MG/ML</i>                                                                 | 1B        |                      |
| <i>bumetanide TABS</i>                                                                            | 1B        | QL(5 EA daily)       |
| <i>ethacrynic acid</i>                                                                            | 1B        | QL(16 EA daily)      |
| <i>furosemide SOLN PO 8 MG/ML, 10 MG/ML</i>                                                       | 1B        |                      |
| <i>furosemide TABS</i>                                                                            | 1A        |                      |
| <i>torseamide TABS</i>                                                                            | 1B        |                      |
| Potassium Sparing Diuretics                                                                       |           |                      |
| <i>amiloride hcl TABS</i>                                                                         | 1B        |                      |
| <i>spironolactone TABS</i>                                                                        | 1B        |                      |
| <i>triamterene CAPS</i>                                                                           | 1B        | QL(3 EA daily)       |
| Thiazides and Thiazide-Like Diuretics                                                             |           |                      |
| <i>chlorthalidone 25 MG, 50 MG</i>                                                                | 1A        |                      |
| DIURIL SUSP                                                                                       | 2         | QL(20 ML daily)      |
| <i>hydrochlorothiazide CAPS</i>                                                                   | 1B        | QL(2 EA daily)       |
| <i>hydrochlorothiazide TABS 12.5 MG</i>                                                           | 1B        | QL(2 EA daily)       |
| <i>hydrochlorothiazide TABS 25 MG, 50 MG</i>                                                      | 1A        | QL(2 EA daily)       |
| <i>indapamide TABS 2.5 MG</i>                                                                     | 1A        | QL(2 EA daily)       |
| <i>indapamide TABS 1.25 MG</i>                                                                    | 1A        | QL(1 EA daily)       |
| <i>metolazone</i>                                                                                 | 1B        | QL(2 EA daily)       |
| <b>ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones</b> |           |                      |
| Bone Density Regulators                                                                           |           |                      |

| Drug Name                                               | Drug Tier | Requirements/ Limits                                                       | Drug Name                                       | Drug Tier | Requirements/ Limits                                       |
|---------------------------------------------------------|-----------|----------------------------------------------------------------------------|-------------------------------------------------|-----------|------------------------------------------------------------|
| <i>alendronate sodium TABS 35 MG, 70 MG</i>             | 1A        | QL(0.143 EA daily)                                                         | <i>zoledronic acid SOLN 5 MG/100ML</i>          | 4         | PA                                                         |
| <i>alendronate sodium TABS 5 MG, 10 MG</i>              | 1A        | QL(1 EA daily)                                                             | Corticotropin                                   |           |                                                            |
| BILDYOS SOSY SC 60 MG/ML                                | 4         | 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA | ACTHAR GEL PEN SC 40 UNIT/0.5ML, 80 UNIT/ML     | 3         | PA                                                         |
| <i>calcitonin (salmon) NA</i>                           | 1B        | QL(0.14 ML daily)                                                          | ACTHAR GEL                                      | 3         | PA                                                         |
| ENOBYSOSY SC 60 MG/ML                                   | 4         | 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA | Fertility Regulators                            |           |                                                            |
| FOSAMAX PLUS D                                          | 3         | QL(0.143 EA daily); PA                                                     | CHORIONIC GONADOTROPIN IM                       | 4         | PA                                                         |
| <i>ibandronate sodium SOLN</i>                          | 4         | PA                                                                         | <i>clomiphene citrate TABS</i>                  | 3         | PA                                                         |
| <i>ibandronate sodium TABS</i>                          | 1B        | QL(0.036 EA daily)                                                         | GnRH/LHRH Antagonists                           |           |                                                            |
| <i>pamidronate disodium SOLN 30 MG/10ML, 90 MG/10ML</i> | 4         | PA                                                                         | <i>ganirelix acetate</i>                        | 4         | PA                                                         |
| PAMIDRONATE DISODIUM SOLN                               | 4         | PA                                                                         | ORILISSA                                        | 2         | PA                                                         |
| PROLIA SOSY                                             | 4         | 1 max fill(s) per 180 day(s) retail; PA                                    | Growth Hormones                                 |           |                                                            |
| <i>risedronate sodium TABS 150 MG</i>                   | 1B        | QL(0.036 EA daily); PA                                                     | GENOTROPIN MINISYN                              | 4         | PA                                                         |
| <i>risedronate sodium TABS 5 MG, 30 MG</i>              | 1B        | QL(1 EA daily); PA                                                         | GENOTROPIN CART SC                              | 4         | PA                                                         |
| <i>risedronate sodium TABS 35 MG</i>                    | 1B        | QL(0.143 EA daily); PA                                                     | NORDITROPIN FLEXPRO SOPN                        | 4         | PA                                                         |
| <i>risedronate sodium TBEC</i>                          | 1B        | PA                                                                         | Hormone Receptor Modulators                     |           |                                                            |
| STOBOCLO SOSY SC 60 MG/ML                               | 4         | 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA | OSPHEA                                          | 3         | PA                                                         |
| <i>teriparatide SOPN</i>                                | 4         | QL(0.09 ML daily); PA                                                      | <i>raloxifene hcl</i>                           | 0         | QL(1 EA daily)                                             |
| TYMLOS                                                  | 4         | PA                                                                         | Insulin-Like Growth Factors (Somatomedins)      |           |                                                            |
|                                                         |           |                                                                            | INCRELEX                                        | 4         | PA                                                         |
|                                                         |           |                                                                            | LHRH/GnRH Agonist Analog Pituitary Suppressants |           |                                                            |
|                                                         |           |                                                                            | SYNAREL                                         | 4         | QL(40 ML per 30 day(s) retail; 40 ML per 30 days mail); PA |
|                                                         |           |                                                                            | Metabolic Modifiers                             |           |                                                            |
|                                                         |           |                                                                            | ALDURAZYME                                      | 4         | PA                                                         |
|                                                         |           |                                                                            | <i>betaine</i>                                  | 4         | PA                                                         |
|                                                         |           |                                                                            | <i>calcitriol CAPS</i>                          | 1B        |                                                            |
|                                                         |           |                                                                            | <i>calcitriol SOLN IV</i>                       | 1B        |                                                            |

| Drug Name                                              | Drug Tier | Requirements/ Limits |
|--------------------------------------------------------|-----------|----------------------|
| <i>cinacalcet hcl</i>                                  | 1B        | QL(4 EA daily); PA   |
| <i>doxercalciferol CAPS</i>                            | 1B        |                      |
| <i>doxercalciferol SOLN</i>                            | 1B        |                      |
| LUMIZYME                                               | 4         | PA                   |
| MYALEPT                                                | 4         | PA                   |
| <i>paricalcitol CAPS</i>                               | 1B        |                      |
| <i>paricalcitol SOLN</i>                               | 1B        |                      |
| <i>sodium phenylbutyrate POWD</i>                      | 1B        | PA                   |
| <i>sodium phenylbutyrate TABS</i>                      | 1B        | PA                   |
| STRENSIQ                                               | 4         | PA                   |
| Posterior Pituitary Hormones                           |           |                      |
| <i>desmopressin acetate spray</i>                      | 1B        |                      |
| <i>desmopressin acetate spray refrigerated 0.01 %</i>  | 1B        |                      |
| <i>desmopressin acetate SOLN IJ</i>                    | 1B        | PA                   |
| DESMOPRESSIN ACETATE SOLN NA                           | 4         | PA                   |
| <i>desmopressin acetate TABS 0.1 MG</i>                | 1B        | QL(6 EA daily)       |
| <i>desmopressin acetate TABS 0.2 MG</i>                | 1B        | QL(8 EA daily)       |
| <i>vasopressin SOLN IV</i>                             | 4         | PA                   |
| Prolactin Inhibitors                                   |           |                      |
| <i>cabergoline</i>                                     | 1B        |                      |
| Somatostatic Agents                                    |           |                      |
| <i>octreotide acetate SOLN</i>                         | 4         | PA                   |
| SIGNIFOR                                               | 4         | PA                   |
| Vasopressin Receptor Antagonists                       |           |                      |
| <i>tolvaptan (hyponatremia) TABS PO 15 MG, 30 MG</i>   | 4         | QL(2 EA daily); PA   |
| <i>tolvaptan TABS</i>                                  | 4         | QL(2 EA daily); PA   |
| <b>ESTROGENS - Hormone Replacement/Modifying Drugs</b> |           |                      |

| Drug Name                                                                    | Drug Tier | Requirements/ Limits |
|------------------------------------------------------------------------------|-----------|----------------------|
| Estrogen Combinations                                                        |           |                      |
| ANGELIQ                                                                      | 3         |                      |
| BIJUVA                                                                       | 3         |                      |
| CLIMARA PRO                                                                  | 3         |                      |
| COMBIPATCH PTTW                                                              | 3         |                      |
| DUAVEE                                                                       | 3         |                      |
| <i>estradiol &amp; norethindrone acetate TABS</i>                            | 3         |                      |
| <i>norethindrone acetate-ethinyl estradiol</i>                               | 1B        |                      |
| PREMPHASE                                                                    | 2         |                      |
| PREMPRO                                                                      | 2         | QL(1 EA daily)       |
| Estrogens                                                                    |           |                      |
| DEPO-ESTRADIOL                                                               | 3         |                      |
| ELESTRIN GEL                                                                 | 3         |                      |
| <i>estradiol valerate</i>                                                    | 1B        |                      |
| <i>estradiol GEL</i>                                                         | 1B        |                      |
| <i>estradiol GEL</i>                                                         | 3         |                      |
| <i>estradiol PTTW</i>                                                        | 1B        | QL(0.572 EA daily)   |
| <i>estradiol PTWK</i>                                                        | 1B        |                      |
| <i>estradiol TABS</i>                                                        | 1B        |                      |
| <i>estrogens, conjugated TABS 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG</i> | 1B        | QL(1 EA daily)       |
| EVAMIST SOLN                                                                 | 3         |                      |
| MENEST 2.5 MG                                                                | 3         |                      |
| MENOSTAR PTWK                                                                | 3         |                      |
| PREMARIN SOLR                                                                | 2         |                      |
| <b>FLUOROQUINOLONES - Drugs to Treat Bacterial Infections</b>                |           |                      |
| Fluoroquinolones                                                             |           |                      |
| BAXDELA SOLR                                                                 | 3         | PA                   |
| BAXDELA TABS                                                                 | 3         | PA                   |
| <i>ciprofloxacin hcl TABS 250 MG, 500 MG, 750 MG</i>                         | 1B        |                      |

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| Drug Name                                                                     | Drug Tier | Requirements/Limits |
|-------------------------------------------------------------------------------|-----------|---------------------|
| <i>levofloxacin in d5w 500 MG/100ML</i>                                       | 1B        |                     |
| <i>levofloxacin SOLN PO</i>                                                   | 1B        |                     |
| <i>levofloxacin TABS 500 MG</i>                                               | 1A        |                     |
| <i>levofloxacin TABS 250 MG, 750 MG</i>                                       | 1B        |                     |
| <i>moxifloxacin hcl in sodium chloride</i>                                    | 1B        |                     |
| <i>moxifloxacin hcl TABS</i>                                                  | 1B        |                     |
| <i>ofloxacin 300 MG, 400 MG</i>                                               | 1B        |                     |
| <b>GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs</b> |           |                     |
| <b>5-HT4 Receptor Agonists</b>                                                |           |                     |
| <i>prucalopride succinate</i>                                                 | 1B        | QL(1 EA daily)      |
| <b>Agents for Chronic Idiopathic Constipation (CIC)</b>                       |           |                     |
| TRULANCE                                                                      | 2         | QL(1 EA daily)      |
| <b>Bile Acid Synthesis Disorder Agents</b>                                    |           |                     |
| CHOLBAM                                                                       | 4         | PA                  |
| <b>Gallstone Solubilizing Agents</b>                                          |           |                     |
| <i>ursodiol CAPS</i>                                                          | 1B        | QL(3 EA daily)      |
| <i>ursodiol TABS</i>                                                          | 1B        |                     |
| <b>Gastrointestinal Chloride Channel Activators</b>                           |           |                     |
| <i>lubiprostone</i>                                                           | 1B        | QL(2 EA daily)      |
| <b>Gastrointestinal Stimulants</b>                                            |           |                     |
| <i>metoclopramide hcl SOLN IJ 5 MG/ML</i>                                     | 1B        |                     |
| <i>metoclopramide hcl SOLN PO 5 MG/5ML, 10 MG/10ML</i>                        | 1B        | QL(60 ML daily)     |
| <i>metoclopramide hcl TABS</i>                                                | 1A        | QL(6 EA daily)      |
| <b>Inflammatory Bowel Agents</b>                                              |           |                     |
| <i>balsalazide disodium CAPS</i>                                              | 1B        | QL(9 EA daily)      |
| DIPENTUM                                                                      | 2         |                     |

| Drug Name                                     | Drug Tier | Requirements/Limits    |
|-----------------------------------------------|-----------|------------------------|
| IMULDOSA SOLN IV 130 MG/26ML                  | 4         | QL(3.47 ML daily); PA  |
| INFLECTRA SOLR                                | 4         | PA                     |
| <i>mesalamine CP24</i>                        | 1B        |                        |
| <i>mesalamine CPDR</i>                        | 1B        |                        |
| <i>mesalamine ENEM</i>                        | 3         |                        |
| <i>mesalamine SUPP</i>                        | 3         |                        |
| <i>mesalamine TBEC 800 MG</i>                 | 3         | QL(6 EA daily)         |
| <i>mesalamine TBEC 1.2 GM</i>                 | 3         |                        |
| PYZCHIVA 130 MG/26ML                          | 4         | QL(3.47 ML daily); PA  |
| RENFLEXIS                                     | 4         | PA                     |
| SKYRIZI SOCT                                  | 4         | QL(0.043 ML daily); PA |
| SKYRIZI SOLN                                  | 4         | QL(0.36 ML daily); PA  |
| STEQEYMA                                      | 4         | QL(3.47 ML daily); PA  |
| <i>sulfasalazine TABS</i>                     | 1B        |                        |
| <i>sulfasalazine TBEC</i>                     | 1B        |                        |
| TREMFYA PEN SOAJ SC 200 MG/2ML                | 4         | QL(0.072 ML daily); PA |
| TREMFYA-CD/UC INDUCTION SOAJ SC 200 MG/2ML    | 4         | QL(0.143 ML daily); PA |
| TREMFYA SOLN IV                               | 4         | QL(0.72 ML daily); PA  |
| TREMFYA SOSY SC 200 MG/2ML                    | 4         | QL(0.072 ML daily); PA |
| YESINTEK 130 MG/26ML                          | 4         | QL(3.47 ML daily); PA  |
| <b>Intestinal Acidifiers</b>                  |           |                        |
| <i>lactulose (encephalopathy)</i>             | 1B        |                        |
| <b>Irritable Bowel Syndrome (IBS) Agents</b>  |           |                        |
| <i>alosetron hcl</i>                          | 1B        | QL(2 EA daily)         |
| LINZESS                                       | 2         | QL(1 EA daily)         |
| <b>Peripheral Opioid Receptor Antagonists</b> |           |                        |
| <i>alvimopan</i>                              | 1B        |                        |

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| Drug Name                                                                                                         | Drug Tier | Requirements/ Limits |
|-------------------------------------------------------------------------------------------------------------------|-----------|----------------------|
| MOVANTIK                                                                                                          | 3         | QL(1 EA daily); PA   |
| Phosphate Binder Agents                                                                                           |           |                      |
| <i>calcium acetate (phosphate binder) CAPS</i>                                                                    | 1B        |                      |
| <i>calcium acetate (phosphate binder) TABS</i>                                                                    | 1B        | RX/OTC               |
| <i>lanthanum carbonate CHEW</i>                                                                                   | 3         |                      |
| <i>sevelamer carbonate PACK</i>                                                                                   | 1B        |                      |
| <i>sevelamer carbonate TABS</i>                                                                                   | 1B        |                      |
| VELPHORO                                                                                                          | 3         | PA                   |
| <b>GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System</b> |           |                      |
| Alkalinizers                                                                                                      |           |                      |
| <i>potassium citrate (alkalinizer) TBCR</i>                                                                       | 1B        |                      |
| <i>sodium citrate &amp; citric acid</i>                                                                           | 1B        | RX/OTC               |
| Cystinosis Agents                                                                                                 |           |                      |
| CYSTAGON CAPS                                                                                                     | 3         | PA                   |
| Genitourinary Irrigants                                                                                           |           |                      |
| <i>acetic acid 0.25 %</i>                                                                                         | 1B        |                      |
| <i>glycine (gu irrigant) SOLN 1.5 %</i>                                                                           | 1B        |                      |
| <i>sodium chloride (gu irrigant) 0.9 %</i>                                                                        | 1B        |                      |
| SORBITOL 3 %                                                                                                      | 1B        |                      |
| SORBITOL-MANNITOL 2.7 GM/100ML-0.54 GM/100ML                                                                      | 1B        |                      |
| Interstitial Cystitis Agents                                                                                      |           |                      |
| ELMIRON CAPS                                                                                                      | 3         | QL(3 EA daily); PA   |
| Prostatic Hypertrophy Agents                                                                                      |           |                      |
| <i>alfuzosin hcl</i>                                                                                              | 1B        | QL(1 EA daily)       |

| Drug Name                                                              | Drug Tier | Requirements/ Limits |
|------------------------------------------------------------------------|-----------|----------------------|
| <i>dutasteride</i>                                                     | 1B        | QL(1 EA daily)       |
| <i>dutasteride-tamsulosin hcl</i>                                      | 1B        | PA                   |
| <i>finasteride</i>                                                     | 1B        | 5 mg only            |
| <i>silodosin</i>                                                       | 1B        |                      |
| <i>tamsulosin hcl</i>                                                  | 1B        |                      |
| Urinary Analgesics                                                     |           |                      |
| <i>phenazopyridine hcl TABS 100 MG, 200 MG</i>                         | 1B        |                      |
| <b>GOUT AGENTS - Drugs to Treat Gout</b>                               |           |                      |
| Gout Agent Combinations                                                |           |                      |
| <i>colchicine w/ probenecid</i>                                        | 1B        |                      |
| Gout Agents                                                            |           |                      |
| <i>allopurinol 100 MG, 300 MG</i>                                      | 1A        |                      |
| <i>colchicine TABS</i>                                                 | 1B        | QL(1 EA daily)       |
| <i>febuxostat</i>                                                      | 1B        | QL(1 EA daily); PA   |
| Uricosurics                                                            |           |                      |
| <i>probenecid</i>                                                      | 1B        |                      |
| <b>HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders</b>   |           |                      |
| Antihemophilic Products                                                |           |                      |
| AFSTYLA 250 UNIT, 500 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT, 2500 UNIT | 4         | PA                   |
| BENEFIX KIT                                                            | 4         | PA                   |
| Bradykinin B2 Receptor Antagonists                                     |           |                      |
| <i>icatibant acetate SOSY</i>                                          | 4         | QL(9 ML daily); PA   |
| Complement Inhibitors                                                  |           |                      |
| GOHIBIC                                                                | 4         | PA                   |
| HAEGARDA SOLR SC                                                       | 4         | PA                   |
| Hematorheologic Agents                                                 |           |                      |
| <i>pentoxifylline</i>                                                  | 1B        | QL(3 EA daily)       |
| Plasma Kallikrein Inhibitors                                           |           |                      |

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| Drug Name                                                               | Drug Tier | Requirements/ Limits |
|-------------------------------------------------------------------------|-----------|----------------------|
| ORLADEYO                                                                | 4         | PA                   |
| TAKHZYRO SOLN                                                           | 4         | PA                   |
| TAKHZYRO SOSY                                                           | 4         | PA                   |
| Platelet Aggregation Inhibitors                                         |           |                      |
| <i>anagrelide hcl</i>                                                   | 1B        |                      |
| <i>aspirin-dipyridamole</i>                                             | 1B        | QL(2 EA daily); PA   |
| <i>cilostazol</i>                                                       | 1B        |                      |
| <i>clopidogrel bisulfate 75 MG</i>                                      | 1A        | QL(1 EA daily)       |
| <i>clopidogrel bisulfate 300 MG</i>                                     | 1B        |                      |
| <i>dipyridamole</i>                                                     | 1B        |                      |
| <i>eptifibatide 200 MG/100ML</i>                                        | 4         | PA                   |
| <i>prasugrel hcl</i>                                                    | 1B        | QL(1 EA daily)       |
| <i>ticagrelor 60 MG, 90 MG</i>                                          | 1B        | QL(2 EA daily)       |
| ZONTIVITY                                                               | 3         | PA                   |
| HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders                   |           |                      |
| Agents for Gaucher Disease                                              |           |                      |
| CERDELGA                                                                | 4         | QL(2 EA daily); PA   |
| <i>miglustat</i>                                                        | 4         | QL(3 EA daily); PA   |
| Agents for Sickle Cell Disease                                          |           |                      |
| DROXIA CAPS                                                             | 3         |                      |
| Cobalamins                                                              |           |                      |
| <i>cyanocobalamin SOLN IJ 1000 MCG/ML</i>                               | 1B        | QL(1 ML daily)       |
| Folic Acid/Folates                                                      |           |                      |
| <i>folic acid TABS</i>                                                  | 0         |                      |
| Hematopoietic Growth Factors                                            |           |                      |
| ARANESP (ALBUMIN FREE) SOLN 25 MCG/ML, 40 MCG/ML, 60 MCG/ML, 100 MCG/ML | 4         | PA                   |

| Drug Name                                                                           | Drug Tier | Requirements/ Limits |
|-------------------------------------------------------------------------------------|-----------|----------------------|
| ARANESP (ALBUMIN FREE) SOSY 150 MCG/0.3ML, 200 MCG/0.4ML, 300 MCG/0.6ML, 500 MCG/ML | 4         | PA                   |
| <i>eltrombopag olamine PACK 12.5 MG, 25 MG</i>                                      | 3         | QL(1 EA daily); PA   |
| <i>eltrombopag olamine TABS 50 MG, 75 MG</i>                                        | 3         | QL(2 EA daily); PA   |
| <i>eltrombopag olamine TABS 12.5 MG, 25 MG</i>                                      | 3         | QL(1 EA daily); PA   |
| FULPHILA                                                                            | 4         | PA                   |
| LEUKINE SOLR IJ                                                                     | 4         | PA                   |
| MIRCERA                                                                             | 4         | PA                   |
| RETACRIT                                                                            | 4         | PA                   |
| UDENYCA ONBODY SOSY                                                                 | 4         | PA                   |
| UDENYCA SOAJ                                                                        | 4         | PA                   |
| UDENYCA SOSY                                                                        | 4         | PA                   |
| ZARXIO                                                                              | 4         | PA                   |
| Hematopoietic Mixtures                                                              |           |                      |
| HEMATINIC/FOLIC ACID                                                                | 1B        | QL(1 EA daily)       |
| Iron                                                                                |           |                      |
| <i>ferrous sulfate SOLN 15 MG/ML, 15 MG/ML</i>                                      | 0         | AL(Up to 1 yrs old)  |
| <i>ferrous sulfate TABS</i>                                                         | 0         |                      |
| <i>ferrous sulfate TBEC 325 MG</i>                                                  | 0         |                      |
| HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders                          |           |                      |
| Hemostatics - Systemic                                                              |           |                      |
| <i>aminocaproic acid TABS</i>                                                       | 3         | PA                   |
| <i>tranexamic acid SOLN 1000 MG/10ML</i>                                            | 1B        |                      |
| <i>tranexamic acid TABS</i>                                                         | 1B        |                      |
| HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS                                           |           |                      |
| Barbiturate Hypnotics                                                               |           |                      |

| Drug Name                                                      | Drug Tier | Requirements/ Limits                        |
|----------------------------------------------------------------|-----------|---------------------------------------------|
| <i>phenobarbital ELIX</i>                                      | 1B        |                                             |
| <i>phenobarbital TABS</i>                                      | 1B        |                                             |
| Hypnotics - Tricyclic Agents                                   |           |                                             |
| <i>doxepin hcl (sleep)</i>                                     | 3         | QL(1 EA daily); PA                          |
| Non-Barbiturate Hypnotics                                      |           |                                             |
| <i>estazolam</i>                                               | 1B        |                                             |
| <i>eszopiclone</i>                                             | 1B        | QL(1 EA daily); AL(At least 18 yrs old); ST |
| <i>flurazepam hcl</i>                                          | 1B        | PA                                          |
| <i>quazepam</i>                                                | 3         | PA                                          |
| <i>temazepam 15 MG, 30 MG</i>                                  | 1A        | QL(1 EA daily)                              |
| <i>temazepam 7.5 MG, 22.5 MG</i>                               | 1B        | QL(1 EA daily)                              |
| <i>triazolam</i>                                               | 1B        |                                             |
| <i>zaleplon 5 MG</i>                                           | 1B        | QL(1 EA daily); AL(At least 18 yrs old)     |
| <i>zaleplon 10 MG</i>                                          | 1B        | QL(2 EA daily); AL(At least 18 yrs old)     |
| <i>zolpidem tartrate TABS</i>                                  | 1A        | QL(1 EA daily); AL(At least 18 yrs old)     |
| <i>zolpidem tartrate TBCR</i>                                  | 1B        | QL(1 EA daily)                              |
| Selective Melatonin Receptor Agonists                          |           |                                             |
| <i>ramelteon</i>                                               | 1B        | QL(1 EA daily); AL(At least 18 yrs old)     |
| <b>LAXATIVES - Bowel Treatment Drugs</b>                       |           |                                             |
| Bulk Laxatives                                                 |           |                                             |
| <i>calcium polycarbophil TABS</i>                              | 1B        |                                             |
| Laxative Combinations                                          |           |                                             |
| <i>peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid</i> | 1B        |                                             |

| Drug Name                                                           | Drug Tier | Requirements/ Limits                      |
|---------------------------------------------------------------------|-----------|-------------------------------------------|
| <i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR 236 GM</i> | 0         |                                           |
| <i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>     | 1B        | PA                                        |
| <i>sodium sulfate-potassium sulfate-magnesium sulfate</i>           | 1B        |                                           |
| SUFLAVE                                                             | 3         | PA                                        |
| Laxatives - Miscellaneous                                           |           |                                           |
| <i>lactulose SOLN</i>                                               | 1B        |                                           |
| Stimulant Laxatives                                                 |           |                                           |
| <i>bisacodyl SUPP</i>                                               | 1A        |                                           |
| <i>bisacodyl TBEC</i>                                               | 1A        |                                           |
| Surfactant Laxatives                                                |           |                                           |
| <i>docusate calcium</i>                                             | 1A        | QL(1 EA daily)                            |
| <i>docusate sodium CAPS 100 MG</i>                                  | 1A        | QL(4 EA daily)                            |
| <i>docusate sodium CAPS 250 MG</i>                                  | 1A        |                                           |
| <b>MACROLIDES - Drugs to Treat Bacterial Infections</b>             |           |                                           |
| Azithromycin                                                        |           |                                           |
| <i>azithromycin PACK</i>                                            | 1B        |                                           |
| <i>azithromycin SUSR</i>                                            | 1B        |                                           |
| <i>azithromycin TABS 600 MG</i>                                     | 1B        | QL(0.286 EA daily)                        |
| <i>azithromycin TABS 250 MG</i>                                     | 1B        | QL(6 EA per fill retail; 6 per fill mail) |
| <i>azithromycin TABS 500 MG</i>                                     | 1B        | QL(4 EA per fill retail; 4 per fill mail) |
| Clarithromycin                                                      |           |                                           |
| <i>clarithromycin SUSR</i>                                          | 1B        |                                           |
| <i>clarithromycin TABS</i>                                          | 1B        |                                           |
| <i>clarithromycin TB24</i>                                          | 1B        |                                           |
| Erythromycins                                                       |           |                                           |
| <i>erythromycin base CPEP</i>                                       | 3         |                                           |

| Drug Name                               | Drug Tier | Requirements/ Limits | Drug Name                          | Drug Tier | Requirements/ Limits |
|-----------------------------------------|-----------|----------------------|------------------------------------|-----------|----------------------|
| <i>erythromycin base TABS</i>           | 3         |                      | KIMONO SENSATION PLUS MISC         | 0         |                      |
| <i>erythromycin base TBEC</i>           | 1B        |                      | KIMONO SENSATION MISC              | 0         |                      |
| <i>erythromycin ethylsuccinate SUSR</i> | 1B        |                      | KIMONO SPECIAL DEVI                | 0         |                      |
| <i>erythromycin ethylsuccinate TABS</i> | 3         |                      | KIMONO MISC                        | 0         |                      |
| Fidaxomicin                             |           |                      | MAXX PLUS MISC                     | 0         |                      |
| <i>fidaxomicin TABS 200 MG</i>          | 1B        |                      | MAXX MISC                          | 0         |                      |
| <b>MEDICAL DEVICES AND SUPPLIES</b>     |           |                      | OMNIFLEX DIAPHRAGM                 | 0         |                      |
| Contraceptives                          |           |                      | REALITY LATEX CONDOMS MISC         | 0         |                      |
| AIMSCO LUBRICATED MISC                  | 0         |                      | REALITY LATEX/ULTRA TEXTURED DEVI  | 0         |                      |
| CAYA DPRH                               | 0         |                      | REALITY LATEX/ULTRA THIN DEVI      | 0         |                      |
| DUREX EXTRA SENSITIVE THIN DEVI         | 0         |                      | TROJAN BARESKIN DEVI               | 0         |                      |
| DUREX EXTRA SENSITIVE THIN MISC         | 0         |                      | TROJAN MAGNUM MISC                 | 0         |                      |
| DUREX TROPICAL MISC                     | 0         |                      | TROJAN ULTRA THIN/SPERMICIDAL MISC | 0         |                      |
| FANTASY LUBRICATED/SPERMICIDE MISC      | 0         |                      | TROJAN ULTRA THIN MISC             | 0         |                      |
| FANTASY LUBRICATED MISC                 | 0         |                      | TROJAN-ENZ LUBRICATED MISC         | 0         |                      |
| FC2 FEMALE CONDOM                       | 0         |                      | TROJAN-ENZ/SPERMICIDAL MISC        | 0         |                      |
| FEMCAP DEVI                             | 0         |                      | TRUE COVER DEVI                    | 0         |                      |
| KAMELEON LUBRICATED MISC                | 0         |                      | TRUSTEX COLOR CONDOMS + LUBE MISC  | 0         |                      |
| KIMONO COLORS DEVI                      | 0         |                      | TRUSTEX LUB/RIBBED/STUDDED MISC    | 0         |                      |
| KIMONO MAXX-LARGE FLARE MISC            | 0         |                      | TRUSTEX LUB/SPERMICIDE EX ST MISC  | 0         |                      |
| KIMONO MICRO THIN PLUS MISC             | 0         |                      | TRUSTEX LUB/SPERMICIDE XL MISC     | 0         |                      |
| KIMONO PLUS MISC                        | 0         |                      | TRUSTEX LUBRICATED EX LARGE MISC   | 0         |                      |
| KIMONO PS PLUS MISC                     | 0         |                      | TRUSTEX LUBRICATED EXTRA ST MISC   | 0         |                      |
| KIMONO PS MISC                          | 0         |                      |                                    |           |                      |

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| Drug Name                           | Drug Tier | Requirements/ Limits                                       | Drug Name                         | Drug Tier | Requirements/ Limits                                       |
|-------------------------------------|-----------|------------------------------------------------------------|-----------------------------------|-----------|------------------------------------------------------------|
| TRUSTEX LUBRICATED/SPERMICIDE MISC  | 0         |                                                            | DEXCOM G7 RECEIVER                | 3         | QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); PA |
| TRUSTEX LUBRICATED MISC             | 0         |                                                            | DEXCOM G7 SENSOR                  | 3         | QL(0.107 EA daily); PA                                     |
| TRUSTEX NATURAL CONDOMS + LUBE MISC | 0         |                                                            | FREESTYLE LIBRE 14 DAY READER     | 3         | PA                                                         |
| TRUSTEX RIA LUB/SPERMICIDE MISC     | 0         |                                                            | FREESTYLE LIBRE 14 DAY SENSOR     | 3         | QL(0.072 EA daily); PA                                     |
| TRUSTEX-NONOXYNOL-9/RIB/STUD MISC   | 0         |                                                            | FREESTYLE LIBRE 2 PLUS SENSOR     | 3         | QL(0.072 EA daily); PA                                     |
| WIDE-SEAL DIAPHRAGM 60              | 0         |                                                            | FREESTYLE LIBRE 2 READER          | 3         | PA                                                         |
| WIDE-SEAL DIAPHRAGM 65              | 0         |                                                            | FREESTYLE LIBRE 2 SENSOR          | 3         | QL(0.072 EA daily); PA                                     |
| WIDE-SEAL DIAPHRAGM 70              | 0         |                                                            | FREESTYLE LIBRE 3 PLUS SENSOR     | 3         | QL(0.072 EA daily); PA                                     |
| WIDE-SEAL DIAPHRAGM 75              | 0         |                                                            | FREESTYLE LIBRE 3 READER          | 3         | QL(1 EA per 365 day(s) retail); PA                         |
| WIDE-SEAL DIAPHRAGM 80              | 0         |                                                            | FREESTYLE LIBRE 3 SENSOR          | 3         | QL(0.072 EA daily); PA                                     |
| WIDE-SEAL DIAPHRAGM 85              | 0         |                                                            | FREESTYLE LIBRE READER            | 3         | PA                                                         |
| WIDE-SEAL DIAPHRAGM 90              | 0         |                                                            | MINT REFILL KIT MISC              | 3         | QL(10 EA per 30 day(s) retail; 10 EA per 30 days mail); PA |
| WIDE-SEAL DIAPHRAGM 95              | 0         |                                                            | OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT | 3         | PA                                                         |
| Diabetic Supplies                   |           |                                                            | OMNIPOD 5 DEXG7G6 PODS GEN 5 MISC | 3         | QL(10 EA per 30 day(s) retail; 10 EA per 30 days mail); PA |
| DEXCOM G6 RECEIVER                  | 3         | QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); PA | OMNIPOD 5 LIBRE INTRO KIT         | 3         | PA                                                         |
| DEXCOM G6 SENSOR                    | 3         | QL(0.107 EA daily); PA                                     | OMNIPOD 5 LIBRE PODS MISC         | 3         | QL(10 EA per 30 day(s) retail; 10 EA per 30 days mail); PA |
| DEXCOM G6 TRANSMITTER               | 3         | QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail); PA   | OMNIPOD CLASSIC PODS (GEN 3) MISC | 3         | QL(10 EA per 30 day(s) retail; 10 EA per 30 days mail); PA |
| DEXCOM G7 15 DAY SENSOR             | 3         | QL(0.072 EA daily); PA                                     |                                   |           |                                                            |

| Drug Name                                             | Drug Tier | Requirements/ Limits                                       | Drug Name                                         | Drug Tier | Requirements/ Limits                                       |
|-------------------------------------------------------|-----------|------------------------------------------------------------|---------------------------------------------------|-----------|------------------------------------------------------------|
| OMNIPOD DASH INTRO (GEN 4) KIT                        | 3         | PA                                                         | AIMOVIG                                           | 2         | QL(0.04 ML daily); PA                                      |
| OMNIPOD DASH PDM (GEN 4) KIT                          | 3         | PA                                                         | EMGALITY (300 MG DOSE) SOSY                       | 2         | QL(0.1 ML daily); PA                                       |
| OMNIPOD DASH PODS (GEN 4) MISC                        | 3         | QL(10 EA per 30 day(s) retail; 10 EA per 30 days mail); PA | EMGALITY SOAJ                                     | 2         | QL(0.07 ML daily); PA                                      |
| OMNIPOD POD PALS                                      | 3         | QL(10 EA per 30 day(s) retail; 10 EA per 30 days mail)     | EMGALITY SOSY                                     | 2         | QL(0.07 ML daily); PA                                      |
| ONETOUCH DELICA SAFETY LANCING                        | 1B        | D; RX/OTC                                                  | UBRELVY                                           | 3         | QL(16 EA per 30 day(s) retail; 16 EA per 30 days mail); ST |
| RELION LANCET DEVICES 30G                             | 1B        | D; RX/OTC                                                  | Migraine Combinations                             |           |                                                            |
| RELION LANCETS                                        | 1B        | D; RX/OTC                                                  | <i>ergotamine w/ caffeine TABS</i>                | 1B        | QL(1.5 EA daily)                                           |
| SELECT LANCETS                                        | 1B        | 6.66/day                                                   | <i>sumatriptan-naproxen sodium</i>                | 3         | QL(10 EA per 30 day(s) retail; 10 EA per 30 days mail)     |
| SELECT LANCETS                                        | 1         | 6.66/day                                                   | Migraine Products                                 |           |                                                            |
| TRUE METRIX LEVEL 3 SOLN                              | 1B        | D                                                          | <i>dihydroergotamine mesylate SOLN IJ 1 MG/ML</i> | 1B        |                                                            |
| Parenteral Therapy Supplies                           |           |                                                            | <i>dihydroergotamine mesylate SOLN NA 4 MG/ML</i> | 1B        | QL(0.267 ML daily)                                         |
| BD PEN NEEDLE NANO 2ND GEN                            | 1B        | D; QL(5 EA daily); RX/OTC                                  | ERGOMAR SUBL                                      | 3         | QL(0.667 EA daily)                                         |
| EMBECTA AUTOSHIELD DUO                                | 1B        | D; QL(5 EA daily); RX/OTC                                  | Serotonin Agonists                                |           |                                                            |
| EMBECTA PEN NEEDLE NANO                               | 1B        | D; QL(5 EA daily); RX/OTC                                  | <i>almotriptan malate 12.5 MG</i>                 | 1B        | QL(0.4 EA daily); AL(At least 12 yrs old); ST              |
| EMBECTA PEN NEEDLE NANO 2 GEN                         | 1B        | D; QL(5 EA daily); RX/OTC                                  | <i>almotriptan malate 6.25 MG</i>                 | 1B        | QL(0.3 EA daily); AL(At least 12 yrs old); ST              |
| EMBECTA PEN NEEDLE ULTRAFINE                          | 1B        | D; QL(5 EA daily)                                          | <i>eletriptan hydrobromide</i>                    | 1B        | QL(0.2 EA daily); AL(At least 18 yrs old); ST              |
| SELECT INSULIN SYRINGES                               | 1B        | 5/day; #                                                   | <i>frovatriptan succinate</i>                     | 1B        | QL(0.4 EA daily); AL(At least 18 yrs old); ST              |
| SELECT INSULIN SYRINGES                               | 1         | 5/day                                                      |                                                   |           |                                                            |
| MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches |           |                                                            |                                                   |           |                                                            |
| Calcitonin Gene-Related Peptide (CGRP) Receptor Antag |           |                                                            |                                                   |           |                                                            |

| Drug Name                                           | Drug Tier | Requirements/Limits                           |
|-----------------------------------------------------|-----------|-----------------------------------------------|
| IMITREX STATDOSE REFILL SOCT 4 MG/0.5ML, 6 MG/0.5ML | 2         | QL(0.134 ML daily); AL(At least 18 yrs old)   |
| IMITREX STATDOSE SYSTEM SOAJ 4 MG/0.5ML             | 2         | QL(0.134 ML daily); AL(At least 18 yrs old)   |
| <i>naratriptan hcl</i>                              | 1B        | QL(0.3 EA daily); AL(At least 18 yrs old)     |
| <i>rizatriptan benzoate TABS 5 MG</i>               | 1B        | QL(0.4 EA daily); AL(At least 6 yrs old)      |
| <i>rizatriptan benzoate TABS 10 MG</i>              | 1B        | QL(0.6 EA daily); AL(At least 6 yrs old)      |
| <i>rizatriptan benzoate TBDP 10 MG</i>              | 1B        | QL(0.6 EA daily); AL(At least 6 yrs old)      |
| <i>rizatriptan benzoate TBDP 5 MG</i>               | 1B        | QL(0.4 EA daily); AL(At least 6 yrs old)      |
| <i>sumatriptan</i>                                  | 1B        | QL(0.2 EA daily); AL(At least 18 yrs old)     |
| <i>sumatriptan succinate SOAJ</i>                   | 1B        | QL(0.134 ML daily); AL(At least 18 yrs old)   |
| <i>sumatriptan succinate SOCT</i>                   | 1B        | QL(0.134 ML daily); AL(At least 18 yrs old)   |
| <i>sumatriptan succinate SOLN 6 MG/0.5ML</i>        | 1B        | QL(0.134 ML daily); AL(At least 18 yrs old)   |
| <i>sumatriptan succinate TABS</i>                   | 1B        | QL(0.3 EA daily); AL(At least 18 yrs old)     |
| <i>zolmitriptan SOLN</i>                            | 1B        | QL(0.2 EA daily); AL(At least 12 yrs old); ST |

| Drug Name                                                                                               | Drug Tier | Requirements/Limits                           |
|---------------------------------------------------------------------------------------------------------|-----------|-----------------------------------------------|
| <i>zolmitriptan TABS</i>                                                                                | 1B        | QL(0.3 EA daily); AL(At least 12 yrs old); ST |
| <i>zolmitriptan TBDP</i>                                                                                | 1B        | QL(0.3 EA daily); AL(At least 12 yrs old); ST |
| <b>MINERALS &amp; ELECTROLYTES</b>                                                                      |           |                                               |
| Bicarbonates                                                                                            |           |                                               |
| <i>sodium acetate SOLN</i>                                                                              | 1B        |                                               |
| SODIUM ACETATE SOLN ( <i>sodium acetate</i> )                                                           | 1B        |                                               |
| Calcium                                                                                                 |           |                                               |
| <i>calcium chloride (dihydrate) SOLN</i>                                                                | 1B        |                                               |
| Electrolyte Mixtures                                                                                    |           |                                               |
| <i>electrolyte-148</i>                                                                                  | 1B        |                                               |
| <i>electrolyte-a</i>                                                                                    | 1B        |                                               |
| IONOSOL-MB IN D5W                                                                                       | 1B        |                                               |
| ISOLYTE-P IN D5W                                                                                        | 1B        |                                               |
| ISOLYTE-S                                                                                               | 1B        |                                               |
| KCL IN DEXTROSE-NACL 5 %-40 MEQ/L-0.9 % ( <i>potassium chloride in dextrose &amp; sodium chloride</i> ) | 1B        |                                               |
| KCL-LACTATED RINGERS-D5W                                                                                | 1B        |                                               |
| NORMOSOL-M IN D5W                                                                                       | 1B        |                                               |
| NORMOSOL-R PH 7.4                                                                                       | 1B        |                                               |
| PLASMA-LYTE 148                                                                                         | 1B        |                                               |
| PLASMA-LYTE A ( <i>electrolyte-a</i> )                                                                  | 1B        |                                               |
| <i>potassium chloride in dextrose 20 MEQ/L</i>                                                          | 1B        |                                               |

| Drug Name                                                                                                                                                                              | Drug Tier | Requirements/ Limits |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------|
| <i>potassium chloride in dextrose &amp; sodium chloride 5 %-10 MEQ/L-0.45 %, 5 %-20 MEQ/L-0.45 %, 5 %-20 MEQ/L-0.9 %, 5 %-30 MEQ/L-0.45 %, 5 %-40 MEQ/L-0.45 %, 5 %-40 MEQ/L-0.9 %</i> | 1B        |                      |
| <i>ringer's</i>                                                                                                                                                                        | 1B        |                      |
| Fluoride                                                                                                                                                                               |           |                      |
| <i>sodium fluoride CHEW</i>                                                                                                                                                            | 0         | QL(1 EA daily)       |
| Phosphate                                                                                                                                                                              |           |                      |
| <i>potassium phosphates 45 MMOLE/15ML</i>                                                                                                                                              | 1B        |                      |
| Potassium                                                                                                                                                                              |           |                      |
| <i>potassium acetate SOLN 2 MEQ/ML</i>                                                                                                                                                 | 1B        |                      |
| <i>potassium bicarbonate TBEF</i>                                                                                                                                                      | 1B        |                      |
| <i>potassium chloride microencapsulated crystals er</i>                                                                                                                                | 1B        |                      |
| <i>potassium chloride CPCR</i>                                                                                                                                                         | 1B        |                      |
| <i>potassium chloride PACK PO 20 MEQ</i>                                                                                                                                               | 1B        | PA                   |
| <i>potassium chloride SOLN IV 2 MEQ/ML, 10 MEQ/50ML, 20 MEQ/50ML</i>                                                                                                                   | 1B        |                      |
| <i>POTASSIUM CHLORIDE SOLN IV 10 MEQ/50ML (potassium chloride)</i>                                                                                                                     | 1B        |                      |
| <i>potassium chloride TBCR 8 MEQ, 10 MEQ, 20 MEQ</i>                                                                                                                                   | 1B        |                      |
| <b>MISCELLANEOUS THERAPEUTIC CLASSES</b>                                                                                                                                               |           |                      |
| Chelating Agents                                                                                                                                                                       |           |                      |
| <i>penicillamine TABS</i>                                                                                                                                                              | 1B        | QL(8 EA daily)       |
| <i>trientine hcl 250 MG</i>                                                                                                                                                            | 4         | QL(8 EA daily); PA   |
| Immunomodulators                                                                                                                                                                       |           |                      |

| Drug Name                                                      | Drug Tier | Requirements/ Limits |
|----------------------------------------------------------------|-----------|----------------------|
| <i>lenalidomide</i>                                            | 4         | QL(1 EA daily); PA   |
| THALOMID 50 MG, 100 MG, 200 MG                                 | 4         | QL(3 EA daily); PA   |
| Immunosuppressive Agents                                       |           |                      |
| ATGAM                                                          | 4         | PA                   |
| AZATHIOPRINE SODIUM                                            | 1B        |                      |
| <i>azathioprine TABS</i>                                       | 1B        |                      |
| <i>cyclosporine modified (for microemulsion) CAPS</i>          | 1B        |                      |
| <i>cyclosporine modified (for microemulsion) SOLN</i>          | 1B        |                      |
| <i>cyclosporine CAPS</i>                                       | 1B        |                      |
| <i>everolimus (immunosuppressant) 1 MG</i>                     | 4         | QL(10 EA daily); PA  |
| <i>everolimus (immunosuppressant) 0.25 MG, 0.5 MG, 0.75 MG</i> | 4         | QL(20 EA daily); PA  |
| <i>mycophenolate mofetil CAPS</i>                              | 1B        |                      |
| <i>mycophenolate mofetil TABS</i>                              | 1B        |                      |
| <i>mycophenolate sodium</i>                                    | 1B        |                      |
| PROGRAF SOLN 5 MG/ML ( <i>tacrolimus</i> )                     | 2         |                      |
| SIMULECT                                                       | 3         |                      |
| <i>sirolimus TABS</i>                                          | 1B        |                      |
| <i>tacrolimus CAPS</i>                                         | 1B        |                      |
| <i>tacrolimus SOLN 5 MG/ML</i>                                 | 1B        |                      |
| THYMOGLOBULIN                                                  | 4         | PA                   |
| Irrigation Solutions                                           |           |                      |
| <i>irrigation solutions, physiological</i>                     | 1B        |                      |
| <i>lactated ringer's (irrigation)</i>                          | 1B        |                      |
| <i>ringer's irrigation</i>                                     | 1B        |                      |
| <i>water for irrigation, sterile</i>                           | 1B        |                      |

| Drug Name                                              | Drug Tier | Requirements/ Limits |
|--------------------------------------------------------|-----------|----------------------|
| Potassium Removing Agents                              |           |                      |
| LOKELMA                                                | 2         | QL(1 EA daily); PA   |
| <i>sodium polystyrene sulfonate POWD</i>               | 1B        |                      |
| <i>sodium polystyrene sulfonate SUSP CO 15 GM/60ML</i> | 1B        |                      |
| <b>MOUTH/THROAT/DENTAL AGENTS</b>                      |           |                      |
| Anesthetics Topical Oral                               |           |                      |
| <i>lidocaine hcl (mouth-throat) 2 %</i>                | 1B        | QL(4 ML daily)       |
| <i>lidocaine hcl (mouth-throat) 4 %</i>                | 1B        |                      |
| Anti-infectives - Throat                               |           |                      |
| <i>clotrimazole</i>                                    | 1B        |                      |
| <i>nystatin (mouth-throat)</i>                         | 1B        |                      |
| Antiseptics - Mouth/Throat                             |           |                      |
| <i>chlorhexidine gluconate (mouth-throat)</i>          | 1B        |                      |
| Dental Products                                        |           |                      |
| FLUORIDEX DAILY RENEWAL CONC 0.63 %                    | 0         | RX/OTC               |
| PERIOMED CONC 0.63 %                                   | 0         | RX/OTC               |
| <i>stannous fluoride CONC</i>                          | 0         | RX/OTC               |
| Steroids - Mouth/Throat/Dental                         |           |                      |
| <i>triamcinolone acetonide (mouth)</i>                 | 1B        |                      |
| Throat Products - Misc.                                |           |                      |
| <i>cevimeline hcl</i>                                  | 1B        |                      |
| <i>pilocarpine hcl (oral)</i>                          | 1B        |                      |
| <b>MULTIVITAMINS</b>                                   |           |                      |
| Ped MV w/ Fluoride                                     |           |                      |
| <i>pediatric multivitamins w/fl CHEW</i>               | 1A        | RX/OTC               |
| Prenatal Vitamins                                      |           |                      |

| Drug Name                                                                                                                              | Drug Tier | Requirements/ Limits   |
|----------------------------------------------------------------------------------------------------------------------------------------|-----------|------------------------|
| CLASSIC PRENATAL TABS                                                                                                                  | 2         | QL(1 EA daily)         |
| CVS PRENATAL TABS 100 MG-2.6 MG-800 MCG-400 UNIT-4 MCG-1.7 MG-18 MG-27 MG-1.5 MG-25 MG-263 MG-11 UNIT-4000 UNIT                        | 2         | QL(1 EA daily)         |
| DERMACINRX PNV PRENATOL TABS                                                                                                           | 2         | QL(1 EA daily); RX/OTC |
| EQL PRENATAL FORMULA TABS                                                                                                              | 2         | QL(1 EA daily)         |
| FT PRENATAL TABS                                                                                                                       | 2         | QL(1 EA daily)         |
| GNP PRENATAL/FOLIC ACID TABS                                                                                                           | 2         | QL(1 EA daily)         |
| GNP PRENATAL TABS                                                                                                                      | 2         | QL(1 EA daily)         |
| KP PRENATAL MULTIVITAMINS TABS                                                                                                         | 2         | QL(1 EA daily)         |
| MASONATAL TABS                                                                                                                         | 2         | QL(1 EA daily)         |
| MATRONEX TABS                                                                                                                          | 2         | QL(1 EA daily); RX/OTC |
| M-NATAL PLUS TABS                                                                                                                      | 2         | QL(1 EA daily); RX/OTC |
| MULTI PRENATAL TABS                                                                                                                    | 2         | QL(1 EA daily)         |
| NEONATAL COMPLETE TABS 120 MG-10 MG-9.2 MG-1000 MCG-10 MCG-12 MCG-3 MG-5 MG-20 MG-27 MG-200 MG-1.84 MG-25 MG-2 MG-1200 MCG-2 MG-0.2 MG | 2         | QL(1 EA daily); RX/OTC |
| NEONATAL PLUS TABS                                                                                                                     | 2         | QL(1 EA daily); RX/OTC |
| NEONATAL PRENATAL TABS                                                                                                                 | 2         | QL(1 EA daily)         |
| NEONATAL VITAMIN TABS                                                                                                                  | 2         | QL(1 EA daily)         |
| NIVA-PLUS TABS                                                                                                                         | 2         | QL(1 EA daily); RX/OTC |
| ONE VITE WOMENS PLUS TABS                                                                                                              | 2         | QL(1 EA daily); RX/OTC |
| ONE VITE WOMENS TABS                                                                                                                   | 2         | QL(1 EA daily)         |

| Drug Name                                                                                                                                                                                                                | Drug Tier | Requirements/ Limits   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------------------|
| PRENATAL ONE DAILY TABS                                                                                                                                                                                                  | 2         | QL(1 EA daily)         |
| PRENATAL PLUS VITAMIN/MINERAL TABS                                                                                                                                                                                       | 2         | QL(1 EA daily); RX/OTC |
| PRENATAL PLUS TABS                                                                                                                                                                                                       | 2         | QL(1 EA daily); RX/OTC |
| PRENATAL VITAMIN AND MINERAL TABS                                                                                                                                                                                        | 2         | QL(1 EA daily)         |
| PRENATAL VITAMINS TABS 100 MG-800 MCG-1.84 MG-18 MG-2.6 MG-1.7 MG-27 MG-10 MCG-4.95 MG-25 MG-200 MG-160 MG-1200 MCG-4 MCG, 120 MG-2.6 MG-800 MCG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-4000 UNIT-30 UNIT | 2         | QL(1 EA daily)         |
| PRENATAL TABS                                                                                                                                                                                                            | 2         | QL(1 EA daily)         |
| PRENATRIX TABS                                                                                                                                                                                                           | 2         | QL(1 EA daily); RX/OTC |
| PRENATRYL TABS                                                                                                                                                                                                           | 2         | QL(1 EA daily); RX/OTC |
| QC PRENATAL TABS                                                                                                                                                                                                         | 2         | QL(1 EA daily)         |
| RELEVIA TABS                                                                                                                                                                                                             | 2         | QL(1 EA daily); RX/OTC |
| SM PRENATAL VITAMINS TABS                                                                                                                                                                                                | 2         | QL(1 EA daily)         |
| THERANATAL CORE NUTRITION TABS                                                                                                                                                                                           | 2         | QL(1 EA daily); RX/OTC |
| TRICARE TABS                                                                                                                                                                                                             | 2         | QL(1 EA daily); RX/OTC |
| VITATHELY WITH GINGER TABS                                                                                                                                                                                               | 2         | QL(1 EA daily); RX/OTC |
| WESTAB PLUS TABS                                                                                                                                                                                                         | 2         | QL(1 EA daily); RX/OTC |
| <b>MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms</b>                                                                                                                                                            |           |                        |
| Central Muscle Relaxants                                                                                                                                                                                                 |           |                        |
| <i>baclofen TABS</i>                                                                                                                                                                                                     | 1B        |                        |
| <i>carisoprodol TABS</i>                                                                                                                                                                                                 | 1B        |                        |
| <i>chlorzoxazone TABS 500 MG</i>                                                                                                                                                                                         | 1B        | QL(6 EA daily)         |

| Drug Name                                                                     | Drug Tier | Requirements/ Limits                                               |
|-------------------------------------------------------------------------------|-----------|--------------------------------------------------------------------|
| <i>chlorzoxazone TABS 750 MG</i>                                              | 1B        | QL(4 EA daily)                                                     |
| <i>cyclobenzaprine hcl TABS 5 MG, 10 MG</i>                                   | 1A        | QL(3 EA daily)                                                     |
| <i>metaxalone 800 MG</i>                                                      | 3         | QL(4 EA daily)                                                     |
| <i>methocarbamol TABS 500 MG, 750 MG</i>                                      | 1B        |                                                                    |
| <i>orphenadrine citrate TB12</i>                                              | 1B        | QL(2 EA daily)                                                     |
| <i>tizanidine hcl CAPS</i>                                                    | 1B        |                                                                    |
| <i>tizanidine hcl TABS</i>                                                    | 1B        |                                                                    |
| Direct Muscle Relaxants                                                       |           |                                                                    |
| <i>dantrolene sodium CAPS</i>                                                 | 1B        | QL(4 EA daily)                                                     |
| <b>NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus</b> |           |                                                                    |
| Nasal Antiallergy                                                             |           |                                                                    |
| <i>azelastine hcl</i>                                                         | 1B        |                                                                    |
| <i>olopatadine hcl (nasal)</i>                                                | 1B        |                                                                    |
| Nasal Anticholinergics                                                        |           |                                                                    |
| <i>ipratropium bromide (nasal) 0.03 %</i>                                     | 1B        | QL(1 ML daily)                                                     |
| <i>ipratropium bromide (nasal) 0.06 %</i>                                     | 1B        |                                                                    |
| Nasal Steroids                                                                |           |                                                                    |
| <i>budesonide (nasal)</i>                                                     | 1B        |                                                                    |
| <i>flunisolide (nasal)</i>                                                    | 1B        | 1 package(s) per fill retail                                       |
| <i>fluticasone propionate (nasal) SUSP</i>                                    | 1B        | Limit 2 inhalers per month; QL(32 GM per 30 day(s) retail); RX/OTC |
| <i>mometasone furoate (nasal) SUSP</i>                                        | 1B        | QL(1.14 ML daily); RX/OTC                                          |
| <i>triamcinolone acetonide (nasal) AERO</i>                                   | 1B        |                                                                    |
| XHANCE EXHU                                                                   | 3         | PA                                                                 |
| <b>NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles</b>                 |           |                                                                    |

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| Drug Name                                         | Drug Tier | Requirements/ Limits |
|---------------------------------------------------|-----------|----------------------|
| <b>ALS Agents</b>                                 |           |                      |
| <i>riluzole TABS</i>                              | 3         |                      |
| <b>Nondepolarizing Muscle Relaxants</b>           |           |                      |
| <i>atracurium besylate 50 MG/5ML, 100 MG/10ML</i> | 3         | PA                   |
| <b>NUTRIENTS</b>                                  |           |                      |
| <b>Proteins</b>                                   |           |                      |
| CLINIMIX/DEXTROSE (4.25/10)                       | 3         |                      |
| CLINIMIX/DEXTROSE (4.25/5)                        | 3         |                      |
| <b>OPHTHALMIC AGENTS - Drugs to Treat the Eye</b> |           |                      |
| <b>Beta-blockers - Ophthalmic</b>                 |           |                      |
| <i>betaxolol hcl (ophth) SOLN</i>                 | 1B        |                      |
| <i>brimonidine tartrate-timolol maleate</i>       | 1B        |                      |
| <i>carteolol hcl (ophth)</i>                      | 1B        |                      |
| <i>dorzolamide hcl-timolol maleate</i>            | 1B        |                      |
| <i>levobunolol hcl 0.5 %</i>                      | 1B        |                      |
| <i>timolol maleate (ophth) SOLG</i>               | 1B        |                      |
| <i>timolol maleate (ophth) SOLN</i>               | 1B        |                      |
| <b>Cycloplegic Mydriatics</b>                     |           |                      |
| <i>tropicamide SOLN 0.5 %</i>                     | 1B        | QL(2.5 ML daily)     |
| <i>tropicamide SOLN 1 %</i>                       | 1B        |                      |
| <b>Miotics</b>                                    |           |                      |
| <i>pilocarpine hcl SOLN 1 %, 2 %, 4 %</i>         | 1B        |                      |
| <b>Ophthalmic Adrenergic Agents</b>               |           |                      |
| <i>brimonidine tartrate 0.15 %, 0.2 %</i>         | 1B        |                      |
| <b>Ophthalmic Anti-infectives</b>                 |           |                      |
| <i>bacitracin (ophthalmic)</i>                    | 3         |                      |

| Drug Name                                     | Drug Tier | Requirements/ Limits |
|-----------------------------------------------|-----------|----------------------|
| <i>besifloxacin hcl 0.6 %</i>                 | 1B        | PA                   |
| BESIVANCE 0.6 % ( <i>besifloxacin hcl</i> )   | 3         | PA                   |
| <i>ciprofloxacin hcl (ophth) SOLN</i>         | 1B        |                      |
| <i>erythromycin (ophth)</i>                   | 1B        |                      |
| <i>gatifloxacin (ophth)</i>                   | 1B        |                      |
| <i>gentamicin sulfate (ophth) SOLN</i>        | 1B        |                      |
| <i>levofloxacin (ophth) 0.5 %</i>             | 1B        |                      |
| <i>moxifloxacin hcl (ophth) SOLN OP</i>       | 1B        |                      |
| NATACYN                                       | 2         |                      |
| <i>neomycin-bacitracin zn-polymyxin</i>       | 1B        |                      |
| <i>ofloxacin (ophth)</i>                      | 1B        |                      |
| <i>polymyxin b-trimethoprim</i>               | 1B        |                      |
| <i>sulfacetamide sodium (ophth) SOLN</i>      | 1B        |                      |
| <i>tobramycin (ophth) SOLN</i>                | 1B        |                      |
| <i>trifluridine</i>                           | 1B        |                      |
| ZIRGAN GEL                                    | 2         |                      |
| <b>Ophthalmic Immunomodulators</b>            |           |                      |
| <i>cyclosporine (ophth) EMUL</i>              | 3         | PA                   |
| <b>Ophthalmic Local Anesthetics</b>           |           |                      |
| <i>proparacaine hcl</i>                       | 1B        |                      |
| <b>Ophthalmic Steroids</b>                    |           |                      |
| <i>dexamethasone sodium phosphate (ophth)</i> | 1B        | QL(0.4 ML daily)     |
| <i>difluprednate</i>                          | 1B        | PA                   |
| <i>fluorometholone (ophth) SUSP</i>           | 1B        |                      |
| FML FORTE SUSP                                | 3         | PA                   |
| LOTEMAX OINT                                  | 3         | PA                   |
| <i>loteprednol etabonate GEL</i>              | 1B        | PA                   |

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| Drug Name                                                                  | Drug Tier | Requirements/ Limits   |
|----------------------------------------------------------------------------|-----------|------------------------|
| <i>loteprednol etabonate SUSP</i>                                          | 1B        | PA                     |
| <i>loteprednol etabonate-tobramycin</i>                                    | 1B        | PA                     |
| MAXIDEX SUSP OP                                                            | 3         | PA                     |
| <i>neomycin-polymyx-dexameth OINT</i>                                      | 1B        |                        |
| <i>neomycin-polymyx-dexameth SUSP 0.1 %-3.5 MG/ML-10000 UNIT/ML, 0.1 %</i> | 1B        |                        |
| <i>neomycin-polymyxin-hc (ophth)</i>                                       | 1B        | QL(2.5 ML daily)       |
| PRED MILD                                                                  | 3         | PA                     |
| <i>prednisolone acetate (ophth)</i>                                        | 1B        |                        |
| <i>sulfacetamide sod-prednisolone SOLN</i>                                 | 3         | PA                     |
| <i>tobramycin-dexamethasone SUSP</i>                                       | 1B        |                        |
| ZYLET 0.3 %-0.5 % ( <i>loteprednol etabonate-tobramycin</i> )              | 3         | PA                     |
| Ophthalmic Surgical Aids                                                   |           |                        |
| HEALON PRO SOSY                                                            | 3         | PA                     |
| PROVISC SOSY                                                               | 3         | PA                     |
| Ophthalmics - Misc.                                                        |           |                        |
| ALOCRIL                                                                    | 3         | PA                     |
| ALOMIDE                                                                    | 3         | PA                     |
| <i>azelastine hcl (ophth)</i>                                              | 1B        |                        |
| <i>bepotastine besilate</i>                                                | 3         | PA                     |
| <i>brinzolamide</i>                                                        | 1B        |                        |
| <i>bromfenac sodium (ophth)</i>                                            | 1B        |                        |
| <i>cromolyn sodium (ophth)</i>                                             | 1B        |                        |
| CYSTARAN                                                                   | 2         | QL(2.143 ML daily); PA |
| <i>diclofenac sodium (ophth)</i>                                           | 1B        |                        |
| <i>dorzolamide hcl</i>                                                     | 1B        |                        |
| <i>epinastine hcl (ophth)</i>                                              | 1B        |                        |
| <i>flurbiprofen sodium</i>                                                 | 1B        |                        |

| Drug Name                                                                    | Drug Tier | Requirements/ Limits |
|------------------------------------------------------------------------------|-----------|----------------------|
| <i>ketorolac tromethamine (ophth)</i>                                        | 1B        |                      |
| <i>ketotifen fumarate (ophth) 0.035 %</i>                                    | 1B        |                      |
| <i>olopatadine hcl 0.1 %</i>                                                 | 1B        | QL(0.34 ML daily)    |
| <i>olopatadine hcl 0.2 %</i>                                                 | 1B        | RX/OTC               |
| ZERVIAE                                                                      | 3         | QL(2 EA daily); PA   |
| Prostaglandins - Ophthalmic                                                  |           |                      |
| <i>bimatoprost SOLN</i>                                                      | 1B        |                      |
| <i>latanoprost SOLN</i>                                                      | 1B        |                      |
| <i>tafluprost</i>                                                            | 1B        |                      |
| <i>travoprost SOLN</i>                                                       | 1B        |                      |
| OTIC AGENTS - Drugs to Treat the Ear                                         |           |                      |
| Otic Agents - Miscellaneous                                                  |           |                      |
| <i>acetic acid (otic)</i>                                                    | 1B        | QL(0.5 ML daily)     |
| Otic Anti-infectives                                                         |           |                      |
| <i>ciprofloxacin hcl (otic)</i>                                              | 1B        |                      |
| <i>ofloxacin (otic)</i>                                                      | 1B        |                      |
| Otic Combinations                                                            |           |                      |
| <i>ciprofloxacin-dexamethasone</i>                                           | 1B        |                      |
| <i>ciprofloxacin-fluocinolone acetamide</i>                                  | 1B        | QL(0.5 EA daily); PA |
| CORTISPORIN-TC                                                               | 3         |                      |
| <i>neomycin-polymyxin-hc (otic) SOLN</i>                                     | 1B        | QL(2 ML daily)       |
| <i>neomycin-polymyxin-hc (otic) SUSP</i>                                     | 1B        |                      |
| Otic Steroids                                                                |           |                      |
| <i>fluocinolone acetamide (otic)</i>                                         | 1B        |                      |
| <i>hydrocortisone w/acetic acid</i>                                          | 1B        |                      |
| PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune |           |                      |

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| Drug Name                                                  | Drug Tier | Requirements/ Limits |
|------------------------------------------------------------|-----------|----------------------|
| <b>System</b>                                              |           |                      |
| Immune Serums                                              |           |                      |
| GAMUNEX-C                                                  | 4         | PA                   |
| Monoclonal Antibodies                                      |           |                      |
| BEYFORTUS                                                  | 0         |                      |
| ENFLONIA SOSY IM 105 MG/0.7ML                              | 0         |                      |
| <b>PENICILLINS - Drugs to Treat Bacterial Infections</b>   |           |                      |
| Aminopenicillins                                           |           |                      |
| <i>amoxicillin CAPS</i>                                    | 1A        |                      |
| <i>amoxicillin CHEW 125 MG, 250 MG</i>                     | 1B        |                      |
| <i>amoxicillin SUSR 125 MG/5ML</i>                         | 1A        |                      |
| <i>amoxicillin SUSR 200 MG/5ML, 250 MG/5ML, 400 MG/5ML</i> | 1B        |                      |
| <i>amoxicillin TABS</i>                                    | 1B        |                      |
| <i>ampicillin sodium IJ 1 GM</i>                           | 1B        |                      |
| <i>ampicillin CAPS 500 MG</i>                              | 1B        |                      |
| Natural Penicillins                                        |           |                      |
| PENICILLIN G POT IN DEXTROSE 40000 UNIT/ML, 60000 UNIT/ML  | 1B        |                      |
| <i>penicillin g potassium 5000000 UNIT</i>                 | 1B        |                      |
| <i>penicillin g sodium</i>                                 | 3         |                      |
| <i>penicillin v potassium SOLR</i>                         | 1B        |                      |
| <i>penicillin v potassium TABS</i>                         | 1B        |                      |
| Penicillin Combinations                                    |           |                      |
| <i>amoxicillin &amp; pot clavulanate CHEW 57 MG-400 MG</i> | 1B        |                      |
| <i>amoxicillin &amp; pot clavulanate SUSR</i>              | 1B        |                      |

| Drug Name                                                                                                 | Drug Tier | Requirements/ Limits                |
|-----------------------------------------------------------------------------------------------------------|-----------|-------------------------------------|
| <i>amoxicillin &amp; pot clavulanate TABS</i>                                                             | 1B        |                                     |
| <i>amoxicillin &amp; pot clavulanate TB12</i>                                                             | 1B        |                                     |
| Penicillinase-Resistant Penicillins                                                                       |           |                                     |
| <i>dicloxacillin sodium</i>                                                                               | 1B        |                                     |
| <i>naftillin sodium IV 10 GM</i>                                                                          | 1B        |                                     |
| <i>oxacillin sodium IV 10 GM</i>                                                                          | 1B        |                                     |
| <b>PROGESTINS - Hormone Replacement/Modifying Drugs</b>                                                   |           |                                     |
| Progestins                                                                                                |           |                                     |
| <i>medroxyprogesterone acetate 2.5 MG, 5 MG</i>                                                           | 1B        |                                     |
| <i>medroxyprogesterone acetate 10 MG</i>                                                                  | 1A        |                                     |
| <i>megestrol acetate (appetite)</i>                                                                       | 1B        | PA                                  |
| <i>norethindrone acetate TABS</i>                                                                         | 0         |                                     |
| <i>progesterone CAPS</i>                                                                                  | 1B        |                                     |
| <b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions</b> |           |                                     |
| Agents for Chemical Dependency                                                                            |           |                                     |
| <i>acamprosate calcium</i>                                                                                | 1B        |                                     |
| <i>disulfiram</i>                                                                                         | 1B        |                                     |
| <i>lofexidine hcl</i>                                                                                     | 1B        | QL(224 EA per 14 day(s) retail); PA |
| Antidementia Agents                                                                                       |           |                                     |
| <i>donepezil hydrochloride TABS 10 MG</i>                                                                 | 1B        | QL(2 EA daily)                      |
| <i>donepezil hydrochloride TABS 5 MG, 23 MG</i>                                                           | 1B        | QL(1 EA daily)                      |
| <i>donepezil hydrochloride TBDP 10 MG</i>                                                                 | 1B        | QL(2 EA daily)                      |
| <i>donepezil hydrochloride TBDP 5 MG</i>                                                                  | 1B        | QL(1 EA daily)                      |

| Drug Name                                                 | Drug Tier | Requirements/ Limits                    |
|-----------------------------------------------------------|-----------|-----------------------------------------|
| <i>galantamine hydrobromide CP24</i>                      | 1B        | QL(1 EA daily)                          |
| <i>galantamine hydrobromide SOLN</i>                      | 1B        | QL(6 ML daily)                          |
| <i>galantamine hydrobromide TABS</i>                      | 1B        | QL(2 EA daily)                          |
| KISUNLA                                                   | 4         | PA                                      |
| <i>memantine hcl TABS</i>                                 | 1B        |                                         |
| <i>memantine hcl TABS</i>                                 | 1B        | QL(2 EA daily)                          |
| <i>rivastigmine tartrate CAPS</i>                         | 1B        |                                         |
| Combination Psychotherapeutics                            |           |                                         |
| <i>chlordiazepoxide-amitriptyline</i>                     | 1B        |                                         |
| <i>perphenazine-amitriptyline</i>                         | 1B        | QL(4 EA daily)                          |
| Fibromyalgia Agents                                       |           |                                         |
| <i>milnacipran hcl MISC</i>                               | 1B        | 1 max fill(s) per 365 day(s) retail; PA |
| <i>milnacipran hcl TABS 12.5 MG, 25 MG, 50 MG, 100 MG</i> | 1B        | QL(2 EA daily); PA                      |
| Movement Disorder Drug Therapy                            |           |                                         |
| <i>tetrabenazine</i>                                      | 4         | QL(3 EA daily); PA                      |
| Multiple Sclerosis Agents                                 |           |                                         |
| AVONEX PEN AJKT                                           | 4         | QL(0.0714 EA daily); PA                 |
| AVONEX PREFILLED PSKT                                     | 4         | QL(0.0714 EA daily); PA                 |
| BETASERON KIT                                             | 4         | QL(0.5 EA daily); PA                    |
| <i>dalfampridine</i>                                      | 4         | QL(2 EA daily); PA                      |
| <i>dimethyl fumarate CDPK</i>                             | 1B        | QL(2 EA daily)                          |
| <i>dimethyl fumarate CPDR</i>                             | 1B        | QL(2 EA daily)                          |
| <i> fingolimod hcl</i>                                    | 3         | QL(1 EA daily)                          |
| <i>glatiramer acetate SOSY 20 MG/ML</i>                   | 3         | QL(1 ML daily)                          |
| <i>glatiramer acetate SOSY 40 MG/ML</i>                   | 3         | QL(0.43 ML daily)                       |

| Drug Name                                                   | Drug Tier | Requirements/ Limits                    |
|-------------------------------------------------------------|-----------|-----------------------------------------|
| LEMTRADA                                                    | 4         | QL(1.2 ML daily); PA                    |
| PLEGRIDY STARTER PACK SOAJ                                  | 4         | QL(0.036 ML daily); PA                  |
| PLEGRIDY STARTER PACK SOSY SC                               | 4         | QL(0.036 ML daily); PA                  |
| PLEGRIDY SOAJ                                               | 4         | QL(0.036 ML daily); PA                  |
| PLEGRIDY SOSY SC                                            | 4         | QL(0.036 ML daily); PA                  |
| REBIF REBIDOSE TITRATION PACK SOAJ                          | 4         | 1 max fill(s) per 365 day(s) retail; PA |
| REBIF REBIDOSE SOAJ                                         | 4         | QL(0.214 ML daily); PA                  |
| REBIF TITRATION PACK SOSY                                   | 4         | 1 max fill(s) per 365 day(s) retail; PA |
| REBIF SOSY                                                  | 4         | QL(0.214 ML daily); PA                  |
| <i>teriflunomide</i>                                        | 3         | QL(1 EA daily)                          |
| Psychotherapeutic and Neurological Agents - Misc.           |           |                                         |
| <i>ergoloid mesylates TABS</i>                              | 1B        |                                         |
| <i>pimozide</i>                                             | 1B        |                                         |
| Smoking Deterrents                                          |           |                                         |
| <i>bupropion hcl (smoking deterrent)</i>                    | 0         | QL(2 EA daily)                          |
| <i>nicotine polacrilex GUM</i>                              | 0         |                                         |
| <i>nicotine polacrilex LOZG</i>                             | 0         |                                         |
| NICOTINE KIT                                                | 0         |                                         |
| <i>nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR</i>   | 0         | QL(1 EA daily)                          |
| NICOTROL NS SOLN                                            | 0         |                                         |
| NICOTROL INHA                                               | 0         |                                         |
| <i>varenicline tartrate TABS</i>                            | 0         | QL(2 EA daily)                          |
| <i>varenicline tartrate TBPK</i>                            | 0         |                                         |
| RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions |           |                                         |
| Cystic Fibrosis Agents                                      |           |                                         |

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| Drug Name                                           | Drug Tier | Requirements/ Limits |
|-----------------------------------------------------|-----------|----------------------|
| KALYDECO TABS                                       | 4         | QL(2 EA daily); PA   |
| PULMOZYME                                           | 4         | QL(2.5 ML daily); PA |
| Pulmonary Fibrosis Agents                           |           |                      |
| <i>nintedanib esylate 100 MG, 150 MG</i>            | 4         | QL(2 EA daily); PA   |
| <i>pirfenidone CAPS</i>                             | 4         | QL(1 EA daily); PA   |
| <i>pirfenidone TABS 534 MG</i>                      | 4         | QL(3 EA daily); PA   |
| <i>pirfenidone TABS 267 MG, 801 MG</i>              | 4         | QL(1 EA daily); PA   |
| SULFONAMIDES - Drugs to Treat Bacterial Infections  |           |                      |
| Sulfonamides                                        |           |                      |
| <i>sulfadiazine TABS</i>                            | 1B        |                      |
| TETRACYCLINES - Drugs to Treat Bacterial Infections |           |                      |
| Tetracyclines                                       |           |                      |
| <i>demeclocycline hcl TABS</i>                      | 1B        |                      |
| <i>doxycycline (monohydrate) CAPS 75 MG</i>         | 1B        |                      |
| <i>doxycycline (monohydrate) CAPS 50 MG, 100 MG</i> | 1B        | QL(2 EA daily)       |
| <i>doxycycline (monohydrate) TABS 100 MG</i>        | 1B        | QL(2 EA daily)       |
| <i>doxycycline (monohydrate) TABS 50 MG, 75 MG</i>  | 1B        |                      |
| <i>doxycycline hyclate CAPS</i>                     | 1B        | QL(2 EA daily)       |
| <i>doxycycline hyclate TABS 20 MG, 100 MG</i>       | 1B        | QL(2 EA daily)       |
| <i>minocycline hcl CAPS</i>                         | 1B        | QL(3 EA daily)       |
| <i>minocycline hcl TABS</i>                         | 1B        | QL(3 EA daily)       |
| <i>tetracycline hcl CAPS</i>                        | 1B        | QL(8 EA daily)       |
| THYROID AGENTS - Drugs to Regulate Thyroid          |           |                      |

| Drug Name                                              | Drug Tier | Requirements/ Limits |
|--------------------------------------------------------|-----------|----------------------|
| Hormones                                               |           |                      |
| Antithyroid Agents                                     |           |                      |
| <i>methimazole TABS</i>                                | 1B        |                      |
| <i>propylthiouracil</i>                                | 1B        |                      |
| Thyroid Hormones                                       |           |                      |
| ADTHYZA TABS 16.25 MG, 32.5 MG, 65 MG, 97.5 MG, 130 MG | 2         |                      |
| AMERITHROID TABS 180 MG, 240 MG, 300 MG                | 2         | QL(1 EA daily)       |
| ARMOUR THYROID TABS                                    | 2         | QL(1 EA daily)       |
| EVEXITHROID TABS 180 MG                                | 2         | QL(1 EA daily)       |
| <i>levothyroxine sodium TABS</i>                       | 1A        |                      |
| <i>liothyronine sodium SOLN</i>                        | 1B        |                      |
| <i>liothyronine sodium TABS</i>                        | 1B        |                      |
| NP THYROID TABS                                        | 1B        | QL(1 EA daily)       |
| SYNTHROID TABS ( <i>levothyroxine sodium</i> )         | 2         |                      |
| TOXOIDS                                                |           |                      |
| Toxoid Combinations                                    |           |                      |
| ADACEL SUSP                                            | 0         |                      |
| ADACEL SUSY 2 LF/0.5ML-5 LF/0.5ML-15.5 MCG/0.5ML       | 0         |                      |
| BOOSTRIX SUSP                                          | 0         |                      |
| BOOSTRIX SUSY                                          | 0         |                      |
| DAPTACEL                                               | 0         |                      |
| INFANRIX                                               | 0         |                      |
| KINRIX SUSY                                            | 0         |                      |
| PEDIARIX SUSY                                          | 0         |                      |
| PENTACEL                                               | 0         |                      |
| QUADRACEL SUSP                                         | 0         |                      |
| QUADRACEL SUSY                                         | 0         |                      |
| TDVAX SUSP                                             | 0         |                      |

| Drug Name                                                                   | Drug Tier | Requirements/ Limits |
|-----------------------------------------------------------------------------|-----------|----------------------|
| TENIVAC SUSP 2 LFU-5 LFU                                                    | 0         |                      |
| TETANUS-DIPHTHERIA TOXOIDS TD SUSP                                          | 0         |                      |
| VAXELIS SUSP                                                                | 0         |                      |
| VAXELIS SUSY                                                                | 0         |                      |
| <b>ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions</b> |           |                      |
| <b>Antispasmodics</b>                                                       |           |                      |
| <i>chlordiazepoxide hcl-clidinium bromide</i>                               | 1B        |                      |
| <i>dicyclomine hcl CAPS</i>                                                 | 1B        |                      |
| <i>dicyclomine hcl SOLN PO</i>                                              | 1B        |                      |
| <i>dicyclomine hcl TABS</i>                                                 | 1B        |                      |
| <i>glycopyrrolate SOLN IJ 4 MG/20ML</i>                                     | 1B        |                      |
| <i>glycopyrrolate TABS 2 MG</i>                                             | 1B        | QL(6 EA daily)       |
| <i>glycopyrrolate TABS 1 MG</i>                                             | 1B        |                      |
| <i>methscopolamine bromide</i>                                              | 1B        |                      |
| <b>H-2 Antagonists</b>                                                      |           |                      |
| <i>cimetidine TABS</i>                                                      | 1B        | RX/OTC               |
| <i>famotidine in nacl SOLN</i>                                              | 1B        |                      |
| <i>famotidine SUSR</i>                                                      | 1B        | QL(10 ML daily)      |
| <i>famotidine TABS 20 MG, 40 MG</i>                                         | 1B        | RX/OTC               |
| <i>nizatidine CAPS</i>                                                      | 1B        |                      |
| <i>ranitidine hcl TABS 150 MG, 300 MG</i>                                   | 1B        |                      |
| <b>Misc. Anti-Ulcer</b>                                                     |           |                      |
| <i>sucralfate SUSP</i>                                                      | 1B        | QL(40 ML daily)      |
| <i>sucralfate TABS</i>                                                      | 1B        | QL(4 EA daily)       |
| <b>Proton Pump Inhibitors</b>                                               |           |                      |
| <i>dexlansoprazole</i>                                                      | 3         | QL(1 EA daily)       |

| Drug Name                                                                   | Drug Tier | Requirements/ Limits                                                                 |
|-----------------------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------|
| <i>esomeprazole magnesium CPDR 20 MG</i>                                    | 1B        | QL(2 EA daily); RX/OTC                                                               |
| <i>esomeprazole magnesium CPDR 40 MG</i>                                    | 3         | QL(1 EA daily)                                                                       |
| <i>esomeprazole magnesium TBEC</i>                                          | 1B        | QL(2 EA daily)                                                                       |
| <i>lansoprazole CPDR 30 MG</i>                                              | 1B        |                                                                                      |
| <i>lansoprazole CPDR 15 MG</i>                                              | 1B        | QL(2 EA daily); RX/OTC                                                               |
| <i>NEXIUM 24HR TBEC 20 MG</i>                                               | 1B        | QL(2 EA daily)                                                                       |
| <i>omeprazole magnesium CPDR</i>                                            | 1B        | QL(4 EA daily)                                                                       |
| <i>omeprazole CPDR</i>                                                      | 1B        | QL(2 EA daily)                                                                       |
| <i>omeprazole TBEC</i>                                                      | 1B        | QL(2 EA daily)                                                                       |
| <i>pantoprazole sodium TBEC 20 MG</i>                                       | 1B        | QL(1 EA daily)                                                                       |
| <i>pantoprazole sodium TBEC 40 MG</i>                                       | 1B        |                                                                                      |
| <i>rabeprazole sodium TBEC</i>                                              | 1B        | QL(1 EA daily)                                                                       |
| <b>Ulcer Drugs - Prostaglandins</b>                                         |           |                                                                                      |
| <i>misoprostol</i>                                                          | 1B        | QL(4 EA daily)                                                                       |
| <b>Ulcer Therapy Combinations</b>                                           |           |                                                                                      |
| <i>amoxicillin-clarithromycin w/ lansoprazole THPK</i>                      | 1B        | 14 day(s) max supply per 365 day(s) retail; 14 day(s) max supply per 365 day(s) mail |
| <i>bismuth subcitrate potassium-metronidazole-tetracycline</i>              | 3         | QL(120 EA per 10 day(s) retail; 120 EA per 10 days mail); PA                         |
| <i>omeprazole-sodium bicarbonate CAPS 1100 MG-20 MG</i>                     | 1B        | QL(1 EA daily); RX/OTC                                                               |
| <b>URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms</b> |           |                                                                                      |
| <b>Urinary Antispasmodic - Antimuscarinics (Anticholinergic)</b>            |           |                                                                                      |

| Drug Name                                           | Drug Tier | Requirements/ Limits                       |
|-----------------------------------------------------|-----------|--------------------------------------------|
| <i>darifenacin hydrobromide</i>                     | 1B        | QL(1 EA daily)                             |
| <i>fesoterodine fumarate</i>                        | 1B        | QL(1 EA daily)                             |
| <i>oxybutynin chloride SOLN</i>                     | 1B        |                                            |
| <i>oxybutynin chloride TABS 5 MG</i>                | 1B        |                                            |
| <i>oxybutynin chloride TB24</i>                     | 1B        |                                            |
| <i>solifenacin succinate TABS</i>                   | 1B        | QL(1 EA daily)                             |
| <i>tolterodine tartrate CP24</i>                    | 1B        | QL(1 EA daily)                             |
| <i>tolterodine tartrate TABS</i>                    | 1B        |                                            |
| <i>trospium chloride CP24</i>                       | 1B        | QL(1 EA daily)                             |
| <i>trospium chloride TABS</i>                       | 1B        | QL(3 EA daily)                             |
| Urinary Antispasmodics - Beta-3 Adrenergic Agonists |           |                                            |
| <i>mirabegron TB24</i>                              | 3         | PA                                         |
| Urinary Antispasmodics - Cholinergic Agonists       |           |                                            |
| <i>bethanechol chloride 5 MG, 10 MG, 50 MG</i>      | 1B        | QL(4 EA daily)                             |
| <i>bethanechol chloride 25 MG</i>                   | 1B        |                                            |
| Urinary Antispasmodics - Direct Muscle Relaxants    |           |                                            |
| <i>flavoxate hcl</i>                                | 1B        |                                            |
| <b>VACCINES</b>                                     |           |                                            |
| Bacterial Vaccines                                  |           |                                            |
| ACTHIB SOLR IM                                      | 0         |                                            |
| BEXSERO 0.5 ML                                      | 0         |                                            |
| CAPVAXIVE                                           | 0         |                                            |
| HIBERIX SOLR IJ                                     | 0         |                                            |
| MENQUADFI 0.5 ML                                    | 0         |                                            |
| MENVEO SOLN                                         | 0         |                                            |
| MENVEO SOLR                                         | 0         |                                            |
| PEDVAXHIB SUSP 7.5 MCG/0.5ML                        | 0         |                                            |
| PENBRAYA                                            | 0         |                                            |
| PENMENVY SUSR IM                                    | 0         | AL(At least 10 yrs old - Up to 25 yrs old) |

| Drug Name                              | Drug Tier | Requirements/ Limits                                                   |
|----------------------------------------|-----------|------------------------------------------------------------------------|
| PNEUMOVAX 23 SOLN                      | 0         |                                                                        |
| PNEUMOVAX 23 SOSY                      | 0         |                                                                        |
| PREVNAR 20                             | 0         | 1 max fill(s) per 999 day(s) retail                                    |
| TRUMENBA 0.5 ML                        | 0         |                                                                        |
| VAXNEUVANCE                            | 0         | 4 max fill(s) per 999 day(s) retail                                    |
| Viral Vaccines                         |           |                                                                        |
| ABRYSVO                                | 0         |                                                                        |
| ACAM2000 SOLR IJ                       | 0         |                                                                        |
| AFLURIA PRESERVATIVE FREE SUSY         | 0         | Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail           |
| AFLURIA QUADRIVALENT SUSY 0.5 ML       | 0         | 1 max fill(s) per 180 day(s) retail                                    |
| AFLURIA SUSP                           | 0         | 1 max fill(s) per 180 day(s) retail                                    |
| AREXVY                                 | 0         |                                                                        |
| AUDENZ EMUL                            | 0         |                                                                        |
| AUDENZ PRSY                            | 0         |                                                                        |
| COMIRNATY 5-11 YEARS SUSP 10 MCG/0.3ML | 0         |                                                                        |
| COMIRNATY SUSP                         | 0         |                                                                        |
| COMIRNATY SUSY                         | 0         |                                                                        |
| ENGRIX-B SUSP 20 MCG/ML                | 0         | 3 max fill(s) per 365 day(s) retail; 3 max fill(s) per 365 day(s) mail |
| ENGRIX-B SUSY                          | 0         | 3 max fill(s) per 365 day(s) retail; 3 max fill(s) per 365 day(s) mail |
| FLUAD                                  | 0         | 1 max fill(s) per 180 day(s) retail                                    |

| Drug Name                      | Drug Tier | Requirements/ Limits                                         | Drug Name                                   | Drug Tier | Requirements/ Limits                                                   |
|--------------------------------|-----------|--------------------------------------------------------------|---------------------------------------------|-----------|------------------------------------------------------------------------|
| FLUAD QUADRIVALENT             | 0         | 1 max fill(s) per 180 day(s) retail                          | GARDASIL 9 SUSP 0.5 ML                      | 0         | 3 max fill(s) per 365 day(s) retail                                    |
| FLUARIX QUADRIVALENT SUSY      | 0         | 1 max fill(s) per 180 day(s) retail                          | GARDASIL 9 SUSY 0.5 ML                      | 0         | 3 max fill(s) per 365 day(s) retail                                    |
| FLUARIX SUSY                   | 0         | Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail | HAVRIX IM 720 EL U/0.5ML, 1440 EL U/ML      | 0         |                                                                        |
| FLUBLOK SOSY                   | 0         | 1 max fill(s) per 180 day(s) retail                          | HEPLISAV-B SOSY                             | 0         | 2 max fill(s) per 292 day(s) retail; 2 max fill(s) per 292 day(s) mail |
| FLUCELVAX QUADRIVALENT SUSY    | 0         | Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail | IPOL IJ                                     | 0         |                                                                        |
| FLUCELVAX SUSP                 | 0         | 1 max fill(s) per 180 day(s) retail                          | JYNNEOS                                     | 0         |                                                                        |
| FLUCELVAX SUSY                 | 0         | 1 max fill(s) per 180 day(s) retail                          | MFLUSIVA SUSY IM 0.38 ML                    | 0         | 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail |
| FLULAVAL SUSY                  | 0         | Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail | M-M-R II SOLR                               | 0         | 2 max fill(s) per 365 day(s) retail                                    |
| FLUMIST                        | 0         | 1 max fill(s) per 180 day(s) retail                          | MNEXSPIKE SUSY 10 MCG/0.2ML                 | 0         |                                                                        |
| FLUZONE HIGH-DOSE QUADRIVALENT | 0         | 1 max fill(s) per 180 day(s) retail                          | MODERNA COVID-19 VAC 6M-11Y SUSY            | 0         |                                                                        |
| FLUZONE HIGH-DOSE SUSY         | 0         | 1 max fill(s) per 180 day(s) retail                          | MRESVIA                                     | 0         |                                                                        |
| FLUZONE QUADRIVALENT SUSY      | 0         | 1 max fill(s) per 180 day(s) retail                          | NOVAVAX COVID-19 VACCINE SUSY               | 0         |                                                                        |
| FLUZONE SUSP                   | 0         | 1 max fill(s) per 180 day(s) retail                          | NUVAXOVID COVID-19 VACCINE SUSY 5 MCG/0.5ML | 0         |                                                                        |
| FLUZONE SUSY                   | 0         | Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail | PFIZER COVID-19 VAC-TRIS 5-11Y SUSP         | 0         |                                                                        |
|                                |           |                                                              | PFIZER COVID-19 VAC-TRIS 6M-4Y SUSP         | 0         |                                                                        |
|                                |           |                                                              | PREHEVBRIO                                  | 0         | 3 max fill(s) per 365 day(s) retail                                    |
|                                |           |                                                              | PRIORIX SUSR                                | 0         | 3 max fill(s) per 365 day(s) retail                                    |
|                                |           |                                                              | PROQUAD SUSR                                | 0         | 2 max fill(s) per 365 day(s) retail                                    |

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| Drug Name                                     | Drug Tier | Requirements/ Limits                                         |
|-----------------------------------------------|-----------|--------------------------------------------------------------|
| RECOMBIVAX HB SUSP                            | 0         |                                                              |
| RECOMBIVAX HB SUSY                            | 0         |                                                              |
| ROTARIX SUSP                                  | 0         |                                                              |
| ROTATEQ SOLN                                  | 0         |                                                              |
| SHINGRIX                                      | 0         | 2 max fill(s) per 999 day(s) retail; AL(At least 18 yrs old) |
| SHINGRIX IM 50 MCG/0.5ML                      | 0         | 2 max fill(s) per 999 day(s) retail; AL(At least 18 yrs old) |
| SPIKEVAX 6M-11Y SUSY 25 MCG/0.25ML            | 0         |                                                              |
| SPIKEVAX SUSP                                 | 0         |                                                              |
| SPIKEVAX SUSY                                 | 0         |                                                              |
| TWINRIX SUSY                                  | 0         |                                                              |
| VAQTA IM 25 UNIT/0.5ML, 50 UNIT/ML            | 0         |                                                              |
| VAQTA                                         | 0         |                                                              |
| VARIVAX SUSR                                  | 0         | 2 max fill(s) per 365 day(s) retail                          |
| <b>VAGINAL AND RELATED PRODUCTS</b>           |           |                                                              |
| <b>Spermicides</b>                            |           |                                                              |
| TODAY SPONGE MISC                             | 0         |                                                              |
| VCF VAGINAL CONTRACEPTIVE FILM                | 0         |                                                              |
| <b>Vaginal Anti-infectives</b>                |           |                                                              |
| <i>clindamycin phosphate vaginal CREA</i>     | 1B        |                                                              |
| <i>clotrimazole vaginal CREA 1 %</i>          | 1B        |                                                              |
| GYNAZOLE-1                                    | 3         | QL(5 GM per 30 day(s) retail; 5 GM per 30 days mail)         |
| <i>metronidazole vaginal</i>                  | 1B        |                                                              |
| <i>miconazole nitrate vaginal SUPP 200 MG</i> | 1B        |                                                              |

| Drug Name                                                             | Drug Tier | Requirements/ Limits                                                                                              |
|-----------------------------------------------------------------------|-----------|-------------------------------------------------------------------------------------------------------------------|
| <i>terconazole vaginal CREA</i>                                       | 1B        |                                                                                                                   |
| <i>terconazole vaginal CREA</i>                                       | 1B        |                                                                                                                   |
| <i>terconazole vaginal SUPP</i>                                       | 1B        |                                                                                                                   |
| <b>Vaginal Anti-inflammatory Agents</b>                               |           |                                                                                                                   |
| <i>hydrocortisone vaginal</i>                                         | 1B        | QL(15.15 GM daily)                                                                                                |
| <b>Vaginal Contraceptive - pH Modulators</b>                          |           |                                                                                                                   |
| PHEXX                                                                 | 0         | PV                                                                                                                |
| PHEXXI                                                                | 0         | PV                                                                                                                |
| <b>Vaginal Estrogens</b>                                              |           |                                                                                                                   |
| <i>estradiol vaginal CREA</i>                                         | 1B        | QL(2 GM daily)                                                                                                    |
| <i>estradiol vaginal TABS</i>                                         | 1B        |                                                                                                                   |
| ESTRING RING 7.5 MCG/24HR                                             | 3         |                                                                                                                   |
| FEMRING                                                               | 3         |                                                                                                                   |
| PREMARIN                                                              | 2         | QL(1.5 GM daily)                                                                                                  |
| <b>VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions</b> |           |                                                                                                                   |
| <b>Anaphylaxis Therapy Agents</b>                                     |           |                                                                                                                   |
| <i>epinephrine (anaphylaxis) SOAJ</i>                                 | 1B        | QL(2 EA per fill retail; 2 per fill mail); 2 max fill(s) per 365 day(s) retail; 2 max fill(s) per 365 day(s) mail |
| <b>Vasopressors</b>                                                   |           |                                                                                                                   |
| <i>midodrine hcl</i>                                                  | 1B        |                                                                                                                   |
| <b>VITAMINS</b>                                                       |           |                                                                                                                   |
| <b>Oil Soluble Vitamins</b>                                           |           |                                                                                                                   |
| <i>cholecalciferol CAPS</i>                                           | 1A        |                                                                                                                   |
| <i>cholecalciferol TABS 10 MCG, 400 UNIT</i>                          | 0         |                                                                                                                   |
| <i>ergocalciferol CAPS</i>                                            | 0         |                                                                                                                   |
| <i>ergocalciferol SOLN PO 200 MCG/ML</i>                              | 1B        |                                                                                                                   |

| Drug Name                      | Drug Tier | Requirements/<br>Limits  |
|--------------------------------|-----------|--------------------------|
| VITAMIN D2 TABS 400 UNIT       | 0         | AL (At least 65 yrs old) |
| Water Soluble Vitamins         |           |                          |
| <i>ascorbic acid SOLN IJ</i>   | 3         | QL (0.4 ML daily)        |
| NIACIN ER TBCR                 | 1B        |                          |
| <i>niacinamide TABS 500 MG</i> | 1A        |                          |
| <i>niacinamide TABS 100 MG</i> | 1B        |                          |
| <i>niacin CPCR 250 MG</i>      | 1A        |                          |
| <i>niacin TABS</i>             | 1A        |                          |
| <i>niacin TBCR</i>             | 1A        |                          |

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| fingolimod hcl .....                | 57 | fluocinonide CREA 0.1 % .....        | 38 | fluticasone propionate hfa .....      | 10 |
| flavoxate hcl .....                 | 60 | fluocinonide emulsified base .....   | 38 | fluticasone propionate LOTN .....     | 38 |
| flecainide acetate .....            | 9  | fluocinonide GEL .....               | 38 | fluticasone propionate OINT .....     | 38 |
| floxuridine .....                   | 23 | fluocinonide OINT .....              | 38 | fluticasone-salmeterol AEPB 100       |    |
| FLUAD .....                         | 60 | fluocinonide SOLN .....              | 38 | MCG/ACT-50 MCG/ACT, 250               |    |
| FLUAD QUADRIVALENT .....            | 61 | FLUORIDEX DAILY RENEWAL              |    | MCG/ACT-50 MCG/ACT, 500               |    |
| FLUARIX QUADRIVALENT SUSY 61        |    | CONC 0.63 % .....                    | 52 | MCG/ACT-50 MCG/ACT .....              | 10 |
| FLUARIX SUSY .....                  | 61 | fluorometholone (ophth) SUSP ....    | 54 | fluticasone-salmeterol AEPB 113       |    |
| FLUBLOK SOSY .....                  | 61 | fluorouracil (topical) CREA 5 % ...  | 35 | MCG/ACT-14 MCG/ACT, 232               |    |
| FLUCELVAX QUADRIVALENT              |    | fluorouracil (topical) SOLN .....    | 35 | MCG/ACT-14 MCG/ACT, 55                |    |
| SUSY .....                          | 61 | fluoxetine hcl CAPS .....            | 13 | MCG/ACT-14 MCG/ACT .....              | 10 |
| FLUCELVAX SUSP .....                | 61 | fluoxetine hcl CPDR .....            | 13 | fluticasone-salmeterol AERO .....     | 10 |
| FLUCELVAX SUSY .....                | 61 | fluoxetine hcl SOLN .....            | 13 | fluvastatin sodium CAPS 20 MG ...     | 19 |
| fluconazole SUSR .....              | 17 | fluoxetine hcl TABS .....            | 13 | fluvastatin sodium CAPS 40 MG ...     | 19 |
| fluconazole TABS .....              | 17 | fluphenazine hcl CONC .....          | 26 | fluvoxamine maleate TABS .....        | 13 |
| flucytosine .....                   | 17 | fluphenazine hcl ELIX .....          | 26 | FLUZONE HIGH-DOSE                     |    |
| fludarabine phosphate SOLN .....    | 23 | fluphenazine hcl SOLN .....          | 26 | QUADRIVALENT .....                    | 61 |
| fludarabine phosphate SOLR .....    | 23 | fluphenazine hcl TABS .....          | 26 | FLUZONE HIGH-DOSE SUSY ....           | 61 |
| fludrocortisone acetate TABS .....  | 33 | flurandrenolide CREA .....           | 38 | FLUZONE QUADRIVALENT SUSY             |    |
| FLULAVAL SUSY .....                 | 61 | flurandrenolide LOTN .....           | 38 | 61                                    |    |
| FLUMIST .....                       | 61 | flurazepam hcl .....                 | 46 | FLUZONE SUSP .....                    | 61 |
| flunisolide (nasal) .....           | 53 | flurbiprofen sodium .....            | 55 | FLUZONE SUSY .....                    | 61 |
| fluocinolone acetonide (otic) ..... | 55 | flurbiprofen TABS .....              | 4  | FML FORTE SUSP .....                  | 54 |
| fluocinolone acetonide CREA 0.01 %  | 37 | fluticasone furoate (inhalation) 50  |    | folic acid TABS .....                 | 45 |
| fluocinolone acetonide CREA 0.025   |    | MCG/ACT, 100 MCG/ACT, 200            |    | fondaparinux sodium 10 MG/0.8ML       |    |
| % .....                             | 37 | MCG/ACT .....                        | 10 | 11                                    |    |
| fluocinolone acetonide OIL .....    | 38 | fluticasone furoate-vilanterol ..... | 10 | fondaparinux sodium 2.5 MG/0.5ML .    |    |
|                                     |    | fluticasone propionate (inhalation)  |    | 11                                    |    |
|                                     |    |                                      |    | fondaparinux sodium 5 MG/0.4ML .      | 11 |

|                                               |                                                                                             |    |                                                            |    |
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| fondaparinux sodium 7.5 MG/0.6ML . 11         | MG/ML .....                                                                                 | 40 | glimepiride 1 MG, 2 MG .....                               | 16 |
|                                               | furosemide TABS .....                                                                       | 40 | glimepiride 4 MG .....                                     | 16 |
| FORA GTEL BLOOD KETONE TEST .....             | FUZEON SOLR .....                                                                           | 27 | glipizide TABS 5 MG, 10 MG .....                           | 16 |
| FORA TEST N'GO ADV-VOICE-6 CON .....          | gabapentin CAPS .....                                                                       | 12 | glipizide TB24 .....                                       | 16 |
|                                               | gabapentin SOLN .....                                                                       | 12 | glipizide-metformin hcl 250 MG-2.5 MG, 500 MG-2.5 MG ..... | 14 |
| formoterol fumarate NEBU .....                | gabapentin TABS 600 MG, 800 MG 12                                                           |    | glipizide-metformin hcl 500 MG-5 MG .....                  | 14 |
| FOSAMAX PLUS D .....                          | galantamine hydrobromide CP24 ..                                                            | 57 | glucagon SOLR IJ 1 MG .....                                | 15 |
| fosamprenavir calcium TABS .....              | galantamine hydrobromide SOLN ..                                                            | 57 | glyburide micronized 1.5 MG, 3 MG, 6 MG .....              | 16 |
| fosfomycin tromethamine .....                 | galantamine hydrobromide TABS ..                                                            | 57 | glyburide TABS .....                                       | 16 |
| fosinopril sodium & hydrochlorothiazide ..... | GAMUNEX-C .....                                                                             | 56 | glyburide-metformin 250 MG-1.25 MG .....                   | 14 |
| fosinopril sodium .....                       | ganciclovir sodium SOLR .....                                                               | 28 | glyburide-metformin 500 MG-2.5 MG, 500 MG-5 MG .....       | 14 |
| fosphenytoin sodium .....                     | ganirelix acetate .....                                                                     | 41 | glycine (gu irrigant) SOLN 1.5 % ..                        | 44 |
| FRAGMIN SOSY .....                            | GARDASIL 9 SUSP 0.5 ML .....                                                                | 61 | glycopyrrolate SOLN IJ 4 MG/20ML 59                        |    |
| FREESTYLE LIBRE 14 DAY READER .....           | GARDASIL 9 SUSY 0.5 ML .....                                                                | 61 | glycopyrrolate TABS 1 MG .....                             | 59 |
|                                               | gatifloxacin (ophth) .....                                                                  | 54 | glycopyrrolate TABS 2 MG .....                             | 59 |
| FREESTYLE LIBRE 14 DAY SENSOR .....           | gefitinib .....                                                                             | 23 | GLYXAMBI .....                                             | 14 |
|                                               | gemfibrozil TABS .....                                                                      | 19 | GNP PRENATAL TABS .....                                    | 52 |
| FREESTYLE LIBRE 2 PLUS SENSOR .....           | GENOTROPIN CART SC .....                                                                    | 41 | GNP PRENATAL/FOLIC ACID TABS .....                         | 52 |
|                                               | GENOTROPIN MINIQUICK PRSY 41                                                                |    | GOHIBIC .....                                              | 44 |
| FREESTYLE LIBRE 2 READER ..                   | gentamicin in saline 0.8 MG/ML-0.9 %, 1 MG/ML-0.9 %, 1.2 MG/ML-0.9 %, 1.6 MG/ML-0.9 % ..... | 2  | GOJJI BLOOD KETONE TEST ...                                | 39 |
| FREESTYLE LIBRE 2 SENSOR ..                   | gentamicin sulfate (ophth) SOLN ..                                                          | 54 | granisetron hcl SOLN IV 1 MG/ML 17                         |    |
| FREESTYLE LIBRE 3 PLUS SENSOR ..              | gentamicin sulfate (topical) CREA ..                                                        | 34 | granisetron hcl TABS .....                                 | 17 |
| FREESTYLE LIBRE 3 READER ..                   | gentamicin sulfate (topical) OINT ..                                                        | 34 | GRASTEK SUBL .....                                         | 2  |
| FREESTYLE LIBRE READER ....                   | gentamicin sulfate IJ 40 MG/ML ....                                                         | 2  | griseofulvin microsize SUSP .....                          | 17 |
| frovatriptan succinate .....                  | GENVOYA .....                                                                               | 27 | griseofulvin microsize TABS .....                          | 17 |
| FT PRENATAL TABS .....                        | glatiramer acetate SOSY 20 MG/ML . 57                                                       |    |                                                            |    |
| FULPHILA .....                                | glatiramer acetate SOSY 40 MG/ML . 57                                                       |    |                                                            |    |
| fulvestrant SOSY .....                        |                                                                                             |    |                                                            |    |
| furosemide SOLN PO 8 MG/ML, 10                |                                                                                             |    |                                                            |    |

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| griseofulvin ultramicrosize .....                                                       | 17 | HUMIRA-PS/UV/ADOL HS<br>STARTER AJKT .....                                                                          | 3  | hydrocodone-ibuprofen 7.5 MG-200<br>MG .....                         | 7  |
| guanfacine hcl (adhd) .....                                                             | 1  | HUMIRA-PSORIASIS/UEIT<br>STARTER AJKT .....                                                                         | 3  | hydrocortisone (intrarectal) .....                                   | 8  |
| guanfacine hcl .....                                                                    | 20 | HUMULIN R U-500<br>(CONCENTRATED) SOLN SC ....                                                                      | 15 | hydrocortisone (rectal) EX .....                                     | 8  |
| GYNAZOLE-1 .....                                                                        | 62 | HUMULIN R U-500 KWIKPEN SOPN<br>SC .....                                                                            | 15 | hydrocortisone (topical) CREA 1 %,<br>2.5 % .....                    | 38 |
| HAEGARDA SOLR SC .....                                                                  | 44 | HYCANTIN CAPS .....                                                                                                 | 25 | hydrocortisone (topical) LOTN 2.5 % .<br>38                          |    |
| halcinonide CREA .....                                                                  | 38 | hydralazine hcl SOLN .....                                                                                          | 21 | hydrocortisone (topical) OINT 1 %,<br>2.5 % .....                    | 38 |
| halobetasol propionate CREA ....                                                        | 38 | hydralazine hcl TABS .....                                                                                          | 21 | hydrocortisone acetate (rectal) ....                                 | 8  |
| halobetasol propionate OINT .....                                                       | 38 | hydrochlorothiazide CAPS .....                                                                                      | 40 | hydrocortisone butyrate CREA ....                                    | 38 |
| HALOG OINT .....                                                                        | 38 | hydrochlorothiazide TABS 12.5 MG<br>40                                                                              |    | hydrocortisone butyrate OINT ....                                    | 38 |
| haloperidol decanoate .....                                                             | 26 | hydrochlorothiazide TABS 25 MG, 50<br>MG .....                                                                      | 40 | hydrocortisone butyrate SOLN ....                                    | 38 |
| haloperidol lactate CONC .....                                                          | 26 | hydrocodone bitartrate CP12 .....                                                                                   | 5  | hydrocortisone sod succinate 100<br>MG .....                         | 33 |
| haloperidol lactate SOLN .....                                                          | 26 | hydrocodone bitartrate T24A .....                                                                                   | 5  | hydrocortisone TABS .....                                            | 33 |
| haloperidol TABS .....                                                                  | 26 | hydrocodone polistirex-<br>chlorpheniramine polistirex SUER .                                                       | 33 | hydrocortisone vaginal .....                                         | 62 |
| HAVRIX IM 720 EL U/0.5ML, 1440<br>EL U/ML .....                                         | 61 | hydrocodone-acetaminophen SOLN<br>108 MG/5ML-2.5 MG/5ML, 217<br>MG/10ML-5 MG/10ML, 325<br>MG/15ML-7.5 MG/15ML ..... | 7  | hydrocortisone valerate CREA ....                                    | 38 |
| HEALON PRO SOSY .....                                                                   | 55 | hydrocodone-acetaminophen SOLN<br>325 MG/15ML-10 MG/15ML .....                                                      | 7  | hydrocortisone valerate OINT ....                                    | 38 |
| HEMATINIC/FOLIC ACID .....                                                              | 45 | hydrocodone-acetaminophen TABS<br>300 MG-10 MG, 300 MG-5 MG, 300<br>MG-7.5 MG .....                                 | 7  | hydrocortisone w/acetic acid .....                                   | 55 |
| HEPARIN (PORCINE) IN NACL<br>SOLN IV 0.45 %-12500 UNIT/250ML<br>11                      |    | hydromorphone hcl LIQD .....                                                                                        | 5  | hydromorphone hcl SOLN IJ 10<br>MG/ML, 50 MG/5ML, 500 MG/50ML .<br>5 |    |
| heparin sodium (porcine) SOLN IJ<br>5000 UNIT/ML, 10000 UNIT/ML,<br>20000 UNIT/ML ..... | 11 | hydromorphone hcl TABS .....                                                                                        | 5  | hydromorphone hcl TB24 32 MG ...                                     | 5  |
| HEPLISAV-B SOSY .....                                                                   | 61 | hydromorphone hcl TB24 8 MG, 12<br>MG, 16 MG .....                                                                  | 6  | hydroxychloroquine sulfate 100 MG<br>22                              |    |
| HIBERIX SOLR IJ .....                                                                   | 60 | hydroxychloroquine sulfate 200 MG<br>22                                                                             |    |                                                                      |    |
| HUMIRA (2 PEN) AJKT 80<br>MG/0.8ML .....                                                | 3  |                                                                                                                     |    |                                                                      |    |
| HUMIRA (2 PEN) AJKT .....                                                               | 3  |                                                                                                                     |    |                                                                      |    |
| HUMIRA (2 SYRINGE) PSKT .....                                                           | 3  |                                                                                                                     |    |                                                                      |    |
| HUMIRA-CD/UC/HS STARTER<br>AJKT .....                                                   | 3  |                                                                                                                     |    |                                                                      |    |
| HUMIRA-PED>=40KG UC<br>STARTER AJKT .....                                               | 3  |                                                                                                                     |    |                                                                      |    |

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| hydroxychloroquine sulfate 400 MG<br>22                        | IMULDOSA SOSY SC 90 MG/ML .36                                 | ipratropium bromide SOLN 0.02 % .9                            |
| hydroxyurea .....25                                            | INCRELEX .....41                                              | ipratropium-albuterol SOLN .....10                            |
| hydroxyzine hcl SOLN 50 MG/ML ..8                              | INCRUSE ELLIPTA 62.5 MCG/ACT<br>(umeclidinium bromide) .....9 | irbesartan .....19                                            |
| hydroxyzine hcl SYRP .....8                                    | indapamide TABS 1.25 MG .....40                               | irbesartan-hydrochlorothiazide ....20                         |
| hydroxyzine hcl TABS .....8                                    | indapamide TABS 2.5 MG .....40                                | irinotecan hcl 40 MG/2ML, 100<br>MG/5ML .....25               |
| hydroxyzine pamoate CAPS .....8                                | indomethacin CAPS 25 MG, 50 MG 4                              | irrigation solutions, physiological .51                       |
| HYPERSAL NEBU .....33                                          | indomethacin CPCR .....4                                      | ISENTRESS CHEW .....27                                        |
| ibandronate sodium SOLN .....41                                | INFANRIX .....58                                              | ISENTRESS HD TABS .....27                                     |
| ibandronate sodium TABS .....41                                | INFLECTRA SOLR .....43                                        | ISENTRESS PACK .....27                                        |
| ibuprofen SUSP 100 MG/5ML, 200<br>MG/10ML .....4               | INSULIN ASPART FLEXPEN SOPN .<br>15                           | ISENTRESS TABS .....27                                        |
| ibuprofen TABS 400 MG, 600 MG ..4                              | INSULIN ASPART SOLN IJ .....15                                | ISOLYTE-P IN D5W .....50                                      |
| ibuprofen TABS 800 MG .....4                                   | INSULIN GLARGINE-YFGN SOLN<br>15                              | ISOLYTE-S .....50                                             |
| icatibant acetate SOSY .....44                                 | INSULIN GLARGINE-YFGN SOPN<br>15                              | isoniazid SOLN .....22                                        |
| icosapent ethyl 1 GM .....18                                   | INSULIN GLARGINE-YFGN SOPN<br>15                              | isoniazid SYRP .....22                                        |
| idarubicin hcl 20 MG/20ML .....24                              | INSULIN LISPRO (1 UNIT DIAL)<br>SOPN .....15                  | isoniazid TABS .....22                                        |
| idarubicin hcl 5 MG/5ML, 10<br>MG/10ML .....24                 | INSULIN LISPRO JUNIOR<br>KWIKPEN SOPN .....15                 | isosorbide dinitrate TABS 5 MG, 10<br>MG, 20 MG, 30 MG .....8 |
| IDVYNZO TABS PO .....27                                        | INSULIN LISPRO PROT & LISPRO<br>SUPN .....15                  | isosorbide dinitrate-hydralazine hcl<br>30                    |
| imatinib mesylate TABS .....24                                 | INSULIN LISPRO SOLN IJ .....15                                | isosorbide mononitrate TABS .....8                            |
| imipramine hcl TABS .....14                                    | INTELENCE 25 MG .....27                                       | isosorbide mononitrate TB24 .....8                            |
| imipramine pamoate .....14                                     | IONOSOL-MB IN D5W .....50                                     | isotretinoin 10 MG, 20 MG, 30 MG,<br>40 MG .....34            |
| imiquimod 5 % .....39                                          | IPOSOL-IJ .....61                                             | isradipine CAPS .....30                                       |
| IMITREX STATDOSE REFILL SOCT<br>4 MG/0.5ML, 6 MG/0.5ML .....50 | ipratropium bromide (nasal) 0.03 %<br>53                      | itraconazole CAPS .....18                                     |
| IMITREX STATDOSE SYSTEM<br>SOAJ 4 MG/0.5ML .....50             | ipratropium bromide (nasal) 0.06 %<br>53                      | itraconazole SOLN .....18                                     |
| IMULDOSA SOLN IV 130 MG/26ML .<br>43                           | ipratropium bromide hfa 17<br>MCG/ACT .....9                  | ivabradine hcl TABS .....31                                   |
| IMULDOSA SOSY SC 45 MG/0.5ML<br>36                             |                                                               | ivermectin (pediculicide) .....39                             |
|                                                                |                                                               | ivermectin .....8                                             |
|                                                                |                                                               | IXEMPRA KIT 15 MG .....25                                     |

|                                    |    |                                      |    |                                      |    |
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| JAKAFI .....                       | 24 | KIMONO SENSATION MISC .....          | 47 | lamotrigine TBDP .....               | 12 |
| JARDIANCE .....                    | 16 | KIMONO SENSATION PLUS MISC .....     | 47 | LANOXIN SOLN IJ (digoxin) .....      | 30 |
| JULUCA .....                       | 27 | KIMONO SPECIAL DEVI .....            | 47 | LANOXIN TABS 250 MCG (digoxin) .     | 30 |
| JYNNEOS .....                      | 61 | KINRIX SUSY .....                    | 58 | lansoprazole CPDR 15 MG .....        | 59 |
| KALETRA SOLN .....                 | 27 | KISUNLA .....                        | 57 | lansoprazole CPDR 30 MG .....        | 59 |
| KALYDECO TABS .....                | 58 | KP PRENATAL MULTIVITAMINS            |    | lanthanum carbonate CHEW .....       | 44 |
| KAMELEON LUBRICATED MISC .         | 47 | TABS .....                           | 52 | lapatinib ditosylate .....           | 24 |
| KCL IN DEXTROSE-NACL 5 %-40        |    | KRINTAFEL .....                      | 22 | latanoprost SOLN .....               | 55 |
| MEQ/L-0.9 % (potassium chloride in |    | KYLEENA .....                        | 33 | leflunomide .....                    | 5  |
| dextrose & sodium chloride) .....  | 50 | labetalol hcl SOLN .....             | 29 | LEMTRADA .....                       | 57 |
| KCL-LACTATED RINGERS-D5W           | 50 | labetalol hcl TABS 100 MG, 200 MG .  | 29 | lenalidomide .....                   | 51 |
| ketoconazole (topical) CREA .....  | 35 | labetalol hcl TABS 300 MG .....      | 29 | LENVIMA (10 MG DAILY DOSE) .         | 23 |
| ketoconazole (topical) SHAM 2 % .  | 35 | lacosamide SOLN PO 10 MG/ML, 50      |    | LENVIMA (12 MG DAILY DOSE) .         | 23 |
| ketoconazole .....                 | 18 | MG/5ML, 100 MG/10ML .....            | 12 | LENVIMA (14 MG DAILY DOSE) .         | 23 |
| KETONE TEST STRP .....             | 39 | lacosamide TABS .....                | 12 | LENVIMA (18 MG DAILY DOSE) .         | 23 |
| ketoprofen CAPS 50 MG, 75 MG ...   | 4  | lactated ringer's (irrigation) ..... | 51 | LENVIMA (20 MG DAILY DOSE) .         | 23 |
| ketorolac tromethamine (ophth) ... | 55 | lactic acid (ammonium lactate) CREA  |    | LENVIMA (24 MG DAILY DOSE) .         | 23 |
| ketorolac tromethamine TABS .....  | 4  | .....                                | 38 | LENVIMA (4 MG DAILY DOSE) ..         | 23 |
| KETOSTIX STRP .....                | 39 | lactic acid (ammonium lactate) LOTN  |    | LENVIMA (8 MG DAILY DOSE) ..         | 23 |
| ketotifen fumarate (ophth) 0.035 % |    | 12 % .....                           | 39 | letrozole .....                      | 24 |
| 55                                 |    | lactulose (encephalopathy) .....     | 43 | leucovorin calcium SOLR .....        | 25 |
| KEVZARA SOAJ .....                 | 4  | lactulose SOLN .....                 | 46 | leucovorin calcium TABS .....        | 25 |
| KEVZARA SOSY .....                 | 4  | lamivudine (hbv) TABS .....          | 28 | LEUKERAN .....                       | 23 |
| KIMONO COLORS DEVI .....           | 47 | lamivudine SOLN .....                | 27 | LEUKINE SOLR IJ .....                | 45 |
| KIMONO MAXX-LARGE FLARE            |    | lamivudine TABS 150 MG .....         | 28 | leuprolide acetate KIT IJ 1 MG/0.2ML |    |
| MISC .....                         | 47 | lamivudine TABS 300 MG .....         | 28 | .....                                | 24 |
| KIMONO MICRO THIN PLUS MISC .      |    | lamivudine-zidovudine .....          | 28 | levalbuterol hcl .....               | 10 |
| 47                                 |    | lamotrigine CHEW 25 MG .....         | 12 | levalbuterol tartrate .....          | 10 |
| KIMONO MISC .....                  | 47 | lamotrigine CHEW 5 MG .....          | 12 | levetiracetam SOLN IV 500 MG/5ML     |    |
| KIMONO PLUS MISC .....             | 47 | lamotrigine TABS .....               | 12 | 12                                   |    |
| KIMONO PS MISC .....               | 47 |                                      |    |                                      |    |
| KIMONO PS PLUS MISC .....          | 47 |                                      |    |                                      |    |

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| levetiracetam TABS 1000 MG ..... 12                                | lidocaine hcl PRSY ..... 39                                       | loratadine CAPS ..... 18                                                       |
| levetiracetam TABS 250 MG, 750 MG ..... 12                         | lidocaine hcl SOLN ..... 39                                       | loratadine CHEW ..... 18                                                       |
| levetiracetam TABS 500 MG ..... 12                                 | lidocaine PTCH 5 % ..... 39                                       | loratadine SOLN ..... 18                                                       |
| levetiracetam TB24 ..... 12                                        | lidocaine-prilocaine CREA ..... 39                                | loratadine TABS ..... 18                                                       |
| levobunolol hcl 0.5 % ..... 54                                     | LILETTA (52 MG) ..... 33                                          | loratadine TBDP ..... 18                                                       |
| levocetirizine dihydrochloride SOLN 18                             | lincomycin hcl ..... 21                                           | lorazepam CONC ..... 9                                                         |
| levocetirizine dihydrochloride TABS 18                             | linezolid SUSR ..... 21                                           | lorazepam TABS 0.5 MG, 2 MG .... 9                                             |
| levofloxacin (ophth) 0.5 % ..... 54                                | linezolid TABS ..... 21                                           | lorazepam TABS 1 MG ..... 9                                                    |
| levofloxacin in d5w 500 MG/100ML 43                                | LINZESS ..... 43                                                  | losartan potassium & hydrochlorothiazide 12.5 MG-100 MG, 25 MG-100 MG ..... 20 |
| levofloxacin SOLN PO ..... 43                                      | liothyronine sodium SOLN ..... 58                                 | losartan potassium & hydrochlorothiazide 12.5 MG-50 MG . 20                    |
| levofloxacin TABS 250 MG, 750 MG . 43                              | liothyronine sodium TABS ..... 58                                 | losartan potassium ..... 19                                                    |
| levofloxacin TABS 500 MG ..... 43                                  | liraglutide ..... 15                                              | LOTEMAX OINT ..... 54                                                          |
| levonorgestrel & eth estradiol TABS 32                             | lisdexamfetamine dimesylate CAPS 1                                | loteprednol etabonate GEL ..... 54                                             |
| levonorgestrel (emergency oc) 1.5 MG ..... 32                      | lisdexamfetamine dimesylate CHEW . 1                              | loteprednol etabonate SUSP ..... 55                                            |
| levonorgestrel-eth estradiol (triphasic) ..... 32                  | lisinopril & hydrochlorothiazide ... 20                           | loteprednol etabonate-tobramycin 55                                            |
| levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG ..... 32 | lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG ..... 19 | lovastatin TABS 10 MG, 20 MG ... 19                                            |
| levonorgestrel-ethinyl estradiol (continuous) ..... 32             | lithium ..... 26                                                  | lovastatin TABS 40 MG ..... 19                                                 |
| levonorgestrel-ethinyl estradiol-iron 32                           | lithium carbonate CAPS ..... 26                                   | loxapine succinate ..... 26                                                    |
| levorphanol tartrate TABS 2 MG .... 6                              | lithium carbonate TABS ..... 26                                   | lubiprostone ..... 43                                                          |
| levothyroxine sodium TABS ..... 58                                 | lithium carbonate TBCR ..... 26                                   | luliconazole ..... 35                                                          |
| lidocaine hcl (mouth-throat) 2 % ... 52                            | LO LOESTRIN FE TABS ..... 32                                      | LUMIZYME ..... 42                                                              |
| lidocaine hcl (mouth-throat) 4 % ... 52                            | lofexidine hcl ..... 56                                           | lurasidone hcl 20 MG, 40 MG, 60 MG, 120 MG ..... 26                            |
| lidocaine hcl GEL 2 % ..... 39                                     | LOKELMA ..... 52                                                  | lurasidone hcl 80 MG ..... 26                                                  |
|                                                                    | lomustine 10 MG ..... 23                                          | LYNPARZA TABS ..... 24                                                         |
|                                                                    | lomustine 40 MG, 100 MG ..... 23                                  | LYSODREN ..... 24                                                              |
|                                                                    | loperamide hcl CAPS ..... 16                                      | mafenide acetate PACK ..... 36                                                 |
|                                                                    | lopinavir-ritonavir SOLN ..... 28                                 | malathion ..... 39                                                             |
|                                                                    | lopinavir-ritonavir TABS ..... 28                                 |                                                                                |
|                                                                    | LOQTORZI ..... 23                                                 |                                                                                |

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| maraviroc TABS 150 MG .....                                  | 28 | MENVEO SOLR .....                                             | 60 | methazolamide TABS .....                                     | 40 |
| maraviroc TABS 300 MG .....                                  | 28 | meperidine hcl SOLN IJ 25 MG/ML,<br>50 MG/ML, 100 MG/ML ..... | 6  | methenamine hippurate .....                                  | 21 |
| MARPLAN .....                                                | 13 | meperidine hcl SOLN PO 50<br>MG/5ML .....                     | 6  | methimazole TABS .....                                       | 58 |
| MASONATAL TABS .....                                         | 52 | meperidine hcl TABS 50 MG .....                               | 6  | methocarbamol TABS 500 MG, 750<br>MG .....                   | 53 |
| MATRONEX TABS .....                                          | 52 | meprobamate .....                                             | 8  | methotrexate sodium SOLN 50<br>MG/2ML, 250 MG/10ML .....     | 23 |
| MATULANE .....                                               | 25 | mercaptapurine TABS .....                                     | 23 | methotrexate sodium SOLR .....                               | 23 |
| MAXIDEX SUSP OP .....                                        | 55 | mesalamine CP24 .....                                         | 43 | methotrexate sodium TABS 2.5 MG<br>23                        |    |
| MAXX MISC .....                                              | 47 | mesalamine CPDR .....                                         | 43 | methoxsalen rapid .....                                      | 36 |
| MAXX PLUS MISC .....                                         | 47 | mesalamine ENEM .....                                         | 43 | methscopolamine bromide .....                                | 59 |
| meclizine hcl TABS 12.5 MG .....                             | 17 | mesalamine SUPP .....                                         | 43 | methsuximide .....                                           | 13 |
| meclizine hcl TABS 25 MG .....                               | 17 | mesalamine TBEC 1.2 GM .....                                  | 43 | methyl dopa TABS .....                                       | 20 |
| MEDROL TABS .....                                            | 33 | mesalamine TBEC 800 MG .....                                  | 43 | methylphenidate hcl CHEW 10 MG .                             | 1  |
| medroxyprogesterone acetate<br>(contraceptive) SUSP IM ..... | 32 | metaxalone 800 MG .....                                       | 53 | methylphenidate hcl CHEW 2.5 MG                              | 1  |
| medroxyprogesterone acetate<br>(contraceptive) SUSY IM ..... | 32 | metformin hcl TABS 1000 MG .....                              | 15 | methylphenidate hcl CHEW 5 MG ..                             | 1  |
| medroxyprogesterone acetate 10 MG<br>.....                   | 56 | metformin hcl TABS 500 MG .....                               | 15 | methylphenidate hcl CP24 10 MG, 20<br>MG, 40 MG, 60 MG ..... | 1  |
| medroxyprogesterone acetate 2.5<br>MG, 5 MG .....            | 56 | metformin hcl TABS 850 MG .....                               | 15 | methylphenidate hcl CP24 30 MG ..                            | 1  |
| mefloquine hcl .....                                         | 22 | metformin hcl TB24 500 MG .....                               | 15 | methylphenidate hcl CP24 .....                               | 1  |
| megestrol acetate (appetite) .....                           | 56 | metformin hcl TB24 750 MG .....                               | 15 | methylphenidate hcl CP24 .....                               | 2  |
| megestrol acetate SUSP .....                                 | 24 | methadone hcl CONC .....                                      | 6  | methylphenidate hcl CPCR .....                               | 2  |
| megestrol acetate TABS .....                                 | 24 | METHADONE HCL SOLN IJ<br>(methadone hcl) .....                | 6  | methylphenidate hcl SOLN .....                               | 2  |
| meloxicam TABS .....                                         | 4  | methadone hcl SOLN IJ 10 MG/ML .                              | 6  | methylphenidate hcl TABS 10 MG,<br>20 MG .....               | 2  |
| melphalan hcl IV .....                                       | 23 | methadone hcl SOLN PO 10<br>MG/5ML .....                      | 6  | methylphenidate hcl TABS 5 MG ...                            | 2  |
| memantine hcl TABS .....                                     | 57 | methadone hcl SOLN PO 5 MG/5ML<br>6                           |    | methylphenidate hcl TB24 18 MG, 27<br>MG .....               | 2  |
| MENEST 2.5 MG .....                                          | 42 | methadone hcl TABS 10 MG .....                                | 6  | methylphenidate hcl TB24 36 MG, 54<br>MG .....               | 2  |
| MENOSTAR PTWK .....                                          | 42 | methadone hcl TABS 5 MG .....                                 | 6  | methylphenidate hcl TBCR 10 MG,<br>20 MG .....               | 2  |
| MENQUADFI 0.5 ML .....                                       | 60 | methadone hcl TBSO .....                                      | 6  | methylphenidate hcl TBCR 18 MG,                              |    |
| MENVEO SOLN .....                                            | 60 | methamphetamine hcl .....                                     | 1  |                                                              |    |

|                                                                        |    |                                                          |    |                                                                              |    |
|------------------------------------------------------------------------|----|----------------------------------------------------------|----|------------------------------------------------------------------------------|----|
| 27 MG .....                                                            | 2  | metronidazole TABS 250 MG, 500 MG .....                  | 21 | modafinil 200 MG .....                                                       | 2  |
| methylphenidate hcl TBCR 36 MG, 54 MG .....                            | 2  | metronidazole vaginal .....                              | 62 | MODERNA COVID-19 VAC 6M-11Y SUSY .....                                       | 61 |
| methylphenidate PTCH .....                                             | 2  | mexiletine hcl .....                                     | 9  | moexipril hcl .....                                                          | 19 |
| methylprednisolone acetate SUSP 33                                     |    | MFLUSIVA SUSY IM 0.38 ML .....                           | 61 | mometasone furoate (nasal) SUSP 53                                           |    |
| methylprednisolone sod succ 40 MG, 125 MG, 500 MG, 1000 MG .....       | 33 | miconazole nitrate vaginal SUPP 200 MG .....             | 62 | mometasone furoate CREA .....                                                | 38 |
| methylprednisolone TABS .....                                          | 33 | midodrine hcl .....                                      | 62 | mometasone furoate OINT .....                                                | 38 |
| methylprednisolone TBPK .....                                          | 33 | miglitol .....                                           | 14 | mometasone furoate SOLN .....                                                | 38 |
| methyltestosterone TABS .....                                          | 7  | miglustat .....                                          | 45 | montelukast sodium CHEW .....                                                | 9  |
| metoclopramide hcl SOLN IJ 5 MG/ML .....                               | 43 | milnacipran hcl MISC .....                               | 57 | montelukast sodium PACK .....                                                | 9  |
| metoclopramide hcl SOLN PO 5 MG/5ML, 10 MG/10ML .....                  | 43 | milnacipran hcl TABS 12.5 MG, 25 MG, 50 MG, 100 MG ..... | 57 | montelukast sodium TABS .....                                                | 9  |
| metoclopramide hcl TABS .....                                          | 43 | minocycline hcl CAPS .....                               | 58 | morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG ..... | 6  |
| metolazone .....                                                       | 40 | minocycline hcl TABS .....                               | 58 | morphine sulfate SOLN IJ 0.5 MG/ML, 1 MG/ML .....                            | 6  |
| metoprolol & hydrochlorothiazide TABS 25 MG-100 MG, 50 MG-100 MG ..... | 20 | minoxidil 2.5 MG, 10 MG .....                            | 21 | morphine sulfate SOLN PO 10 MG/5ML .....                                     | 6  |
| metoprolol & hydrochlorothiazide TABS 25 MG-50 MG .....                | 20 | MINT REFILL KIT MISC .....                               | 48 | morphine sulfate SOLN PO 20 MG/5ML .....                                     | 6  |
| metoprolol succinate TB24 200 MG 29                                    |    | mirabegron TB24 .....                                    | 60 | morphine sulfate TABS .....                                                  | 6  |
| metoprolol succinate TB24 25 MG, 50 MG, 100 MG .....                   | 29 | MIRCERA .....                                            | 45 | morphine sulfate TBCR .....                                                  | 6  |
| metoprolol tartrate SOLN IV 5 MG/5ML .....                             | 29 | MIRENA (52 MG) .....                                     | 33 | MOTOFEN .....                                                                | 16 |
| metoprolol tartrate TABS 25 MG, 50 MG, 100 MG .....                    | 29 | mirtazapine TABS .....                                   | 13 | MOUNJARO .....                                                               | 15 |
| metronidazole (topical) CREA .....                                     | 39 | mirtazapine TBDP .....                                   | 13 | MOVANTIK .....                                                               | 44 |
| metronidazole (topical) GEL 0.75 % 39                                  |    | misoprostol .....                                        | 59 | moxifloxacin hcl (ophth) SOLN OP 54                                          |    |
| metronidazole (topical) GEL 1 % ..                                     | 39 | mitomycin SOLR IV 20 MG .....                            | 24 | moxifloxacin hcl in sodium chloride 43                                       |    |
| metronidazole (topical) LOTN .....                                     | 39 | mitoxantrone hcl 25 MG/12.5ML ..                         | 24 | moxifloxacin hcl TABS .....                                                  | 43 |
|                                                                        |    | MIUDELLA .....                                           | 32 | MRESVIA .....                                                                | 61 |
|                                                                        |    | M-M-R II SOLR .....                                      | 61 | MULTI PRENATAL TABS .....                                                    | 52 |
|                                                                        |    | M-NATAL PLUS TABS .....                                  | 52 | mupirocin OINT .....                                                         | 34 |
|                                                                        |    | MNEXSPIKE SUSY 10 MCG/0.2ML . 61                         |    |                                                                              |    |
|                                                                        |    | modafinil 100 MG .....                                   | 2  |                                                                              |    |

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| MYALEPT .....                                   | 42 | neomycin-bacitracin zn-polymyxin 54                         | niacinamide TABS 500 MG .....                               | 63                                                 |    |
| mycophenolate mofetil CAPS .....                | 51 | neomycin-polymy-dexameth OINT 55                            | nicardipine hcl CAPS .....                                  | 30                                                 |    |
| mycophenolate mofetil TABS .....                | 51 | neomycin-polymy-dexameth SUSP                               | nicardipine hcl SOLN .....                                  | 30                                                 |    |
| mycophenolate sodium .....                      | 51 | 0.1 %-3.5 MG/ML-10000 UNIT/ML,<br>0.1 % .....               | NICOTINE KIT .....                                          | 57                                                 |    |
| nabumetone .....                                | 4  | neomycin-polymyxin-hc (ophth) ...                           | 55                                                          | nicotine polacrilex GUM .....                      | 57 |
| nadolol TABS 20 MG .....                        | 29 | neomycin-polymyxin-hc (otic) SOLN .                         | 55                                                          | nicotine polacrilex LOZG .....                     | 57 |
| nadolol TABS 40 MG .....                        | 29 | 55                                                          | nicotine PT24 TD 7 MG/24HR, 14<br>MG/24HR, 21 MG/24HR ..... | 57                                                 |    |
| nadolol TABS 80 MG .....                        | 29 | neomycin-polymyxin-hc (otic) SUSP .                         | NICOTROL INHA .....                                         | 57                                                 |    |
| nafticillin sodium IV 10 GM .....               | 56 | 55                                                          | NICOTROL NS SOLN .....                                      | 57                                                 |    |
| naftifine hcl CREA 1 % .....                    | 35 | NEONATAL COMPLETE TABS 120                                  | nifedipine CAPS 10 MG .....                                 | 30                                                 |    |
| naftifine hcl CREA 2 % .....                    | 35 | MG-10 MG-9.2 MG-1000 MCG-10                                 | nifedipine CAPS 20 MG .....                                 | 30                                                 |    |
| nalbuphine hcl 10 MG/ML .....                   | 7  | MCG-12 MCG-3 MG-5 MG-20 MG-<br>27 MG-200 MG-1.84 MG-25 MG-2 | nifedipine TB24 30 MG .....                                 | 30                                                 |    |
| naloxone hcl LIQD .....                         | 17 | MG-1200 MCG-2 MG-0.2 MG ....                                | nifedipine TB24 60 MG .....                                 | 30                                                 |    |
| naloxone hcl SOLN 0.4 MG/ML, 4<br>MG/10ML ..... | 17 | 52                                                          | nifedipine TB24 90 MG .....                                 | 30                                                 |    |
| naltrexone hcl .....                            | 17 | NEONATAL PLUS TABS .....                                    | nifedipine TB24 .....                                       | 30                                                 |    |
| naproxen sodium TABS 550 MG ...                 | 4  | 52                                                          | 30                                                          | nilutamide .....                                   | 24 |
| naproxen TABS .....                             | 4  | NEONATAL PRENATAL TABS ...                                  | nifedipine TB24 .....                                       | 30                                                 |    |
| naproxen TBEC 500 MG .....                      | 4  | 52                                                          | 30                                                          | nimodipine CAPS .....                              | 30 |
| naratriptan hcl .....                           | 50 | NEONATAL VITAMIN TABS .....                                 | nintedanib esylate 100 MG, 150 MG .<br>58                   | nisoldipine .....                                  | 30 |
| NATACYN .....                                   | 54 | neostigmine methylsulfate SOSY ..                           | 58                                                          | nitazoxanide TABS .....                            | 21 |
| NATAZIA .....                                   | 32 | NEO-SYNALAR .....                                           | 34                                                          | nitrofurantoin .....                               | 21 |
| nateglinide .....                               | 16 | NEUPRO .....                                                | 25                                                          | nitrofurantoin macrocrystal 50 MG,<br>100 MG ..... | 22 |
| NAYZILAM .....                                  | 11 | nevirapine SUSP .....                                       | 28                                                          | nitrofurantoin monohyd macro ....                  | 22 |
| nebivolol hcl 2.5 MG, 5 MG, 10 MG<br>29         |    | nevirapine TABS .....                                       | 28                                                          | nitroglycerin (intra-anal) .....                   | 8  |
| nebivolol hcl 20 MG .....                       | 29 | nevirapine TB24 400 MG .....                                | 28                                                          | nitroglycerin OINT .....                           | 8  |
| NEBUSAL NEBU .....                              | 33 | NEXIUM 24HR TBEC 20 MG .....                                | 59                                                          | nitroglycerin PT24 .....                           | 8  |
| nefazodone hcl .....                            | 13 | NEXPLANON .....                                             | 32                                                          | NITROGLYCERIN SOLN IV .....                        | 8  |
| nelarabine .....                                | 23 | NEXTSTELLIS .....                                           | 32                                                          | nitroglycerin SUBL .....                           | 8  |
| neomycin sulfate TABS .....                     | 2  | niacin (antihyperlipidemic) TBCR ..                         | 19                                                          |                                                    |    |
|                                                 |    | niacin CPCR 250 MG .....                                    | 63                                                          |                                                    |    |
|                                                 |    | NIACIN ER TBCR .....                                        | 63                                                          |                                                    |    |
|                                                 |    | niacin TABS .....                                           | 63                                                          |                                                    |    |
|                                                 |    | niacin TBCR .....                                           | 63                                                          |                                                    |    |
|                                                 |    | niacinamide TABS 100 MG .....                               | 63                                                          |                                                    |    |

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| NIVA-PLUS TABS .....                                                              | 52 | 39                                         | NUVAXOVID COVID-19 VACCINE<br>SUSY 5 MCG/0.5ML .....          | 61 |
| nizatidine CAPS .....                                                             | 59 | NOVAVAX COVID-19 VACCINE<br>SUSY .....     | nystatin (mouth-throat) .....                                 | 52 |
| NORDITROPIN FLEXPEN SOPN ..                                                       | 41 | NOVOLIN 70/30 FLEXPEN RELION<br>SUPN ..... | nystatin (topical) CREA .....                                 | 35 |
| norelgestromin-ethinyl estradiol ...                                              | 32 | NOVOLIN 70/30 FLEXPEN SUPN ..              | nystatin (topical) OINT .....                                 | 35 |
| norethin acet & estrad-fe CAPS ...                                                | 32 | NOVOLIN 70/30 RELION SUSP ...              | nystatin (topical) POWD EX .....                              | 35 |
| norethin acet & estrad-fe CHEW ...                                                | 32 | NOVOLIN 70/30 SUSP .....                   | nystatin TABS .....                                           | 17 |
| norethin acet & estrad-fe TABS 1<br>MG-20 MCG-75 MG, 1.5 MG-30<br>MCG-75 MG ..... | 32 | NOVOLIN N FLEXPEN RELION<br>SUPN .....     | nystatin-triamcinolone CREA .....                             | 35 |
| norethindrone & eth estradiol .....                                               | 32 | NOVOLIN N FLEXPEN SUPN .....               | nystatin-triamcinolone OINT .....                             | 35 |
| norethindrone & ethinyl estradiol-fe<br>32                                        |    | NOVOLIN N RELION SUSP .....                | octreotide acetate SOLN .....                                 | 42 |
| norethindrone (contraceptive) .....                                               | 33 | NOVOLIN N SUSP .....                       | ODEFSEY .....                                                 | 28 |
| norethindrone acet & eth estra TABS<br>32                                         |    | NOVOLIN R FLEXPEN RELION<br>SOPN IJ .....  | ofloxacin (ophth) .....                                       | 54 |
| norethindrone acetate TABS .....                                                  | 56 | NOVOLIN R FLEXPEN SOPN IJ ..               | ofloxacin (otic) .....                                        | 55 |
| norethindrone acetate-ethinyl<br>estradiol .....                                  | 42 | NOVOLIN R RELION SOLN IJ ....              | ofloxacin 300 MG, 400 MG .....                                | 43 |
| norethindrone acetate-ethinyl<br>estradiol-fe .....                               | 32 | NOVOLIN R SOLN IJ .....                    | olanzapine SOLR .....                                         | 26 |
| norethindrone-eth estradiol (triphasic)<br>.....                                  | 32 | NOVOLOG 70/30 FLEXPEN RELION<br>SUPN ..... | olanzapine TABS 2.5 MG, 5 MG ..                               | 26 |
| norgestimate-ethinyl estradiol<br>(triphasic) .....                               | 32 | NOVOLOG FLEXPEN RELION<br>SOPN .....       | olanzapine TABS 7.5 MG, 10 MG, 15<br>MG, 20 MG .....          | 26 |
| norgestimate-ethinyl estradiol ....                                               | 32 | NOVOLOG FLEXPEN SOPN .....                 | olanzapine TBDP 20 MG .....                                   | 26 |
| norgestrel & ethinyl estradiol 30<br>MCG-0.3 MG .....                             | 32 | NOVOLOG MIX 70/30 FLEXPEN<br>SUPN .....    | olanzapine TBDP 5 MG, 10 MG, 15<br>MG .....                   | 26 |
| NORMOSOL-M IN D5W .....                                                           | 50 | NOVOLOG MIX 70/30 RELION<br>SUSP .....     | olmesartan medoxomil .....                                    | 19 |
| NORMOSOL-R PH 7.4 .....                                                           | 50 | NOVOLOG MIX 70/30 SUSP .....               | olmesartan medoxomil-amlodipine-<br>hydrochlorothiazide ..... | 20 |
| nortriptyline hcl CAPS .....                                                      | 14 | NOVOLOG PENFILL SOCT .....                 | olmesartan medoxomil-<br>hydrochlorothiazide .....            | 20 |
| nortriptyline hcl SOLN .....                                                      | 14 | NOVOLOG RELION SOLN IJ ....                | olopatadine hcl (nasal) .....                                 | 53 |
| NORVIR PACK .....                                                                 | 28 | NOVOLOG SOLN IJ .....                      | olopatadine hcl 0.1 % .....                                   | 55 |
| NOVA MAX PLUS KETONE TEST                                                         |    | NP THYROID TABS .....                      | olopatadine hcl 0.2 % .....                                   | 55 |
|                                                                                   |    | NUBEQA .....                               | omega-3-acid ethyl esters .....                               | 18 |
|                                                                                   |    |                                            | omeprazole CPDR .....                                         | 59 |
|                                                                                   |    |                                            | omeprazole magnesium CPDR ...                                 | 59 |

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| omeprazole TBEC .....                                     | 59 | OPILL .....                                                                                                                 | 33 | oxycodone w/ acetaminophen TABS<br>325 MG-2.5 MG .....             | 7  |
| omeprazole-sodium bicarbonate<br>CAPS 1100 MG-20 MG ..... | 59 | ORILISSA .....                                                                                                              | 41 | oxymorphone hcl TABS .....                                         | 6  |
| OMNIFLEX DIAPHRAGM .....                                  | 47 | ORLADEYO .....                                                                                                              | 45 | oxymorphone hcl TB12 40 MG .....                                   | 6  |
| OMNIPOD 5 DEXG7G6 INTRO GEN<br>5 KIT .....                | 48 | orphenadrine citrate TB12 .....                                                                                             | 53 | oxymorphone hcl TB12 5 MG, 7.5<br>MG, 10 MG, 15 MG, 20 MG, 30 MG 6 |    |
| OMNIPOD 5 DEXG7G6 PODS GEN<br>5 MISC .....                | 48 | oseltamivir phosphate CAPS .....                                                                                            | 29 | OZEMPIC (0.25 OR 0.5 MG/DOSE)<br>SOPN .....                        | 15 |
| OMNIPOD 5 LIBRE INTRO KIT ...                             | 48 | oseltamivir phosphate SUSR .....                                                                                            | 29 | OZEMPIC (1 MG/DOSE) SOPN 4<br>MG/3ML .....                         | 15 |
| OMNIPOD 5 LIBRE PODS MISC .                               | 48 | OSPHENA .....                                                                                                               | 41 | OZEMPIC (2 MG/DOSE) SOPN ...                                       | 15 |
| OMNIPOD CLASSIC PODS (GEN 3)<br>MISC .....                | 48 | OTEZLA TABS .....                                                                                                           | 5  | OZEMPIC TABS 1.5 MG, 4 MG, 9<br>MG .....                           | 15 |
| OMNIPOD DASH INTRO (GEN 4)<br>KIT .....                   | 49 | OTEZLA TBPK .....                                                                                                           | 5  | PALFORZIA INITIAL DOSE 1-3YRS<br>CSPK .....                        | 2  |
| OMNIPOD DASH PDM (GEN 4) KIT .                            | 49 | OTEZLA XR TB24 PO 75 MG .....                                                                                               | 4  | paliperidone .....                                                 | 26 |
| OMNIPOD DASH PODS (GEN 4)<br>MISC .....                   | 49 | OTEZLA/OTEZLA XR INITIATION<br>PK TBPK .....                                                                                | 4  | palonosetron hcl SOLN .....                                        | 17 |
| OMNIPOD POD PALS .....                                    | 49 | OTREXUP SOAJ 10 MG/0.4ML, 12.5<br>MG/0.4ML, 15 MG/0.4ML, 17.5<br>MG/0.4ML, 20 MG/0.4ML, 22.5<br>MG/0.4ML, 25 MG/0.4ML ..... | 2  | pamidronate disodium SOLN 30<br>MG/10ML, 90 MG/10ML .....          | 41 |
| ondansetron hcl SOLN IJ 4 MG/2ML .                        | 17 | oxacillin sodium IV 10 GM .....                                                                                             | 56 | PAMIDRONATE DISODIUM SOLN<br>41                                    |    |
| ondansetron hcl SOLN PO 4<br>MG/5ML .....                 | 17 | oxaprozin TABS .....                                                                                                        | 4  | PANRETIN .....                                                     | 36 |
| ondansetron hcl SOSY .....                                | 17 | oxazepam CAPS .....                                                                                                         | 9  | pantoprazole sodium TBEC 20 MG<br>59                               |    |
| ondansetron hcl TABS 24 MG .....                          | 17 | oxcarbazepine SUSP .....                                                                                                    | 12 | pantoprazole sodium TBEC 40 MG<br>59                               |    |
| ondansetron hcl TABS 4 MG .....                           | 17 | oxcarbazepine TABS 150 MG, 300<br>MG .....                                                                                  | 12 | PARAGARD INTRAUTERINE<br>COPPER .....                              | 32 |
| ondansetron hcl TABS 8 MG .....                           | 17 | oxcarbazepine TABS 600 MG .....                                                                                             | 12 | paricalcitol CAPS .....                                            | 42 |
| ondansetron TBDP 4 MG .....                               | 17 | oxiconazole nitrate CREA .....                                                                                              | 35 | paricalcitol SOLN .....                                            | 42 |
| ondansetron TBDP 8 MG .....                               | 17 | OXISTAT LOTN .....                                                                                                          | 35 | paroxetine hcl SUSP .....                                          | 13 |
| ONE VITE WOMENS PLUS TABS<br>52                           |    | oxybutynin chloride SOLN .....                                                                                              | 60 | paroxetine hcl TABS .....                                          | 13 |
| ONE VITE WOMENS TABS .....                                | 52 | oxybutynin chloride TABS 5 MG ..                                                                                            | 60 | paroxetine hcl TB24 .....                                          | 13 |
| ONETOUCH DELICA SAFETY<br>LANCING .....                   | 49 | oxybutynin chloride TB24 .....                                                                                              | 60 | pazopanib hcl .....                                                | 24 |
|                                                           |    | oxycodone hcl TABS .....                                                                                                    | 6  |                                                                    |    |
|                                                           |    | oxycodone w/ acetaminophen TABS<br>325 MG-10 MG, 325 MG-5 MG, 325<br>MG-7.5 MG .....                                        | 7  |                                                                    |    |

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| PEDIARIX SUSY .....58                                            | perampanel TABS 8 MG, 10 MG, 12 MG .....11               | 54                                          |
| pediatric multivitamins w/fl CHEW .52                            | perindopril erbumine 2 MG, 8 MG .19                      | pimecrolimus .....39                        |
| PEDVAXHIB SUSP 7.5 MCG/0.5ML .60                                 | perindopril erbumine 4 MG .....19                        | pimozide .....57                            |
| peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid .....46  | PERIOMED CONC 0.63 % .....52                             | pindolol TABS .....29                       |
| peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR 236 GM 46  | permethrin CREA .....39                                  | pioglitazone hcl .....16                    |
| peg 3350-potassium chloride-sod bicarbonate-sod chloride .....46 | permethrin LIQD EX .....39                               | pioglitazone hcl-glimepiride .....14        |
| PEGASYS SOLN .....28                                             | perphenazine TABS .....26                                | pioglitazone hcl-metformin hcl TABS .14     |
| PEGASYS SOSY .....29                                             | perphenazine-amitriptyline .....57                       | pirfenidone CAPS .....58                    |
| pemetrexed disodium SOLR 500 MG 23                               | PFIZER COVID-19 VAC-TRIS 5-11Y SUSP .....61              | pirfenidone TABS 267 MG, 801 MG 58          |
| PENBRAYA .....60                                                 | phenazopyridine hcl TABS 100 MG, 200 MG .....44          | pirfenidone TABS 534 MG .....58             |
| peniclovir .....36                                               | phendimetrazine tartrate TABS .....1                     | piroxicam CAPS .....4                       |
| penicillamine TABS .....51                                       | phenelzine sulfate .....13                               | PLASMA-LYTE 148 .....50                     |
| PENICILLIN G POT IN DEXTROSE 40000 UNIT/ML, 60000 UNIT/ML .56    | phenobarbital ELIX .....46                               | PLASMA-LYTE A (electrolyte-a) ..50          |
| penicillin g potassium 5000000 UNIT 56                           | phenobarbital TABS .....46                               | PLEGRIDY SOAJ .....57                       |
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|                                                                           |    |                                                   |    |                                                |    |
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| tapentadol hcl TABS 50 MG .....                                           | 6  | testosterone enanthate SOLN IM ...                | 8  | tobramycin NEBU .....                          | 2  |
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| tolvaptan TABS .....                                         | 42 | TREMFYA SOLN IV .....                                   | 43 | triamcinolone acetonide SUSP 40<br>MG/ML .....                 | 33 |
| topiramate CPSP 15 MG .....                                  | 12 | TREMFYA SOSY 100 MG/ML .....                            | 36 | triamterene & hydrochlorothiazide<br>CAPS 25 MG-37.5 MG .....  | 40 |
| topiramate CPSP 25 MG .....                                  | 12 | TREMFYA SOSY SC 200 MG/2ML<br>43                        |    | triamterene & hydrochlorothiazide<br>TABS .....                | 40 |
| topiramate CS24 .....                                        | 12 | TREMFYA-CD/UC INDUCTION<br>SOAJ SC 200 MG/2ML .....     | 43 | triamterene CAPS .....                                         | 40 |
| topiramate TABS 200 MG .....                                 | 12 | treprostinil SOLN IJ .....                              | 30 | triazolam .....                                                | 46 |
| topiramate TABS 25 MG, 100 MG .                              | 12 | TRESIBA FLEXTOUCH SOPN ....                             | 16 | TRICARE TABS .....                                             | 53 |
| topiramate TABS 50 MG .....                                  | 12 | TRESIBA SOLN .....                                      | 16 | trientine hcl 250 MG .....                                     | 51 |
| topotecan hcl SOLN .....                                     | 25 | tretinoin (chemotherapy) .....                          | 25 | trifluoperazine hcl TABS .....                                 | 26 |
| topotecan hcl SOLR .....                                     | 25 | tretinoin CREA 0.025 %, 0.05 %, 0.1<br>% .....          | 34 | trifluridine .....                                             | 54 |
| toremifene citrate .....                                     | 24 | tretinoin GEL 0.01 %, 0.025 % ....                      | 34 | trihexyphenidyl hcl SOLN .....                                 | 25 |
| torsemide TABS .....                                         | 40 | tretinoin microsphere 0.1 % .....                       | 34 | trihexyphenidyl hcl TABS .....                                 | 25 |
| tramadol hcl TABS 50 MG .....                                | 6  | TREXALL TABS 5 MG, 7.5 MG, 10<br>MG, 15 MG .....        | 23 | TRIJARDY XR 1000 MG-2.5 MG-<br>12.5 MG, 1000 MG-2.5 MG-5 MG .  | 15 |
| tramadol hcl TB24 .....                                      | 6  | triamcinolone acetonide (mouth) ..                      | 52 | TRIJARDY XR 1000 MG-5 MG-10<br>MG, 1000 MG-5 MG-25 MG .....    | 15 |
| tramadol-acetaminophen .....                                 | 7  | triamcinolone acetonide (nasal)<br>AERO .....           | 53 | trimethobenzamide hcl CAPS .....                               | 17 |
| trandolapril 1 MG, 2 MG .....                                | 19 | triamcinolone acetonide (topical)<br>CREA 0.025 % ..... | 38 | trimethoprim TABS .....                                        | 21 |
| trandolapril 4 MG .....                                      | 19 | triamcinolone acetonide (topical)<br>CREA 0.1 % .....   | 38 | trimipramine maleate CAPS .....                                | 14 |
| trandolapril-verapamil hcl 180 MG-2<br>MG, 240 MG-1 MG ..... | 20 | triamcinolone acetonide (topical)<br>CREA 0.5 % .....   | 38 | TRINTELLIX .....                                               | 13 |
| trandolapril-verapamil hcl 240 MG-2<br>MG, 240 MG-4 MG ..... | 20 | triamcinolone acetonide (topical)<br>LOTN 0.025 % ..... | 38 | TRIUMEQ PD TBSO .....                                          | 28 |
| tranexamic acid SOLN 1000<br>MG/10ML .....                   | 45 | triamcinolone acetonide (topical)                       |    | TRIUMEQ TABS .....                                             | 28 |
| tranexamic acid TABS .....                                   | 45 |                                                         |    | TROGARZO .....                                                 | 28 |
| tranylcypromine sulfate .....                                | 13 |                                                         |    | TROJAN BARESKIN DEVI .....                                     | 47 |
| travoprost SOLN .....                                        | 55 |                                                         |    | TROJAN MAGNUM MISC .....                                       | 47 |
| trazodone hcl TABS .....                                     | 13 |                                                         |    |                                                                |    |
| TRELEGY ELLIPTA .....                                        | 10 |                                                         |    |                                                                |    |

|                                                |                                                             |                                                              |
|------------------------------------------------|-------------------------------------------------------------|--------------------------------------------------------------|
| TROJAN ULTRA THIN MISC .....47                 | TRUSTEX NATURAL CONDOMS +<br>LUBE MISC .....48              | valsartan TABS ..... 19                                      |
| TROJAN ULTRA<br>THIN/SPERMICIDAL MISC .....47  | TRUSTEX RIA LUB/SPERMICIDE<br>MISC .....48                  | valsartan-hydrochlorothiazide ....20                         |
| TROJAN-ENZ LUBRICATED MISC<br>47               | TRUSTEX RIA LUBRICATED MISC .<br>48                         | VALTOCO 10 MG DOSE LIQD ....11                               |
| TROJAN-ENZ/SPERMICIDAL MISC .<br>47            | TRUSTEX-NONOXYNOL-<br>9/RIB/STUD MISC .....48               | VALTOCO 15 MG DOSE LQPK 7.5<br>MG/0.1ML .....11              |
| tropicamide SOLN 0.5 % .....54                 | TRUXIMA .....23                                             | VALTOCO 20 MG DOSE LQPK 10<br>MG/0.1ML .....11               |
| tropicamide SOLN 1 % .....54                   | TURALIO 125 MG .....24                                      | VALTOCO 5 MG DOSE LIQD .....11                               |
| tropium chloride CP24 .....60                  | TWINRIX SUSY .....62                                        | vancomycin hcl CAPS .....21                                  |
| tropium chloride TABS .....60                  | TWIRLA .....32                                              | vancomycin hcl SOLR PO 25<br>MG/ML, 50 MG/ML, 250 MG/5ML .21 |
| TRUE COVER DEVI .....47                        | TYBLUME CHEW .....32                                        | VAQTA .....62                                                |
| TRUE METRIX BLOOD GLUCOSE<br>TEST STRP .....40 | TYBOST .....28                                              | VAQTA IM 25 UNIT/0.5ML, 50<br>UNIT/ML .....62                |
| TRUE METRIX LEVEL 3 SOLN ...49                 | TYMLOS .....41                                              | varenicline tartrate TABS .....57                            |
| TRULANCE .....43                               | UBRELVY .....49                                             | varenicline tartrate TBPk .....57                            |
| TRULICITY .....15                              | UDENYCA ONBODY SOSY .....45                                 | VARIVAX SUSR .....62                                         |
| TRUMENBA 0.5 ML .....60                        | UDENYCA SOAJ .....45                                        | VARUBI (180 MG DOSE) TBPk ...17                              |
| TRUSTEX COLOR CONDOMS +<br>LUBE MISC .....47   | UDENYCA SOSY .....45                                        | vasopressin SOLN IV .....42                                  |
| TRUSTEX LUB/RIBBED/STUDDERED<br>MISC .....47   | umeclidinium bromide 62.5 MCG/INH<br>.....9                 | VAXELIS SUSP .....59                                         |
| TRUSTEX LUB/SPERMICIDE EX ST<br>MISC .....47   | umeclidinium-vilanterol .....10                             | VAXELIS SUSY .....59                                         |
| TRUSTEX LUB/SPERMICIDE XL<br>MISC .....47      | ursodiol CAPS .....43                                       | VAXNEUVANCE .....60                                          |
| TRUSTEX LUBRICATED EX LARGE<br>MISC .....47    | ursodiol TABS .....43                                       | VCF VAGINAL CONTRACEPTIVE<br>FILM .....62                    |
| TRUSTEX LUBRICATED EXTRA ST<br>MISC .....47    | UVADEX .....25                                              | VECAMEYL .....20                                             |
| TRUSTEX LUBRICATED MISC ...48                  | valacyclovir hcl 1 GM .....29                               | VELPHORO .....44                                             |
| TRUSTEX<br>LUBRICATED/SPERMICIDE MISC<br>48    | valacyclovir hcl 500 MG .....29                             | venlafaxine hcl CP24 .....14                                 |
|                                                | valganciclovir hcl TABS .....28                             | venlafaxine hcl TABS .....14                                 |
|                                                | valproate sodium SOLN PO 250<br>MG/5ML, 500 MG/10ML .....13 | venlafaxine hcl TB24 .....14                                 |
|                                                | valproic acid CAPS .....13                                  | verapamil hcl CP24 100 MG, 200<br>MG, 300 MG .....30         |
|                                                | valrubicin .....24                                          | verapamil hcl CP24 120 MG, 180                               |

|                                     |    |                                   |    |                                  |    |
|-------------------------------------|----|-----------------------------------|----|----------------------------------|----|
| MG, 240 MG, 360 MG .....            | 30 | WIDE-SEAL DIAPHRAGM 95 ....       | 48 | YUFLYMA (2 SYRINGE) PSKT .....   | 4  |
| verapamil hcl TABS .....            | 30 | XARELTO STARTER PACK TBPK         |    | YUFLYMA-CD/UC/HS STARTER         |    |
| verapamil hcl TBCR .....            | 30 | 11                                |    | AJKT .....                       | 4  |
| VERZENIO .....                      | 24 | XARELTO TABS 10 MG, 20 MG ..      | 11 | zafirlukast .....                | 9  |
| vigabatrin PACK .....               | 12 | XARELTO TABS 15 MG .....          | 11 | zaleplon 10 MG .....             | 46 |
| vigabatrin TABS .....               | 13 | XELJANZ SOLN 1 MG/ML (tofacitinib |    | zaleplon 5 MG .....              | 46 |
| vilazodone hcl TABS .....           | 14 | citrate) .....                    | 2  | ZALTRAP 100 MG/4ML .....         | 23 |
| vinorelbine tartrate 10 MG/ML ..... | 25 | XELJANZ TABS 5 MG, 10 MG          |    | ZANOSAR .....                    | 23 |
| VIRACEPT TABS 250 MG .....          | 28 | (tofacitinib citrate) .....       | 2  | ZARXIO .....                     | 45 |
| VIRACEPT TABS 625 MG .....          | 28 | XELJANZ XR TB24 11 MG, 22 MG      |    | ZELBORAF .....                   | 24 |
| VIREAD POWD .....                   | 28 | (tofacitinib citrate) .....       | 2  | ZENPEP CPEP 105000 UNIT-79000    |    |
| VIREAD TABS 150 MG, 200 MG,         |    | XHANCE EXHU .....                 | 53 | UNIT-25000 UNIT, 14000 UNIT-     |    |
| 250 MG .....                        | 28 | XIFAXAN 200 MG .....              | 21 | 10000 UNIT-3000 UNIT, 168000     |    |
| VISTOGARD .....                     | 17 | XIFAXAN 550 MG .....              | 21 | UNIT-126000 UNIT-40000 UNIT,     |    |
| VITAMIN D2 TABS 400 UNIT .....      | 63 | XTANDI CAPS .....                 | 24 | 24000 UNIT-17000 UNIT-5000 UNIT, |    |
| VITATHELY WITH GINGER TABS          |    | XTANDI TABS 40 MG .....           | 24 | 42000 UNIT-32000 UNIT-10000      |    |
| 53                                  |    | XTANDI TABS 80 MG .....           | 24 | UNIT, 63000 UNIT-47000 UNIT-     |    |
| VIVITROL .....                      | 17 | XULTOPHY .....                    | 15 | 15000 UNIT, 84000 UNIT-63000     |    |
| VORAXAZE .....                      | 25 | XYZAL ALLERGY 24HR                |    | UNIT-20000 UNIT .....            | 40 |
| voriconazole TABS .....             | 18 | CHILDRENS SOLN 2.5 MG/5ML ..      | 18 | ZENPEP CPEP 252600 UNIT-         |    |
| VOSEVI .....                        | 29 | YCANTH SOLN .....                 | 39 | 189600 UNIT-60000 UNIT .....     | 40 |
| warfarin sodium TABS .....          | 10 | YESINTEK 130 MG/26ML .....        | 43 | ZERVIAE .....                    | 55 |
| water for irrigation, sterile ..... | 51 | YESINTEK SOLN 45 MG/0.5ML ..      | 36 | zidovudine CAPS .....            | 28 |
| WESTAB PLUS TABS .....              | 53 | YESINTEK SOSY 45 MG/0.5ML ..      | 36 | zidovudine SYRP .....            | 28 |
| WIDE-SEAL DIAPHRAGM 60 ....         | 48 | YESINTEK SOSY 90 MG/ML .....      | 36 | zidovudine TABS .....            | 28 |
| WIDE-SEAL DIAPHRAGM 65 ....         | 48 | YEZTUGO SOLN 463.5 MG/1.5ML       |    | zileuton TB12 .....              | 9  |
| WIDE-SEAL DIAPHRAGM 70 ....         | 48 | 28                                |    | ziprasidone hcl .....            | 26 |
| WIDE-SEAL DIAPHRAGM 75 ....         | 48 | YEZTUGO TABS PO 300 MG .....      | 28 | ZIRGAN GEL .....                 | 54 |
| WIDE-SEAL DIAPHRAGM 80 ....         | 48 | YUFLYMA (1 PEN) AJKT 40           |    | zoledronic acid SOLN 5 MG/100ML  |    |
| WIDE-SEAL DIAPHRAGM 85 ....         | 48 | MG/0.4ML .....                    | 3  | 41                               |    |
| WIDE-SEAL DIAPHRAGM 90 ....         | 48 | YUFLYMA (1 PEN) AJKT 80           |    | ZOLINZA .....                    | 24 |
|                                     |    | MG/0.8ML .....                    | 3  | zolmitriptan SOLN .....          | 50 |
|                                     |    | YUFLYMA (2 PEN) AJKT .....        | 4  | zolmitriptan TABS .....          | 50 |
|                                     |    |                                   |    | zolmitriptan TBDP .....          | 50 |

|                                                               |    |
|---------------------------------------------------------------|----|
| zolpidem tartrate TABS .....                                  | 46 |
| zolpidem tartrate TBCR .....                                  | 46 |
| zonisamide CAPS .....                                         | 12 |
| ZONTIVITY .....                                               | 45 |
| ZUBSOLV .....                                                 | 7  |
| ZYDELIG .....                                                 | 24 |
| ZYLET 0.3 %-0.5 % (loteprednol<br>etabonate-tobramycin) ..... | 55 |

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