

2027

# Formulary Formulario

EFFECTIVE JANUARY 1, 2027

EN VIGENCIA DESDE EL

1.º DE ENERO DE 2027

 **ambetter.**  
*of Illinois* | Insured by Celtic  
Insurance Company



Updated: January 1, 2027. This formulary is subject to change, and all previous versions of the formulary are no longer in effect.

Actualizado: 1 de enero de 2027. Este formulario está sujeto a cambios, y todas las versiones anteriores del formulario ya no están vigentes.

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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. Algunos 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. Algunos 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-dextroamphetamine CP24 15 MG</i>                                                        | 1B        |                                        |
| <i>amphetamine-dextroamphetamine CP24 25 MG, 30 MG</i>                                                 | 1B        | QL(2 EA daily)                         |
| <i>amphetamine-dextroamphetamine CP24 5 MG, 10 MG</i>                                                  | 1B        | QL(1 EA daily)                         |
| <i>amphetamine-dextroamphetamine CP24 20 MG</i>                                                        | 1B        | QL(3 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>amphetamine-dextroamphetamine TABS 30 MG</i>                                                        | 1B        | QL(2 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)                         |
| <i>lisdexamfetamine dimesylate CHEW</i>                                                                | 1B        | QL(1 EA daily)                         |
| <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 60 MG, 80 MG, 100 MG</i>                   | 1B        | QL(1 EA daily); AL(At least 6 yrs old)      |
| <i>atomoxetine hcl 10 MG, 18 MG, 25 MG, 40 MG</i>             | 1B        | QL(2 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>METHYLIN SOLN (methylphenidate hcl)</i>                    | 2         | QL(30 ML daily); AL(At least 6 yrs old)     |
| <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 CHEW 2.5 MG</i>                        | 1B        | QL(2 EA daily)                              |
| <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 CP24 30 MG</i>                        | 1B        | QL(2 EA daily); AL(At least 6 yrs old)  |
| <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 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 hcl TBCR 10 MG, 20 MG</i>                 | 1B        | QL(3 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                                              |           |                                         |

| Drug Name                                                                                          | Drug Tier | Requirements/Limits                                          |
|----------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------------------|
| <i>amikacin sulfate SOLN 1 GM/4ML, 500 MG/2ML</i>                                                  | 1B        |                                                              |
| ARIKAYCE                                                                                           | 4         | PA                                                           |
| <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, 22.5 MG/0.4ML, 25 MG/0.4ML    | 3         | PA                                                           |

| Drug Name                                       | Drug Tier | Requirements/ Limits                                                     | Drug Name                             | Drug Tier | Requirements/ Limits                                                     |
|-------------------------------------------------|-----------|--------------------------------------------------------------------------|---------------------------------------|-----------|--------------------------------------------------------------------------|
| Anti-TNF-alpha - Monoclonal Antibodies          |           |                                                                          | 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 |
| ADALIMUMAB-AATY (1 PEN) AJKT                    | 4         | QL(0.143 EA daily); PA                                                   | HUMIRA-PSORIASIS/UEIT STARTER AJKT    | 4         | 1 package(s) per 180 day(s) retail; 1 package(s) per 180 day(s) mail; PA |
| ADALIMUMAB-AATY (2 PEN) AJKT                    | 4         | QL(0.143 EA daily); PA                                                   |                                       | 4         | 1 package(s) per 180 day(s) retail; 1 package(s) per 180 day(s) mail; PA |
| ADALIMUMAB-AATY (2 SYRINGE) PSKT                | 4         | QL(0.143 EA daily); PA                                                   | SIMLANDI (1 PEN) AJKT                 | 4         | QL(0.143 EA daily); PA                                                   |
| ADALIMUMAB-AATY CD/UC/HS START AJKT 80 MG/0.8ML | 4         | QL(0.143 EA daily); PA                                                   | SIMLANDI (1 SYRINGE) PSKT             | 4         | QL(0.143 EA daily); PA                                                   |
| ADALIMUMAB-ADAZ SOAJ 40 MG/0.4ML                | 4         | QL(0.143 ML daily); PA                                                   | SIMLANDI (2 PEN) AJKT                 | 4         | QL(0.143 EA daily); PA                                                   |
| ADALIMUMAB-ADAZ SOAJ 80 MG/0.8ML                | 4         | QL(0.0143 ML daily); PA                                                  | SIMLANDI (2 SYRINGE) PSKT             | 4         | QL(0.143 EA daily); PA                                                   |
| ADALIMUMAB-ADAZ SOSY                            | 4         | QL(0.143 ML daily); PA                                                   | YUFLYMA (1 PEN) AJKT                  | 4         | QL(0.143 EA daily); PA                                                   |
| ADALIMUMAB-ADBM (2 PEN) AJKT                    | 4         | QL(0.143 EA daily); PA                                                   | YUFLYMA (2 PEN) AJKT                  | 4         | QL(0.143 EA daily); PA                                                   |
| ADALIMUMAB-ADBM (2 SYRINGE) PSKT                | 4         | QL(0.143 EA daily); PA                                                   | YUFLYMA (2 SYRINGE) PSKT              | 4         | QL(0.143 EA daily); PA                                                   |
| ADALIMUMAB-ADBM(CD/UC/HS STRT) AJKT             | 4         | QL(0.143 EA daily); PA                                                   | YUFLYMA-CD/UC/HS STARTER AJKT         | 4         | QL(0.143 EA daily); PA                                                   |
| ADALIMUMAB-ADBM(PS/UV STARTER) AJKT             | 4         | QL(0.143 EA daily); PA                                                   | Gold Compounds                        |           |                                                                          |
| HUMIRA (2 PEN) AJKT 80 MG/0.8ML                 | 4         | QL(0.072 EA daily); PA                                                   | AURANOFIN 3 MG                        | 3         | QL(3 EA daily)                                                           |
| HUMIRA (2 PEN) AJKT                             | 4         | QL(0.143 EA daily); PA                                                   | RIDAURA                               | 3         | QL(3 EA daily)                                                           |
| HUMIRA (2 SYRINGE) PSKT                         | 4         | QL(0.143 EA daily); PA                                                   | Interleukin-6 Receptor Inhibitors     |           |                                                                          |
| HUMIRA-CD/UC/HS STARTER AJKT                    | 4         | 1 package(s) per 180 day(s) retail; 1 package(s) per 180 day(s) mail; PA | ACTEMRA ACTPEN SOAJ                   | 4         | QL(3.6 ML per 28 day(s) retail; 4 ML per 28 days 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 | ACTEMRA SOLN 80 MG/4ML                | 4         | QL(20 ML per 28 day(s) retail; 20 ML per 28 days mail); PA               |
|                                                 |           |                                                                          | ACTEMRA SOLN 200 MG/10ML, 400 MG/20ML | 4         | QL(40 ML per 28 day(s) retail; 40 ML per 28 days mail); PA               |

| Drug Name                                             | Drug Tier | Requirements/ Limits                                                                                              |
|-------------------------------------------------------|-----------|-------------------------------------------------------------------------------------------------------------------|
| ACTEMRA SOSY                                          | 4         | QL(3.6 ML per 28 day(s) retail; 4 ML per 28 days mail); PA                                                        |
| KEVZARA SOAJ                                          | 4         | QL(0.082 ML daily); PA                                                                                            |
| KEVZARA SOSY                                          | 4         | QL(0.082 ML daily); PA                                                                                            |
| <b>Nonsteroidal Anti-inflammatory Agents (NSAIDs)</b> |           |                                                                                                                   |
| <i>celecoxib</i>                                      | 1B        | QL(2 EA daily)                                                                                                    |
| <i>diclofenac potassium TABS 50 MG</i>                | 1B        |                                                                                                                   |
| <i>diclofenac sodium TB24</i>                         | 1B        |                                                                                                                   |
| <i>diclofenac sodium TBEC</i>                         | 1B        |                                                                                                                   |
| <i>diclofenac w/ misoprostol TBEC</i>                 | 1B        |                                                                                                                   |
| <i>etodolac CAPS</i>                                  | 1B        |                                                                                                                   |
| <i>etodolac TABS</i>                                  | 1B        |                                                                                                                   |
| <i>fenoprofen calcium TABS</i>                        | 1B        | QL(4 EA daily); PA                                                                                                |
| <i>flurbiprofen TABS</i>                              | 1B        |                                                                                                                   |
| <i>ibuprofen SUSP 100 MG/5ML, 200 MG/10ML</i>         | 1B        | RX/OTC                                                                                                            |
| <i>ibuprofen TABS 400 MG, 600 MG</i>                  | 1A        |                                                                                                                   |
| <i>ibuprofen TABS 800 MG</i>                          | 1B        |                                                                                                                   |
| <i>indomethacin CAPS 25 MG, 50 MG</i>                 | 1B        |                                                                                                                   |
| <i>indomethacin CPCR</i>                              | 1B        |                                                                                                                   |
| <i>ketoprofen CAPS 50 MG, 75 MG</i>                   | 1B        |                                                                                                                   |
| <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 |
| <i>meloxicam TABS</i>                                 | 1A        | QL(1 EA daily)                                                                                                    |
| <i>nabumetone</i>                                     | 1B        |                                                                                                                   |
| <i>naproxen sodium TABS 550 MG</i>                    | 1B        |                                                                                                                   |
| <i>naproxen TABS</i>                                  | 1B        |                                                                                                                   |

| Drug Name                                                                          | Drug Tier | Requirements/ Limits                                                       |
|------------------------------------------------------------------------------------|-----------|----------------------------------------------------------------------------|
| <i>naproxen TBEC 500 MG</i>                                                        | 1B        | QL(3 EA daily)                                                             |
| <i>oxaprozin TABS</i>                                                              | 1B        |                                                                            |
| <i>piroxicam CAPS</i>                                                              | 1B        |                                                                            |
| <i>sulindac TABS</i>                                                               | 1B        |                                                                            |
| <i>tolmetin sodium CAPS</i>                                                        | 1B        |                                                                            |
| <i>tolmetin sodium TABS</i>                                                        | 1B        |                                                                            |
| <b>Phosphodiesterase 4 (PDE4) Inhibitors</b>                                       |           |                                                                            |
| 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 |
| 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                                     |
| <b>Pyrimidine Synthesis Inhibitors</b>                                             |           |                                                                            |
| <i>leflunomide</i>                                                                 | 1B        | QL(1 EA daily)                                                             |
| <b>Soluble Tumor Necrosis Factor Receptor Agents</b>                               |           |                                                                            |
| 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                                                     |
| <b>ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions</b> |           |                                                                            |
| <b>Analgesic Combinations</b>                                                      |           |                                                                            |

| Drug Name                                                                     | Drug Tier | Requirements/ Limits                       | Drug Name                                                         | Drug Tier | Requirements/ Limits                                           |
|-------------------------------------------------------------------------------|-----------|--------------------------------------------|-------------------------------------------------------------------|-----------|----------------------------------------------------------------|
| <i>butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-325 MG</i>              | 1B        |                                            | <i>hydrocodone bitartrate T24A</i>                                | 3         | QL(2 EA daily); PA                                             |
| <i>butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-300 MG</i>              | 1B        | QL(6 EA daily)                             | <i>hydromorphone hcl LIQD</i>                                     | 1B        | New starts limited to 7 day supply                             |
| <i>butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG</i>              | 1B        | QL(6 EA daily)                             | <i>hydromorphone hcl SOLN IJ 10 MG/ML, 50 MG/5ML, 500 MG/50ML</i> | 1B        |                                                                |
| <i>butalbital-acetaminophen TABS 50 MG-325 MG</i>                             | 1B        | QL(6 EA daily)                             | <i>hydromorphone hcl TABS</i>                                     | 1B        | New starts limited to 7 day supply; QL(8 EA daily)             |
| <i>butalbital-aspirin-caffeine CAPS</i>                                       | 1B        | QL(4 EA daily)                             | <i>hydromorphone hcl TB24 8 MG, 12 MG, 16 MG</i>                  | 1B        | QL(2 EA daily); PA                                             |
| <b>Salicylates</b>                                                            |           |                                            | <i>hydromorphone hcl TB24 32 MG</i>                               | 1B        | QL(1 EA daily); PA                                             |
| <i>aspirin CHEW</i>                                                           | 0         | AL(At least 45 yrs old - Up to 79 yrs old) | <i>levorphanol tartrate TABS 2 MG</i>                             | 1B        | New starts limited to 7 day supply                             |
| <i>aspirin TABS 325 MG</i>                                                    | 0         | AL(At least 45 yrs old - Up to 79 yrs old) | <i>meperidine hcl SOLN PO 50 MG/5ML</i>                           | 1B        | New starts limited to 7 day supply; QL(500 ML per fill retail) |
| <i>aspirin TBEC 81 MG</i>                                                     | 0         | AL(At least 45 yrs old - Up to 79 yrs old) | <i>meperidine hcl SOLN IJ 25 MG/ML, 50 MG/ML, 100 MG/ML</i>       | 1B        |                                                                |
| <i>aspirin TBEC 325 MG</i>                                                    | 1A        |                                            | <i>meperidine hcl TABS 50 MG</i>                                  | 1B        | New starts limited to 7 days.; QL(6 EA daily)                  |
| <i>diflunisal TABS</i>                                                        | 1B        |                                            | <i>methadone hcl CONC</i>                                         | 1B        | QL(10 ML daily)                                                |
| <i>salsalate</i>                                                              | 1B        |                                            | <i>methadone hcl SOLN PO</i>                                      | 1A        |                                                                |
| <b>ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions</b> |           |                                            | <i>methadone hcl SOLN IJ 10 MG/ML</i>                             | 1B        |                                                                |
| <b>Opioid Agonists</b>                                                        |           |                                            | <b>METHADONE HCL SOLN IJ (methadone hcl)</b>                      | 1B        |                                                                |
| <i>codeine sulfate TABS 30 MG</i>                                             | 1B        | New starts limited to 7 day supply         | <i>methadone hcl TABS 10 MG</i>                                   | 1B        | QL(10 EA daily)                                                |
| <b>CODEINE SULFATE TABS</b>                                                   | 1B        | New starts limited to 7 day supply         | <i>methadone hcl TABS 5 MG</i>                                    | 1B        | QL(4 EA daily)                                                 |
| <i>fentanyl citrate LPOP</i>                                                  | 1B        | QL(4 EA daily); PA                         | <i>methadone hcl TBSO</i>                                         | 1B        | QL(2 EA daily)                                                 |
| <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                         |                                                                   |           |                                                                |

| Drug Name                                                                     | Drug Tier | Requirements/ Limits                                 | Drug Name                                                                                                   | Drug Tier | Requirements/ Limits                                 |
|-------------------------------------------------------------------------------|-----------|------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|-----------|------------------------------------------------------|
| <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 60 MG-300 MG</i>                                                           | 1B        | New starts limited to 7 day supply; QL(6 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 15 MG-300 MG</i>                                                           | 1B        | New starts limited to 7 day supply; QL(13 EA daily)  |
| <i>morphine sulfate SOLN PO 10 MG/5ML</i>                                     | 1B        | New starts limited to 7 day supply; QL(100 ML daily) | <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 IJ 0.5 MG/ML, 1 MG/ML</i>                            | 1B        |                                                      | <i>acetaminophen-caff-dihydrocod CAPS 30 MG-320.5 MG-16 MG</i>                                              | 1B        | New starts limited to 7 day supply                   |
| <i>morphine sulfate TABS</i>                                                  | 1B        | New starts limited to 7 day supply; QL(6 EA daily)   | <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>morphine sulfate TBCR</i>                                                  | 1B        | QL(2 EA daily)                                       | <i>butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-300 MG</i>                                | 1B        | New starts limited to 7 day supply                   |
| <i>oxycodone hcl TABS</i>                                                     | 1B        | New starts limited to 7 day supply; QL(12 EA daily)  | <i>butalbital-aspirin-caffeine w/cod</i>                                                                    | 1B        | New starts limited to 7 day supply; QL(6 EA daily)   |
| <i>oxymorphone hcl TABS</i>                                                   | 1B        | QL(12 EA daily); PA                                  | <i>hydrocodone-acetaminophen SOLN 325 MG/15ML-10 MG/15ML</i>                                                | 1B        | New starts limited to 7 day supply                   |
| <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>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>oxymorphone hcl TB12 40 MG</i>                                             | 1B        | QL(4 EA daily); PA                                   | <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>tramadol hcl TABS 50 MG</i>                                                | 1A        | New starts limited to 7 day supply; QL(8 EA daily)   | <i>hydrocodone-acetaminophen TABS 325 MG-2.5 MG</i>                                                         | 1B        | New starts limited to 7 day supply                   |
| <i>tramadol hcl TB24</i>                                                      | 1B        | QL(1 EA daily)                                       | <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)  |
| <b>Opioid Combinations</b>                                                    |           |                                                      |                                                                                                             |           |                                                      |
| <i>acetaminophen w/ codeine SOLN</i>                                          | 1A        | New starts limited to 7 day supply; QL(75 ML daily)  |                                                                                                             |           |                                                      |
| <i>acetaminophen w/ codeine TABS 30 MG-300 MG</i>                             | 1A        | New starts limited to 7 day supply; QL(12 EA daily)  |                                                                                                             |           |                                                      |

| Drug Name                                                                       | Drug Tier | Requirements/ Limits                                |
|---------------------------------------------------------------------------------|-----------|-----------------------------------------------------|
| <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) |
| <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>BRIXADI (WEEKLY) SOSY</i>                                                    | 2         |                                                     |
| <i>BRIXADI SOSY 64 MG/0.18ML, 96 MG/0.27ML, 128 MG/0.36ML</i>                   | 2         |                                                     |
| <i>buprenorphine hcl-naloxone hcl dihydrate FILM SL</i>                         | 1A        |                                                     |
| <i>buprenorphine hcl-naloxone hcl dihydrate SUBL</i>                            | 1A        |                                                     |
| <i>buprenorphine hcl SOLN</i>                                                   | 1B        |                                                     |
| <i>buprenorphine hcl SUBL</i>                                                   | 1A        |                                                     |
| <i>buprenorphine PTWK</i>                                                       | 1B        | QL(0.143 EA daily); PA                              |
| <i>butorphanol tartrate IJ 1 MG/ML, 2 MG/ML</i>                                 | 1B        |                                                     |
| <i>butorphanol tartrate NA 10 MG/ML</i>                                         | 1B        | QL(0.34 ML daily); PA                               |
| <i>pentazocine w/ naloxone hcl</i>                                              | 1B        | New starts limited to 7 day supply                  |
| <i>SUBLOCADE SOSY</i>                                                           | 2         |                                                     |

| Drug Name                                                                                | Drug Tier | Requirements/ Limits |
|------------------------------------------------------------------------------------------|-----------|----------------------|
| <i>SUBOXONE FILM SL (buprenorphine hcl-naloxone hcl dihydrate)</i>                       | 2         |                      |
| <i>ZUBSOLV SUBL</i>                                                                      | 2         |                      |
| <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        |                      |
| <i>TESTOSTERONE CYPIONATE SOLN IJ 200 MG/ML</i>                                          | 1B        |                      |
| <i>testosterone enanthate SOLN IM</i>                                                    | 1B        |                      |
| <b>ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching</b> |           |                      |
| <b>Intrarectal Steroids</b>                                                              |           |                      |
| <i>budesonide (intrarectal)</i>                                                          | 4         | QL(1.6 GM daily); PA |
| <i>hydrocortisone (intrarectal)</i>                                                      | 1B        |                      |
| <b>Rectal Steroids</b>                                                                   |           |                      |
| <i>hydrocortisone (rectal) EX</i>                                                        | 1B        |                      |
| <i>hydrocortisone acetate (rectal)</i>                                                   | 1B        |                      |
| <b>Vasodilating Agents</b>                                                               |           |                      |
| <i>nitroglycerin (intra-anal)</i>                                                        | 1B        | QL(2 GM daily)       |
| <b>ANTHELMINTICS - Drugs to Treat Worm Infections</b>                                    |           |                      |
| <b>Anthelmintics</b>                                                                     |           |                      |
| <i>albendazole</i>                                                                       | 1B        | PA                   |

| Drug Name                                                  | Drug Tier | Requirements/ Limits                                                                                                        |
|------------------------------------------------------------|-----------|-----------------------------------------------------------------------------------------------------------------------------|
| 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>      |           |                                                                                                                             |
| Antianginals-Other                                         |           |                                                                                                                             |
| <i>ranolazine TB12 500 MG</i>                              | 1B        | QL(3 EA daily)                                                                                                              |
| <i>ranolazine TB12 1000 MG</i>                             | 1B        | QL(2 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>ANTIANXIETY 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        |                                                                                                                             |

| Drug Name                                                      | Drug Tier | Requirements/ Limits |
|----------------------------------------------------------------|-----------|----------------------|
| <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 0.25 MG, 0.5 MG, 1 MG</i>                   | 1A        | QL(4 EA daily)       |
| <i>alprazolam TABS 2 MG</i>                                    | 1B        | 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        |                      |
| <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 0.5 MG, 2 MG</i>                             | 1A        | QL(3 EA daily)       |
| <i>lorazepam TABS 1 MG</i>                                     | 1A        | QL(4 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        |                      |

| Drug Name                                                                       | Drug Tier | Requirements/ Limits   |
|---------------------------------------------------------------------------------|-----------|------------------------|
| <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 10 MG/0.5ML                                                        | 4         | QL(0.018 ML daily); PA |
| FASENRA SOSY 30 MG/ML                                                           | 4         | QL(0.036 ML daily); PA |
| Anti-Inflammatory Agents                                                        |           |                        |
| <i>cromolyn sodium NEBU</i>                                                     | 1B        | QL(8 ML daily)         |
| Bronchodilators - Anticholinergics                                              |           |                        |
| INCRUSE ELLIPTA 62.5 MCG/ACT ( <i>umeclidinium bromide</i> )                    | 2         | 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        | QL(15 ML daily)        |
| SPIRIVA RESPIMAT AERS IN                                                        | 2         | QL(0.14 GM daily)      |
| <i>tiotropium bromide CAPS IN 18 MCG</i>                                        | 1B        | QL(1 EA daily)         |
| <i>umeclidinium bromide 62.5 MCG/INH</i>                                        | 1B        | QL(1 EA daily)         |
| Leukotriene Modulators                                                          |           |                        |
| <i>montelukast sodium CHEW</i>                                                  | 1B        | QL(1 EA daily)         |
| <i>montelukast sodium PACK</i>                                                  | 1B        | QL(1 EA daily)         |
| <i>montelukast sodium TABS</i>                                                  | 1B        | QL(1 EA daily)         |
| <i>zafirlukast</i>                                                              | 1B        | QL(2 EA daily)         |

| Drug Name                                                                    | Drug Tier | Requirements/ Limits |
|------------------------------------------------------------------------------|-----------|----------------------|
| <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        | QL(4 ML daily); PA   |
| <i>fluticasone furoate (inhalation) 50 MCG/ACT, 100 MCG/ACT, 200 MCG/ACT</i> | 1B        |                      |
| <i>fluticasone propionate (inhalation) AEPB</i>                              | 1B        |                      |
| <i>fluticasone propionate hfa</i>                                            | 1B        | QL(0.8 GM daily)     |
| PULMICORT FLEXHALER AEPB                                                     | 2         |                      |
| PULMICORT FLEXHALER AEPB                                                     | 2         |                      |
| QVAR REDHALER                                                                | 2         |                      |
| Sympathomimetics                                                             |           |                      |
| ADVAIR HFA AERO ( <i>fluticasone-salmeterol</i> )                            | 1B        |                      |
| AIRSUPRA                                                                     | 2         |                      |
| <i>albuterol sulfate AERS</i>                                                | 1B        |                      |
| <i>albuterol sulfate NEBU</i>                                                | 1B        |                      |
| <i>albuterol sulfate NEBU</i>                                                | 1B        | QL(15 ML daily)      |
| <i>albuterol sulfate SYRP</i>                                                | 1B        |                      |
| <i>albuterol sulfate TABS</i>                                                | 1B        |                      |
| <i>arformoterol tartrate</i>                                                 | 1B        | QL(4 ML daily)       |
| BREO ELLIPTA ( <i>fluticasone furoate-vilanterol</i> )                       | 2         |                      |
| BREO ELLIPTA                                                                 | 2         |                      |
| BREZTRI AEROSPHERE                                                           | 2         | QL(0.38 GM daily)    |

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| Drug Name                                                                                                 | Drug Tier | Requirements/ Limits |
|-----------------------------------------------------------------------------------------------------------|-----------|----------------------|
| <i>budesonide-formoterol fumarate dihydrate</i>                                                           | 1B        |                      |
| COMBIVENT RESPIMAT AERS                                                                                   | 2         | QL(0.16 GM daily)    |
| DULERA                                                                                                    | 2         |                      |
| <i>fluticasone furoate-vilanterol</i>                                                                     | 1B        |                      |
| <i>fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT</i> | 1B        |                      |
| <i>fluticasone-salmeterol AERO</i>                                                                        | 1B        |                      |
| <i>formoterol fumarate NEBU</i>                                                                           | 1B        | QL(4 ML daily)       |
| <i>ipratropium-albuterol SOLN</i>                                                                         | 1B        | QL(18 ML daily)      |
| <i>levalbuterol hcl 1.25 MG/0.5ML</i>                                                                     | 1B        |                      |
| <i>levalbuterol hcl</i>                                                                                   | 1B        | QL(12 ML daily)      |
| <i>levalbuterol tartrate</i>                                                                              | 1B        |                      |
| SEREVENT DISKUS                                                                                           | 2         |                      |
| STIOLTO RESPIMAT                                                                                          | 2         |                      |
| STRIVERDI RESPIMAT                                                                                        | 2         |                      |
| <i>terbutaline sulfate SOLN</i>                                                                           | 1B        |                      |
| <i>terbutaline sulfate TABS</i>                                                                           | 1B        |                      |
| TRELEGY ELLIPTA                                                                                           | 2         | QL(2 EA daily)       |
| <i>umeclidinium-vilanterol</i>                                                                            | 2         | QL(2 EA daily)       |
| <b>Xanthines</b>                                                                                          |           |                      |
| <i>theophylline ELIX</i>                                                                                  | 1B        |                      |
| <i>theophylline SOLN</i>                                                                                  | 1B        | QL(56 ML daily)      |
| <i>theophylline TB12</i>                                                                                  | 1B        |                      |
| <i>theophylline TB24</i>                                                                                  | 1B        |                      |
| <b>ANTICOAGULANTS - Blood Thinners</b>                                                                    |           |                      |
| <b>Coumarin Anticoagulants</b>                                                                            |           |                      |
| <i>warfarin sodium TABS</i>                                                                               | 1A        |                      |

| Drug Name                                               | Drug Tier | Requirements/ Limits                                     |
|---------------------------------------------------------|-----------|----------------------------------------------------------|
| <b>Direct Factor Xa Inhibitors</b>                      |           |                                                          |
| ELIQUIS DVT/PE STARTER PACK TBPK                        | 2         | QL(2.47 EA daily); 1 max fill(s) per 180 day(s) retail   |
| ELIQUIS TABS                                            | 2         | QL(2 EA daily)                                           |
| <i>rivaroxaban SUSR 1 MG/ML</i>                         | 1B        | QL(900 ML per 30 day(s) retail; 900 ML per 30 days mail) |
| <i>rivaroxaban TABS 2.5 MG</i>                          | 1B        | QL(2 EA daily)                                           |
| XARELTO STARTER PACK TBPK                               | 2         | 1 max fill(s) per 365 day(s) retail                      |
| XARELTO TABS 10 MG, 20 MG                               | 2         | QL(1 EA daily)                                           |
| XARELTO TABS 15 MG                                      | 2         | QL(2 EA daily)                                           |
| <b>Heparins And Heparinoid-Like Agents</b>              |           |                                                          |
| <i>enoxaparin sodium SOLN IJ 300 MG/3ML</i>             | 4         | QL(6 ML daily)                                           |
| <i>enoxaparin sodium SOSY 30 MG/0.3ML</i>               | 4         | QL(0.6 ML daily)                                         |
| <i>enoxaparin sodium SOSY 60 MG/0.6ML</i>               | 4         | QL(1.2 ML daily)                                         |
| <i>enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML</i> | 4         | QL(1.6 ML daily)                                         |
| <i>enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML</i>      | 4         | QL(2 ML daily)                                           |
| <i>enoxaparin sodium SOSY 40 MG/0.4ML</i>               | 4         | QL(0.8 ML daily)                                         |
| <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) |
| <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>fondaparinux sodium 7.5 MG/0.6ML</i>                 | 4         | QL(5.4 ML per 180 day(s) retail; 5 ML per 180 days mail) |

| Drug Name                                                                          | Drug Tier | Requirements/ Limits                                               | Drug Name                                                     | Drug Tier | Requirements/ Limits |
|------------------------------------------------------------------------------------|-----------|--------------------------------------------------------------------|---------------------------------------------------------------|-----------|----------------------|
| <i>fondaparinux sodium 5 MG/0.4ML</i>                                              | 4         | QL(3.6 ML per 180 day(s) retail; 4 ML per 180 days mail)           | BRIVIACT SOLN PO 10 MG/ML ( <i>brivaracetam</i> )             | 3         | QL(20 ML daily); PA  |
| FRAGMIN SOSY                                                                       | 4         | PA                                                                 | <i>carbamazepine CHEW</i>                                     | 1B        |                      |
| HEPARIN (PORCINE) IN NACL SOLN IV 0.45 %-12500 UNIT/250ML                          | 1B        |                                                                    | <i>carbamazepine CP12 300 MG</i>                              | 1B        | QL(4 EA daily)       |
| <i>heparin sodium (porcine) SOLN IJ 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML</i> | 1B        |                                                                    | <i>carbamazepine CP12 100 MG</i>                              | 1B        |                      |
| Thrombin Inhibitors                                                                |           |                                                                    | <i>carbamazepine CP12 200 MG</i>                              | 1B        | QL(6 EA daily)       |
| <i>dabigatran etexilate mesylate CAPS</i>                                          | 1B        |                                                                    | <i>carbamazepine SUSP</i>                                     | 1B        |                      |
| ANTICONVULSANTS - Drugs to Treat Seizures                                          |           |                                                                    | <i>carbamazepine TABS</i>                                     | 1B        |                      |
| AMPA Glutamate Receptor Antagonists                                                |           |                                                                    | <i>carbamazepine TB12 200 MG</i>                              | 1B        | QL(6 EA daily)       |
| <i>perampanel TABS 8 MG, 10 MG, 12 MG</i>                                          | 1B        | QL(1 EA daily); PA                                                 | <i>carbamazepine TB12 100 MG, 400 MG</i>                      | 1B        | QL(4 EA daily)       |
| <i>perampanel TABS 4 MG</i>                                                        | 1B        | QL(3 EA daily); PA                                                 | <i>eslicarbazepine acetate 200 MG, 400 MG, 600 MG, 800 MG</i> | 1B        | QL(2 EA daily); PA   |
| <i>perampanel TABS 2 MG</i>                                                        | 1B        | QL(6 EA daily); PA                                                 | <i>gabapentin CAPS</i>                                        | 1B        |                      |
| <i>perampanel TABS 6 MG</i>                                                        | 1B        | QL(2 EA daily); PA                                                 | <i>gabapentin SOLN</i>                                        | 1B        | QL(60 ML daily)      |
| Anticonvulsants - Benzodiazepines                                                  |           |                                                                    | <i>gabapentin TABS 600 MG, 800 MG</i>                         | 1B        |                      |
| <i>clobazam SUSP</i>                                                               | 1B        | QL(16 ML daily); PA                                                | <i>lacosamide SOLN PO 10 MG/ML, 50 MG/5ML, 100 MG/10ML</i>    | 1B        | QL(40 ML daily)      |
| <i>clobazam TABS</i>                                                               | 1B        | QL(2 EA daily); PA                                                 | <i>lacosamide TABS</i>                                        | 1B        | QL(2 EA daily)       |
| <i>clonazepam TABS</i>                                                             | 1A        |                                                                    | <i>lamotrigine CHEW 5 MG</i>                                  | 1B        | QL(100 EA daily)     |
| <i>diazepam (anticonvulsant) GEL</i>                                               | 3         | 5 package(s) per 30 day(s) retail; 5 package(s) per 30 day(s) mail | <i>lamotrigine CHEW 25 MG</i>                                 | 1B        | QL(20 EA daily)      |
| NAYZILAM                                                                           | 3         | QL(10 EA per 30 day(s) retail); PA                                 | <i>lamotrigine TABS 25 MG</i>                                 | 1B        | QL(20 EA daily)      |
| Anticonvulsants - Misc.                                                            |           |                                                                    | <i>lamotrigine TABS 150 MG</i>                                | 1B        | QL(4 EA daily)       |
| <i>brivaracetam SOLN PO 10 MG/ML</i>                                               | 1B        | QL(20 ML daily); PA                                                | <i>lamotrigine TABS 100 MG</i>                                | 1B        | QL(5 EA daily)       |
|                                                                                    |           |                                                                    | <i>lamotrigine TABS 200 MG</i>                                | 1B        | QL(2.5 EA daily)     |
|                                                                                    |           |                                                                    | <i>lamotrigine TBDP</i>                                       | 1B        | QL(1 EA daily)       |
|                                                                                    |           |                                                                    | <i>levetiracetam SOLN IV 500 MG/5ML</i>                       | 1B        | QL(30 ML daily)      |
|                                                                                    |           |                                                                    | <i>levetiracetam TABS 1000 MG</i>                             | 1B        | QL(3 EA daily)       |

| Drug Name                                                          | Drug Tier | Requirements/ Limits |
|--------------------------------------------------------------------|-----------|----------------------|
| <i>levetiracetam TABS 250 MG, 750 MG</i>                           | 1B        | QL(4 EA daily)       |
| <i>levetiracetam TABS 500 MG</i>                                   | 1B        | QL(6 EA daily)       |
| <i>levetiracetam TB24</i>                                          | 1B        | QL(4 EA daily)       |
| <i>oxcarbazepine SUSP</i>                                          | 1B        | QL(40 ML daily)      |
| <i>oxcarbazepine TABS 150 MG, 300 MG</i>                           | 1B        | QL(3 EA daily)       |
| <i>oxcarbazepine TABS 600 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); PA   |
| <i>pregabalin CAPS 225 MG, 300 MG</i>                              | 1B        | QL(2 EA daily); PA   |
| <i>pregabalin SOLN</i>                                             | 1B        | QL(30 ML daily); PA  |
| <i>primidone 50 MG, 250 MG</i>                                     | 1B        | QL(8 EA daily)       |
| <i>rufinamide SUSP</i>                                             | 3         | QL(80 ML daily); PA  |
| <i>rufinamide TABS 400 MG</i>                                      | 3         | QL(8 EA daily); PA   |
| <i>rufinamide TABS 200 MG</i>                                      | 3         | QL(2 EA daily); PA   |
| <i>topiramate CPSP 15 MG</i>                                       | 1B        | QL(6 EA daily)       |
| <i>topiramate CPSP 25 MG</i>                                       | 1B        | QL(8 EA daily)       |
| <i>topiramate CS24</i>                                             | 3         | PA                   |
| <i>topiramate TABS 25 MG, 100 MG</i>                               | 1B        | QL(4 EA daily)       |
| <i>topiramate TABS 50 MG</i>                                       | 1B        | QL(6 EA daily)       |
| <i>topiramate TABS 200 MG</i>                                      | 1B        | QL(2 EA daily)       |
| <i>zonisamide CAPS</i>                                             | 1B        | QL(6 EA daily)       |
| <b>Carbamates</b>                                                  |           |                      |
| <i>felbamate SUSP</i>                                              | 1B        | QL(30 ML daily)      |
| <i>felbamate TABS 600 MG</i>                                       | 1B        | QL(6 EA daily)       |
| <i>felbamate TABS 400 MG</i>                                       | 1B        | QL(9 EA daily)       |
| <b>GABA Modulators</b>                                             |           |                      |
| <i>tiagabine hcl</i>                                               | 1B        |                      |

| Drug Name                                               | Drug Tier | Requirements/ Limits |
|---------------------------------------------------------|-----------|----------------------|
| <i>vigabatrin PACK</i>                                  | 4         | QL(6 EA daily); PA   |
| <i>vigabatrin TABS</i>                                  | 4         | QL(6 EA daily); PA   |
| <b>Hydantoins</b>                                       |           |                      |
| <i>DILANTIN (phenytoin sodium extended)</i>             | 2         |                      |
| <i>DILANTIN</i>                                         | 2         |                      |
| <i>DILANTIN INFATABS CHEW (phenytoin)</i>               | 2         |                      |
| <i>DILANTIN-125 SUSP (phenytoin)</i>                    | 2         |                      |
| <i>DILANTIN SUSP (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        |                      |
| <b>Succinimides</b>                                     |           |                      |
| <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)       |
| <b>Valproic Acid</b>                                    |           |                      |
| <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>      |           |                      |
| <b>Alpha-2 Receptor Antagonists (Tetracyclics)</b>      |           |                      |
| <i>mirtazapine TABS</i>                                 | 1B        |                      |
| <i>mirtazapine TBDP</i>                                 | 1B        |                      |
| <b>Antidepressants - Misc.</b>                          |           |                      |

| Drug Name                                            | Drug Tier | Requirements/ Limits |
|------------------------------------------------------|-----------|----------------------|
| <i>bupropion hcl TABS</i>                            | 1B        |                      |
| <i>bupropion hcl TB12</i>                            | 1B        |                      |
| <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        |                      |
| <i>escitalopram oxalate SOLN</i>                     | 1B        |                      |
| <i>escitalopram oxalate TABS</i>                     | 1B        |                      |
| <i>fluoxetine hcl CAPS</i>                           | 1A        |                      |
| <i>fluoxetine hcl CPDR</i>                           | 1A        |                      |
| <i>fluoxetine hcl SOLN</i>                           | 1B        |                      |
| <i>fluoxetine hcl TABS</i>                           | 1B        |                      |
| <i>fluvoxamine maleate TABS</i>                      | 1B        |                      |
| <i>paroxetine hcl SUSP</i>                           | 1B        |                      |
| <i>paroxetine hcl TABS</i>                           | 1B        |                      |
| <i>paroxetine hcl TB24</i>                           | 1B        |                      |
| <i>sertraline hcl CONC</i>                           | 1B        |                      |
| <i>sertraline hcl TABS</i>                           | 1B        |                      |
| Serotonin Modulators                                 |           |                      |
| <i>nefazodone hcl</i>                                | 1B        |                      |

| Drug Name                                              | Drug Tier | Requirements/ Limits |
|--------------------------------------------------------|-----------|----------------------|
| <i>trazodone hcl TABS</i>                              | 1B        |                      |
| TRINTELLIX                                             | 3         | QL(1 EA daily); PA   |
| <i>vilazodone hcl TABS</i>                             | 1B        |                      |
| Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)   |           |                      |
| <i>desvenlafaxine succinate</i>                        | 1B        |                      |
| <i>duloxetine hcl CPEP</i>                             | 1B        |                      |
| FETZIMA TITRATION C4PK                                 | 3         | PA                   |
| FETZIMA CP24                                           | 3         | QL(1 EA daily); PA   |
| <i>venlafaxine hcl CP24</i>                            | 1B        |                      |
| <i>venlafaxine hcl TABS</i>                            | 1B        |                      |
| <i>venlafaxine hcl TB24</i>                            | 1B        |                      |
| Tricyclic Agents                                       |           |                      |
| <i>amitriptyline hcl TABS</i>                          | 1A        |                      |
| <i>amoxapine</i>                                       | 1B        |                      |
| <i>clomipramine hcl</i>                                | 1B        | PA                   |
| <i>desipramine hcl TABS</i>                            | 1B        |                      |
| <i>doxepin hcl CAPS</i>                                | 1B        |                      |
| <i>doxepin hcl CONC</i>                                | 1B        |                      |
| <i>imipramine hcl TABS</i>                             | 1B        |                      |
| <i>imipramine pamoate</i>                              | 1B        |                      |
| NORPRAMIN TABS 10 MG, 25 MG ( <i>desipramine hcl</i> ) | 2         |                      |
| <i>nortriptyline hcl CAPS</i>                          | 1B        |                      |
| <i>nortriptyline hcl SOLN</i>                          | 1B        |                      |
| <i>protriptyline hcl</i>                               | 1B        |                      |
| <i>trimipramine maleate CAPS</i>                       | 1B        |                      |
| ANTIDIABETICS - Drugs to Regulate Blood Sugar          |           |                      |
| Alpha-Glucosidase Inhibitors                           |           |                      |
| <i>acarbose</i>                                        | 1B        | QL(3 EA daily)       |
| <i>miglitol</i>                                        | 1B        | QL(3 EA daily)       |
| Antidiabetic Combinations                              |           |                      |

| Drug Name                                                            | Drug Tier | Requirements/ Limits |
|----------------------------------------------------------------------|-----------|----------------------|
| <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   |
| <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-5 MG</i>    | 1B        | QL(2 EA daily)       |
| <i>dapagliflozin free base-metformin hcl TB24 PO 1000 MG-10 MG</i>   | 1B        | QL(1 EA daily)       |
| <i>glipizide-metformin hcl 250 MG-2.5 MG, 500 MG-2.5 MG</i>          | 1B        | QL(2 EA daily)       |
| <i>glipizide-metformin hcl 500 MG-5 MG</i>                           | 1B        | QL(4 EA daily)       |
| <i>glyburide-metformin 500 MG-2.5 MG, 500 MG-5 MG</i>                | 1B        | QL(4 EA daily)       |
| <i>glyburide-metformin 250 MG-1.25 MG</i>                            | 1B        | QL(2 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(1 EA daily)       |
| <i>sitagliptin phosphate-metformin hcl TB24</i>                      | 1B        | QL(2 EA daily)       |
| SOLQUA                                                               | 2         | QL(0.5 ML daily); PA |

| Drug Name                                                     | Drug Tier | Requirements/ Limits         |
|---------------------------------------------------------------|-----------|------------------------------|
| SYNJARDY XR TB24 1000 MG-10 MG, 1000 MG-12.5 MG, 1000 MG-5 MG | 2         | QL(2 EA daily)               |
| SYNJARDY XR TB24 1000 MG-25 MG                                | 2         | QL(1 EA daily)               |
| SYNJARDY TABS                                                 | 2         | QL(2 EA daily)               |
| TRIJARDY XR 1000 MG-5 MG-10 MG, 1000 MG-5 MG-25 MG            | 2         | QL(1 EA daily)               |
| TRIJARDY XR 1000 MG-2.5 MG-12.5 MG, 1000 MG-2.5 MG-5 MG       | 2         | QL(2 EA daily)               |
| XULTOPHY                                                      | 2         | QL(0.5 ML daily); PA         |
| Biguanides                                                    |           |                              |
| <i>metformin hcl TABS 500 MG</i>                              | 1A        | QL(5 EA daily)               |
| <i>metformin hcl TABS 1000 MG</i>                             | 1A        | QL(2.5 EA daily)             |
| <i>metformin hcl TABS 850 MG</i>                              | 0         | QL(3 EA daily)               |
| <i>metformin hcl TB24 500 MG</i>                              | 1B        | QL(4 EA daily)               |
| <i>metformin hcl TB24 750 MG</i>                              | 1B        | QL(3 EA daily)               |
| Diabetic Other                                                |           |                              |
| <i>diazoxide</i>                                              | 3         |                              |
| <i>glucagon SOLR IJ 1 MG</i>                                  | 1B        | 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) |

| Drug Name                              | Drug Tier | Requirements/ Limits         | Drug Name                         | Drug Tier | Requirements/ Limits |
|----------------------------------------|-----------|------------------------------|-----------------------------------|-----------|----------------------|
| OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN     | 2         | Smart PA; QL(0.108 ML daily) | INSULIN LISPRO PROT & LISPRO SUPN | 1B        |                      |
| OZEMPIC (1 MG/DOSE) SOPN 4 MG/3ML      | 2         | Smart PA; QL(0.108 ML daily) | INSULIN LISPRO SOLN IJ            | 1B        |                      |
| OZEMPIC (2 MG/DOSE) SOPN               | 2         | Smart PA; QL(0.108 ML daily) | LEVEMIR FLEXPEN SOPN              | 3         | PA                   |
| OZEMPIC TABS 1.5 MG, 4 MG, 9 MG        | 2         | Smart PA; QL(1 EA daily)     | LEVEMIR SOLN                      | 3         | PA                   |
| RYBELSUS TABS                          | 2         | Smart PA; QL(1 EA daily)     | NOVOLIN 70/30 FLEXPEN RELION SUPN | 2         |                      |
| TRULICITY                              | 2         | Smart PA; QL(0.143 ML daily) | NOVOLIN 70/30 FLEXPEN SUPN        | 2         |                      |
| Insulin                                |           |                              | NOVOLIN 70/30 RELION SUSP         | 2         |                      |
| APIDRA SOLOSTAR SOPN                   | 3         | PA                           | NOVOLIN 70/30 SUSP                | 2         |                      |
| APIDRA SOLN                            | 3         | PA                           | NOVOLIN N FLEXPEN RELION SUPN     | 2         |                      |
| FIASP FLEXTOUCH SOPN                   | 1B        |                              | NOVOLIN N FLEXPEN SUPN            | 2         |                      |
| FIASP PENFILL SOCT                     | 1B        |                              | NOVOLIN N RELION SUSP             | 2         |                      |
| FIASP PUMPCART SOCT                    | 1B        |                              | NOVOLIN N SUSP                    | 2         |                      |
| FIASP SOLN                             | 1B        |                              | NOVOLIN R FLEXPEN RELION SOPN IJ  | 2         |                      |
| HUMULIN R U-500 (CONCENTRATED) SOLN SC | 2         | QL(1.34 ML daily)            | NOVOLIN R FLEXPEN SOPN IJ         | 2         |                      |
| HUMULIN R U-500 KWIKPEN SOPN SC        | 2         | QL(1.34 ML daily)            | NOVOLIN R RELION SOLN IJ          | 2         |                      |
| INSULIN ASPART FLEXPEN SOPN            | 1B        |                              | NOVOLIN R SOLN IJ                 | 2         |                      |
| INSULIN ASPART SOLN IJ                 | 1B        |                              | NOVOLOG 70/30 FLEXPEN RELION SUPN | 1B        |                      |
| INSULIN GLARGINE-YFGN SOLN             | 2         |                              | NOVOLOG FLEXPEN RELION SOPN       | 1B        |                      |
| INSULIN GLARGINE-YFGN SOPN             | 2         |                              | NOVOLOG FLEXPEN SOPN              | 1B        |                      |
| INSULIN LISPRO (1 UNIT DIAL) SOPN      | 1B        |                              | NOVOLOG MIX 70/30 FLEXPEN SUPN    | 1B        |                      |
| INSULIN LISPRO JUNIOR KWIKPEN SOPN     | 1B        |                              | NOVOLOG MIX 70/30 RELION SUSP     | 1B        |                      |
|                                        |           |                              | NOVOLOG MIX 70/30 SUSP            | 1B        |                      |
|                                        |           |                              | NOVOLOG PENFILL SOCT              | 1B        |                      |

| Drug Name                                                | Drug Tier | Requirements/ Limits |
|----------------------------------------------------------|-----------|----------------------|
| NOVOLOG RELION SOLN IJ                                   | 1B        |                      |
| NOVOLOG SOLN IJ                                          | 1B        |                      |
| REZVOGLAR KWIKPEN                                        | 3         | PA                   |
| TRESIBA FLEXTOUCH SOPN                                   | 2         |                      |
| TRESIBA SOLN                                             | 2         |                      |
| Insulin Sensitizing Agents                               |           |                      |
| <i>pioglitazone hcl</i>                                  | 1B        | QL(1 EA daily)       |
| Meglitinide Analogues                                    |           |                      |
| <i>nateglinide</i>                                       | 1B        | QL(3 EA daily)       |
| <i>repaglinide 0.5 MG, 1 MG</i>                          | 1B        | QL(4 EA daily)       |
| <i>repaglinide 2 MG</i>                                  | 1B        | QL(8 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        | QL(2 EA daily)       |
| <i>glimepiride 1 MG, 2 MG</i>                            | 1A        | QL(4 EA daily)       |
| <i>glipizide TABS 5 MG, 10 MG</i>                        | 1A        | QL(4 EA daily)       |
| <i>glipizide TB24</i>                                    | 1A        | QL(2 EA daily)       |
| <i>glyburide micronized 1.5 MG, 3 MG, 6 MG</i>           | 1B        | QL(4 EA daily)       |
| <i>glyburide TABS</i>                                    | 1A        | 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         |                      |

| Drug Name                                        | Drug Tier | Requirements/ Limits   |
|--------------------------------------------------|-----------|------------------------|
| ANTIDOTES AND SPECIFIC ANTAGONISTS               |           |                        |
| Antidotes - Chelating Agents                     |           |                        |
| CHEMET                                           | 3         |                        |
| <i>deferasirox PACK</i>                          | 4         | PA                     |
| <i>deferasirox TABS</i>                          | 4         | PA                     |
| <i>deferasirox TBSO</i>                          | 4         | PA                     |
| Antidotes and Specific Antagonists               |           |                        |
| VISTOGARD                                        | 4         | PA                     |
| Benzodiazepine Antagonists                       |           |                        |
| <i>flumazenil</i>                                | 1A        |                        |
| Opioid Antagonists                               |           |                        |
| KLOXXADO LIQD                                    | 0         |                        |
| <i>naloxone hcl LIQD</i>                         | 0         | RX/OTC                 |
| <i>naloxone hcl SOCT</i>                         | 0         |                        |
| <i>naloxone hcl SOLN 0.4 MG/ML, 4 MG/10ML</i>    | 0         |                        |
| <i>naloxone hcl SOSY</i>                         | 0         |                        |
| <i>naltrexone hcl</i>                            | 1A        |                        |
| NARCAN LIQD ( <i>naloxone hcl</i> )              | 0         | RX/OTC                 |
| OPVEE NA                                         | 2         |                        |
| REXTOVY LIQD                                     | 0         |                        |
| REZENOPY LIQD 10 MG/0.11ML                       | 0         |                        |
| RIVIVE LIQD                                      | 0         |                        |
| VIVITROL                                         | 2         |                        |
| ZIMHI SOSY                                       | 0         |                        |
| ZURNAI IJ 1.5 MG/0.5ML                           | 2         |                        |
| 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        |                        |

| Drug Name                                           | Drug Tier | Requirements/ Limits                                                                       |
|-----------------------------------------------------|-----------|--------------------------------------------------------------------------------------------|
| <i>granisetron hcl TABS</i>                         | 1B        | QL(0.34 EA daily)                                                                          |
| <i>ondansetron hcl SOLN PO 4 MG/5ML</i>             | 1B        | QL(3.34 ML daily)                                                                          |
| <i>ondansetron hcl SOLN IJ 4 MG/2ML</i>             | 1B        |                                                                                            |
| <i>ondansetron hcl SOSY</i>                         | 1B        |                                                                                            |
| <i>ondansetron hcl TABS 24 MG</i>                   | 1B        | QL(0.143 EA daily)                                                                         |
| <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 TBDP 4 MG</i>                        | 1B        | QL(1 EA daily)                                                                             |
| <i>ondansetron TBDP 8 MG</i>                        | 1B        |                                                                                            |
| <i>palonosetron hcl SOLN</i>                        | 1B        |                                                                                            |
| Antiemetics - Anticholinergic                       |           |                                                                                            |
| <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); PA                                                                     |

| Drug Name                                      | Drug Tier | Requirements/ Limits   |
|------------------------------------------------|-----------|------------------------|
| <i>aprepitant CAPS 80 MG</i>                   | 1B        | QL(0.134 EA daily); PA |
| <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        |                        |
| <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)         |
| ANTIHIISTAMINES - Drugs to Treat Allergies     |           |                        |
| 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        |                        |

| Drug Name                                             | Drug Tier | Requirements/ Limits    | Drug Name                                                          | Drug Tier | Requirements/ Limits                                         |
|-------------------------------------------------------|-----------|-------------------------|--------------------------------------------------------------------|-----------|--------------------------------------------------------------|
| <i>diphenhydramine hcl ELIX 12.5 MG/5ML</i>           | 1B        |                         | <i>cholestyramine light PACK</i>                                   | 1B        | QL(6 EA daily)                                               |
| Antihistamines - Non-Sedating                         |           |                         | <i>cholestyramine light POWD</i>                                   | 1B        | QL(24 GM daily)                                              |
| <i>cetirizine hcl TABS</i>                            | 1A        | QL(1 EA daily)          | <i>cholestyramine PACK</i>                                         | 1B        | QL(6 EA daily)                                               |
| <i>desloratadine TABS</i>                             | 1B        | QL(1 EA daily)          | <i>cholestyramine POWD</i>                                         | 1B        | QL(25.2 GM daily)                                            |
| <i>desloratadine TBDP 2.5 MG</i>                      | 1B        | QL(1 EA daily)          | <i>colesevelam hcl PACK</i>                                        | 1B        | QL(1 EA daily); PA                                           |
| <i>levocetirizine dihydrochloride SOLN</i>            | 1B        | QL(10 ML daily); RX/OTC | <i>colesevelam hcl TABS</i>                                        | 1B        | QL(7 EA daily)                                               |
| <i>levocetirizine dihydrochloride TABS</i>            | 1B        | QL(1 EA daily); RX/OTC  | <i>colestipol hcl GRAN</i>                                         | 1B        | QL(6 GM daily)                                               |
| <i>loratadine CAPS</i>                                | 1B        |                         | <i>colestipol hcl PACK</i>                                         | 1B        | QL(6 EA daily)                                               |
| <i>loratadine CHEW</i>                                | 1B        |                         | <i>colestipol hcl TABS</i>                                         | 1B        | QL(16 EA daily)                                              |
| <i>loratadine SOLN</i>                                | 1B        |                         | Fibric Acid Derivatives                                            |           |                                                              |
| <i>loratadine TABS</i>                                | 1A        |                         | <i>choline fenofibrate</i>                                         | 1B        | QL(1 EA daily)                                               |
| <i>loratadine TBDP</i>                                | 1B        |                         | <i>fenofibrate micronized 43 MG, 67 MG, 130 MG, 134 MG, 200 MG</i> | 1B        | QL(1 EA daily)                                               |
| XYZAL ALLERGY 24HR CHILDRENS SOLN 2.5 MG/5ML          | 2         | QL(10 ML daily); RX/OTC | <i>fenofibrate TABS 48 MG, 54 MG, 145 MG, 160 MG</i>               | 1B        | QL(1 EA daily)                                               |
| Antihistamines - Phenothiazines                       |           |                         | <i>gemfibrozil TABS</i>                                            | 1B        | QL(2 EA daily)                                               |
| <i>promethazine hcl SUPP 50 MG</i>                    | 1B        |                         | HMG CoA Reductase Inhibitors                                       |           |                                                              |
| <i>promethazine hcl SUPP 12.5 MG, 25 MG</i>           | 1B        | QL(6 EA daily)          | <i>atorvastatin calcium TABS</i>                                   | 1A        | QL(1 EA daily)                                               |
| <i>promethazine hcl TABS</i>                          | 1B        |                         | <i>fluvastatin sodium CAPS 40 MG</i>                               | 1B        | QL(2 EA daily)                                               |
| Antihistamines - Piperidines                          |           |                         | <i>fluvastatin sodium CAPS 20 MG</i>                               | 1B        | QL(1 EA daily)                                               |
| <i>cyproheptadine hcl SYRP</i>                        | 1B        |                         | <i>lovastatin TABS 40 MG</i>                                       | 1A        | \$0 copay for generic only, age 40 to 76; QL(2 EA daily); PV |
| <i>cyproheptadine hcl TABS</i>                        | 1B        |                         | <i>lovastatin TABS 10 MG, 20 MG</i>                                | 1A        | \$0 copay for generic only, age 40 to 76; QL(1 EA daily); PV |
| ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol |           |                         | <i>pravastatin sodium</i>                                          | 1B        | QL(1 EA daily)                                               |
| Antihyperlipidemics - Combinations                    |           |                         | <i>rosuvastatin calcium TABS</i>                                   | 1B        | QL(1 EA daily)                                               |
| <i>ezetimibe-simvastatin</i>                          | 1B        | QL(1 EA daily)          | <i>simvastatin TABS</i>                                            | 1A        | 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        | QL(4 EA daily)          |                                                                    |           |                                                              |
| Bile Acid Sequestrants                                |           |                         |                                                                    |           |                                                              |

| Drug Name                                                       | Drug Tier | Requirements/ Limits    | Drug Name                                                               | Drug Tier | Requirements/ Limits |
|-----------------------------------------------------------------|-----------|-------------------------|-------------------------------------------------------------------------|-----------|----------------------|
| Intestinal Cholesterol Absorption Inhibitors                    |           |                         | <i>phenoxybenzamine hcl</i>                                             | 3         | PA                   |
| <i>ezetimibe</i>                                                | 1B        | QL(1 EA daily)          | Angiotensin II Receptor Antagonists                                     |           |                      |
| Nicotinic Acid Derivatives                                      |           |                         | <i>azilsartan medoxomil</i> 40 MG, 80 MG                                | 1B        | QL(1 EA daily); PA   |
| <i>niacin (antihyperlipidemic) TBCR</i>                         | 1B        | QL(2 EA daily)          | <i>candesartan cilexetil</i>                                            | 1B        | QL(1 EA daily)       |
| Proprotein Convertase Subtilisin/Kexin Type 9 Inhibitors        |           |                         | EDARBI 40 MG, 80 MG ( <i>azilsartan medoxomil</i> )                     | 3         | QL(1 EA daily); PA   |
| REPATHA PUSHTRONEX SYSTEM SOCT                                  | 4         | QL(0.25 ML daily); PA   | <i>irbesartan</i>                                                       | 1B        | QL(1 EA daily)       |
| REPATHA SURECLICK SOAJ                                          | 4         | QL(0.0714 ML daily); PA | <i>losartan potassium</i>                                               | 1A        | QL(1 EA daily)       |
| REPATHA SOSY                                                    | 4         | QL(0.0714 ML daily); PA | <i>olmesartan medoxomil</i>                                             | 1B        | QL(1 EA daily)       |
| ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure          |           |                         | <i>telmisartan</i>                                                      | 1B        | QL(1 EA daily)       |
| ACE Inhibitors                                                  |           |                         | <i>valsartan TABS</i>                                                   | 1B        | QL(1 EA daily)       |
| <i>benazepril hcl</i>                                           | 1A        |                         | Antiadrenergic Antihypertensives                                        |           |                      |
| <i>captopril</i> 12.5 MG                                        | 1B        |                         | <i>clonidine hcl TABS</i>                                               | 1A        | QL(8 EA daily)       |
| <i>captopril</i> 25 MG, 50 MG, 100 MG                           | 1B        | QL(3 EA daily)          | <i>clonidine PTWK</i>                                                   | 1B        | QL(0.15 EA daily)    |
| <i>enalapril maleate TABS</i>                                   | 1A        |                         | <i>doxazosin mesylate</i>                                               | 1B        |                      |
| <i>fosinopril sodium</i>                                        | 1B        |                         | <i>guanfacine hcl</i>                                                   | 1B        |                      |
| <i>lisinopril TABS</i> 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG | 1A        |                         | <i>methyldopa TABS</i>                                                  | 1B        | QL(6 EA daily)       |
| <i>moexipril hcl</i>                                            | 1B        | QL(2 EA daily)          | <i>prazosin hcl CAPS</i>                                                | 1B        | QL(4 EA daily)       |
| <i>perindopril erbumine</i> 4 MG                                | 1B        |                         | <i>terazosin hcl</i>                                                    | 1B        |                      |
| <i>perindopril erbumine</i> 2 MG, 8 MG                          | 1B        | QL(2 EA daily)          | Antihypertensive Combinations                                           |           |                      |
| <i>quinapril hcl</i> 20 MG, 40 MG                               | 1B        |                         | <i>amlodipine besylate-benazepril hcl</i>                               | 1B        |                      |
| <i>quinapril hcl</i> 5 MG, 10 MG                                | 1B        | QL(2 EA daily)          | <i>amlodipine besylate-olmesartan medoxomil</i>                         | 1B        | PA                   |
| <i>ramipril CAPS</i>                                            | 1B        |                         | <i>amlodipine besylate-valsartan</i>                                    | 1B        | QL(1 EA daily)       |
| <i>trandolapril</i> 1 MG, 2 MG                                  | 1B        | QL(1 EA daily)          | <i>amlodipine-valsartan-hydrochlorothiazide</i>                         | 3         |                      |
| <i>trandolapril</i> 4 MG                                        | 1B        | QL(2 EA daily)          | <i>atenolol &amp; chlorthalidone</i>                                    | 1B        |                      |
| Agents for Pheochromocytoma                                     |           |                         | <i>benazepril &amp; hydrochlorothiazide</i> 12.5 MG-20 MG, 6.25 MG-5 MG | 1B        |                      |
|                                                                 |           |                         | <i>benazepril &amp; hydrochlorothiazide</i> 12.5 MG-10 MG, 25 MG-20 MG  | 1B        | QL(1 EA daily)       |

| Drug Name                                                                        | Drug Tier | Requirements/ Limits | Drug Name                                                           | Drug Tier | Requirements/ Limits                        |
|----------------------------------------------------------------------------------|-----------|----------------------|---------------------------------------------------------------------|-----------|---------------------------------------------|
| <i>bisoprolol &amp; hydrochlorothiazide</i>                                      | 1B        | QL(2 EA daily)       | <i>telmisartan-amlodipine</i>                                       | 1B        | QL(1 EA daily)                              |
| <i>candesartan cilexetil-hydrochlorothiazide</i>                                 | 1B        |                      | <i>telmisartan-hydrochlorothiazide</i>                              | 1B        | QL(1 EA daily)                              |
| <i>enalapril maleate &amp; hydrochlorothiazide 12.5 MG-5 MG</i>                  | 1B        | QL(2 EA daily)       | <i>trandolapril-verapamil hcl 180 MG-2 MG, 240 MG-1 MG</i>          | 3         |                                             |
| <i>enalapril maleate &amp; hydrochlorothiazide 25 MG-10 MG</i>                   | 1B        |                      | <i>trandolapril-verapamil hcl 240 MG-2 MG, 240 MG-4 MG</i>          | 3         | QL(1 EA daily)                              |
| <i>fosinopril sodium &amp; hydrochlorothiazide</i>                               | 1B        | QL(1 EA daily)       | <i>valsartan-hydrochlorothiazide</i>                                | 1B        | QL(1 EA daily)                              |
| <i>irbesartan-hydrochlorothiazide</i>                                            | 1B        |                      | Antihypertensives - Misc.                                           |           |                                             |
| <i>lisinopril &amp; hydrochlorothiazide</i>                                      | 1A        |                      | VECAMEYL                                                            | 3         | PA                                          |
| <i>losartan potassium &amp; hydrochlorothiazide 12.5 MG-50 MG</i>                | 1A        | QL(2 EA daily)       | Direct Renin Inhibitors                                             |           |                                             |
| <i>losartan potassium &amp; hydrochlorothiazide 12.5 MG-100 MG, 25 MG-100 MG</i> | 1A        | QL(1 EA daily)       | <i>aliskiren fumarate</i>                                           | 1B        | QL(1 EA daily)                              |
| <i>metoprolol &amp; hydrochlorothiazide TABS 25 MG-100 MG, 50 MG-100 MG</i>      | 1B        |                      | Selective Aldosterone Receptor Antagonists (SARAs)                  |           |                                             |
| <i>metoprolol &amp; hydrochlorothiazide TABS 25 MG-50 MG</i>                     | 1B        | QL(1 EA daily)       | <i>eplerenone</i>                                                   | 1B        |                                             |
| <i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>                       | 1B        | PA                   | Vasodilators                                                        |           |                                             |
| <i>quinapril-hydrochlorothiazide 12.5 MG-10 MG</i>                               | 1B        | QL(3 EA daily)       | <i>hydralazine hcl SOLN</i>                                         | 1B        |                                             |
| <i>quinapril-hydrochlorothiazide 25 MG-20 MG</i>                                 | 1B        | QL(2 EA daily)       | <i>hydralazine hcl TABS</i>                                         | 1B        |                                             |
| <i>quinapril-hydrochlorothiazide 12.5 MG-20 MG</i>                               | 1B        | QL(4 EA daily)       | <i>minoxidil 2.5 MG, 10 MG</i>                                      | 1B        |                                             |
|                                                                                  |           |                      | ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections |           |                                             |
|                                                                                  |           |                      | 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 |

| Drug Name                                                    | Drug Tier | Requirements/Limits                                                                         |
|--------------------------------------------------------------|-----------|---------------------------------------------------------------------------------------------|
| 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                                                                                          |
| 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        |                                                                                             |

| Drug Name                                                                          | Drug Tier | Requirements/Limits                                                                                                                                                                  |
|------------------------------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <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        |                                                                                                                                                                                      |
| <i>nitrofurantoin macrocrystal 50 MG, 100 MG</i>                                   | 1B        |                                                                                                                                                                                      |
| <i>nitrofurantoin monohyd macro</i>                                                | 1B        |                                                                                                                                                                                      |
| ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)                      |           |                                                                                                                                                                                      |
| Antimalarial Combinations                                                          |           |                                                                                                                                                                                      |
| <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 |

| Drug Name                                | Drug Tier | Requirements/ Limits                                                                                                                                                                 |
|------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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 |
| Antimalarials                            |           |                                                                                                                                                                                      |
| <i>chloroquine phosphate TABS 500 MG</i> | 1B        |                                                                                                                                                                                      |
| <i>chloroquine phosphate TABS 250 MG</i> | 1B        | QL(3 EA daily)                                                                                                                                                                       |
| <i>hydroxychloroquine sulfate 100 MG</i> | 1B        | QL(4 EA daily)                                                                                                                                                                       |
| <i>hydroxychloroquine sulfate 200 MG</i> | 1B        | QL(3 EA daily)                                                                                                                                                                       |
| <i>hydroxychloroquine sulfate 400 MG</i> | 1B        | QL(1 EA daily)                                                                                                                                                                       |
| KRINTAFEL                                | 3         | QL(2 EA per 30 day(s) retail)                                                                                                                                                        |
| <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                                                                                                                                                                                   |
| ANTIMYASTHENIC/CHOLINERGIC AGENTS        |           |                                                                                                                                                                                      |
| Antimyasthenic/Cholinergic Agents        |           |                                                                                                                                                                                      |

| Drug Name                                                                     | Drug Tier | Requirements/ Limits |
|-------------------------------------------------------------------------------|-----------|----------------------|
| <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        |                      |
| ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections) |           |                      |
| Antimycobacterial Agents                                                      |           |                      |
| <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        |                      |
| <i>rifampin SOLR</i>                                                          | 1B        |                      |
| <i>rifapentine 150 MG</i>                                                     | 1B        |                      |
| SIRTURO                                                                       | 3         | PA                   |
| ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer              |           |                      |
| Alkylating Agents                                                             |           |                      |
| <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 10 MG</i>                                                        | 4         | PA                   |
| <i>lomustine 40 MG, 100 MG</i>                                                | 4         | PA                   |
| <i>melphalan hcl IV</i>                                                       | 1B        |                      |

| Drug Name                                              | Drug Tier | Requirements/ Limits | Drug Name                                    | Drug Tier | Requirements/ Limits    |
|--------------------------------------------------------|-----------|----------------------|----------------------------------------------|-----------|-------------------------|
| TEMODAR SOLR                                           | 4         | PA                   | LENVIMA (24 MG DAILY DOSE)                   | 4         | QL(3 EA daily); PA      |
| <i>temozolomide CAPS</i>                               | 4         | PA                   | LENVIMA (4 MG DAILY DOSE)                    | 4         | QL(1 EA daily); PA      |
| <i>thiotepa 15 MG</i>                                  | 4         | PA                   | LENVIMA (8 MG DAILY DOSE)                    | 4         | QL(2 EA daily); PA      |
| ZANOSAR                                                | 4         | PA                   | ZALTRAP 100 MG/4ML                           | 4         | PA                      |
| Antimetabolites                                        |           |                      | Antineoplastic - Antibodies                  |           |                         |
| <i>azacitidine SUSR</i>                                | 4         | PA                   | ARZERRA                                      | 4         | PA                      |
| <i>capecitabine</i>                                    | 4         | PA                   | LOQTORZI                                     | 4         | PA                      |
| <i>clofarabine</i>                                     | 4         | PA                   | RUXIENCE                                     | 4         | PA                      |
| <i>decitabine</i>                                      | 4         | PA                   | TRUXIMA                                      | 4         | PA                      |
| <i>floxuridine</i>                                     | 4         | PA                   | Antineoplastic - EGFR Inhibitors             |           |                         |
| <i>fludarabine phosphate SOLN</i>                      | 4         | PA                   | <i>erlotinib hcl</i>                         | 4         | QL(1 EA daily); PA      |
| <i>fludarabine phosphate SOLR</i>                      | 4         | PA                   | <i>gefitinib</i>                             | 4         | QL(2 EA daily); PA      |
| <i>mercaptopurine TABS</i>                             | 1B        |                      | GILOTRIF                                     | 4         | QL(1 EA daily); PA      |
| <i>methotrexate sodium SOLN 50 MG/2ML, 250 MG/10ML</i> | 1B        |                      | VIZIMPRO                                     | 4         | QL(1 EA daily); PA      |
| <i>methotrexate sodium SOLR</i>                        | 1B        |                      | Antineoplastic - Hedgehog Pathway Inhibitors |           |                         |
| <i>methotrexate sodium TABS 2.5 MG</i>                 | 1B        |                      | DAURISMO                                     | 4         | PA                      |
| <i>nelarabine</i>                                      | 4         | PA                   | Antineoplastic - Hormonal and Related Agents |           |                         |
| <i>pemetrexed disodium SOLR 500 MG</i>                 | 4         | PA                   | <i>abiraterone acetate 500 MG</i>            | 4         | QL(2 EA daily); PA      |
| <i>pralatrexate 20 MG/ML</i>                           | 4         | PA                   | <i>abiraterone acetate 250 MG</i>            | 4         | QL(4 EA daily); PA      |
| TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG                | 4         | PA                   | <i>anastrozole</i>                           | 0         | QL(1 EA daily)          |
| Antineoplastic - Angiogenesis Inhibitors               |           |                      | <i>bicalutamide</i>                          | 1B        | QL(1 EA daily)          |
| LENVIMA (10 MG DAILY DOSE)                             | 4         | QL(1 EA daily); PA   | ELIGARD SC 22.5 MG, 30 MG, 45 MG             | 4         | PA                      |
| LENVIMA (12 MG DAILY DOSE)                             | 4         | QL(3 EA daily); PA   | ELIGARD KIT SC 7.5 MG                        | 4         | QL(0.0089 EA daily); PA |
| LENVIMA (14 MG DAILY DOSE)                             | 4         | QL(2 EA daily); PA   | EMCYT                                        | 4         | PA                      |
| LENVIMA (18 MG DAILY DOSE)                             | 4         | QL(3 EA daily); PA   | ERLEADA 240 MG                               | 4         | QL(1 EA daily); PA      |
| LENVIMA (20 MG DAILY DOSE)                             | 4         | QL(2 EA daily); PA   | ERLEADA 60 MG                                | 4         | QL(4 EA daily); PA      |
|                                                        |           |                      | <i>exemestane</i>                            | 4         | QL(1 EA daily)          |

| Drug Name                                   | Drug Tier | Requirements/ Limits   | Drug Name                             | Drug Tier | Requirements/ Limits   |
|---------------------------------------------|-----------|------------------------|---------------------------------------|-----------|------------------------|
| <i>fulvestrant SOSY</i>                     | 4         | QL(0.357 ML daily); PA | <i>bortezomib SOLR IJ</i>             | 4         | PA                     |
| <i>letrozole</i>                            | 1B        |                        | CAPRELSA 100 MG                       | 4         | QL(1 EA daily); PA     |
| <i>leuprolide acetate KIT IJ 1 MG/0.2ML</i> | 4         | PA                     | <i>dasatinib</i>                      | 4         | QL(1 EA daily); PA     |
| LYSODREN                                    | 4         | PA                     | <i>everolimus TABS</i>                | 4         | QL(1 EA daily); PA     |
| <i>megestrol acetate SUSP</i>               | 1B        |                        | FYARRO                                | 4         | PA                     |
| <i>megestrol acetate TABS</i>               | 1B        |                        | <i>imatinib mesylate TABS</i>         | 4         | QL(2 EA daily); PA     |
| <i>nilutamide</i>                           | 4         | QL(2 EA daily); PA     | JAKAFI                                | 4         | QL(2 EA daily); PA     |
| NUBEQA                                      | 4         | QL(4 EA daily); PA     | KYPROLIS                              | 4         | PA                     |
| <i>tamoxifen citrate TABS</i>               | 0         |                        | <i>lapatinib ditosylate</i>           | 4         | QL(6 EA daily); PA     |
| <i>tamoxifen citrate TABS</i>               | 0         |                        | LYNPARZA TABS                         | 4         | QL(4 EA daily); PA     |
| <i>toremifene citrate</i>                   | 1B        |                        | <i>pazopanib hcl</i>                  | 4         | QL(4 EA daily); PA     |
| XTANDI CAPS                                 | 4         | QL(4 EA daily); PA     | <i>pazopanib hcl</i>                  | 4         | QL(2 EA daily); PA     |
| XTANDI TABS 80 MG                           | 4         | QL(2 EA daily); PA     | <i>sorafenib tosylate</i>             | 4         | QL(4 EA daily); PA     |
| XTANDI TABS 40 MG                           | 4         | QL(4 EA daily); PA     | STIVARGA                              | 4         | QL(4 EA daily); PA     |
| Antineoplastic - Immunomodulators           |           |                        | <i>sunitinib malate</i>               | 4         | QL(1 EA daily); PA     |
| <i>pomalidomide 1 MG, 2 MG, 3 MG, 4 MG</i>  | 4         | QL(1 EA daily); PA     | <i>temsirolimus</i>                   | 4         | QL(0.143 ML daily); PA |
| Antineoplastic Antibiotics                  |           |                        | TURALIO 125 MG                        | 4         | PA                     |
| <i>bleomycin sulfate 15 UNIT</i>            | 4         | PA                     | VELCADE SOLR IJ ( <i>bortezomib</i> ) | 4         | PA                     |
| <i>dactinomycin</i>                         | 4         | PA                     | VERZENIO                              | 4         | QL(2 EA daily); PA     |
| <i>doxorubicin hcl SOLR 10 MG, 50 MG</i>    | 4         | PA                     | XALKORI CAPS 250 MG                   | 4         | QL(2 EA daily); PA     |
| <i>idarubicin hcl 20 MG/20ML</i>            | 4         | PA                     | ZELBORAF                              | 4         | QL(8 EA daily); PA     |
| <i>idarubicin hcl 5 MG/5ML, 10 MG/10ML</i>  | 4         | PA                     | ZOLINZA                               | 4         | QL(4 EA daily); PA     |
| <i>mitomycin SOLR IV 20 MG</i>              | 4         | PA                     | ZYDELIG                               | 4         | QL(2 EA daily); PA     |
| <i>mitoxantrone hcl 25 MG/12.5ML</i>        | 4         | PA                     | Antineoplastics Misc.                 |           |                        |
| <i>valrubicin</i>                           | 4         | PA                     | ACTIMMUNE 100 MCG/0.5ML               | 4         | PA                     |
| Antineoplastic Enzyme Inhibitors            |           |                        |                                       |           |                        |
| ALECENSA                                    | 4         | QL(8 EA daily); PA     |                                       |           |                        |

| Drug Name                                                                            | Drug Tier | Requirements/ Limits |
|--------------------------------------------------------------------------------------|-----------|----------------------|
| <i>arsenic trioxide 10 MG/10ML</i>                                                   | 4         | PA                   |
| <i>bexarotene</i>                                                                    | 4         | PA                   |
| <i>hydroxyurea</i>                                                                   | 1B        |                      |
| MATULANE                                                                             | 4         | PA                   |
| PHOTOFRIN                                                                            | 4         | PA                   |
| PROLEUKIN                                                                            | 4         | PA                   |
| <i>tretinoin (chemotherapy)</i>                                                      | 1B        |                      |
| UVADEX                                                                               | 4         | PA                   |
| Chemotherapy Rescue/Antidote/Protective Agents                                       |           |                      |
| COSELA                                                                               | 4         | PA                   |
| <i>leucovorin calcium SOLR</i>                                                       | 1B        |                      |
| <i>leucovorin calcium TABS</i>                                                       | 1B        |                      |
| VORAXAZE                                                                             | 4         | PA                   |
| Mitotic Inhibitors                                                                   |           |                      |
| <i>eribulin mesylate</i>                                                             | 4         | PA                   |
| <i>etoposide CAPS</i>                                                                | 4         | PA                   |
| IXEMPRA KIT 15 MG                                                                    | 4         | PA                   |
| JEVTANA                                                                              | 4         | PA                   |
| <i>paclitaxel 100 MG/16.7ML</i>                                                      | 4         | PA                   |
| <i>vinorelbine tartrate 10 MG/ML</i>                                                 | 4         | PA                   |
| Topoisomerase I Inhibitors                                                           |           |                      |
| HYCAMTIN CAPS                                                                        | 4         | PA                   |
| <i>irinotecan hcl 40 MG/2ML, 100 MG/5ML</i>                                          | 4         | PA                   |
| <i>topotecan hcl SOLR</i>                                                            | 4         | PA                   |
| <b>ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease</b> |           |                      |
| Antiparkinson Adjunctive Therapy                                                     |           |                      |
| <i>carbidopa</i>                                                                     | 3         |                      |
| Antiparkinson Anticholinergics                                                       |           |                      |
| <i>benztropine mesylate TABS</i>                                                     | 1B        |                      |
| <i>trihexyphenidyl hcl SOLN</i>                                                      | 1B        |                      |
| <i>trihexyphenidyl hcl TABS</i>                                                      | 1B        |                      |

| Drug Name                                                                      | Drug Tier | Requirements/ Limits |
|--------------------------------------------------------------------------------|-----------|----------------------|
| Antiparkinson COMT Inhibitors                                                  |           |                      |
| <i>entacapone</i>                                                              | 1B        | QL(8 EA daily)       |
| <i>tolcapone</i>                                                               | 1B        |                      |
| Antiparkinson Dopaminergics                                                    |           |                      |
| <i>amantadine hcl CAPS</i>                                                     | 1B        |                      |
| <i>amantadine hcl SOLN</i>                                                     | 1B        |                      |
| <i>amantadine hcl TABS</i>                                                     | 1B        |                      |
| <i>apomorphine hydrochloride SOCT</i>                                          | 4         | PA                   |
| <i>bromocriptine mesylate CAPS</i>                                             | 1B        |                      |
| <i>bromocriptine mesylate TABS 2.5 MG</i>                                      | 1B        |                      |
| <i>carbidopa-levodopa-entacapone</i>                                           | 1B        |                      |
| <i>carbidopa-levodopa TABS</i>                                                 | 1B        |                      |
| <i>carbidopa-levodopa TBCR</i>                                                 | 1B        |                      |
| <i>carbidopa-levodopa TBDP</i>                                                 | 1B        |                      |
| NEUPRO                                                                         | 2         |                      |
| <i>pramipexole dihydrochloride TABS 0.25 MG, 0.5 MG, 0.75 MG, 1 MG, 1.5 MG</i> | 1B        |                      |
| <i>pramipexole dihydrochloride TABS 0.125 MG</i>                               | 1B        | QL(4 EA daily)       |
| <i>ropinirole hydrochloride TABS</i>                                           | 1B        |                      |
| <i>ropinirole hydrochloride TB24 2 MG, 4 MG, 6 MG</i>                          | 1B        | QL(1 EA daily); PA   |
| <i>ropinirole hydrochloride TB24 8 MG, 12 MG</i>                               | 1B        | QL(2 EA daily); PA   |
| Antiparkinson Monoamine Oxidase Inhibitors                                     |           |                      |
| <i>rasagiline mesylate</i>                                                     | 1B        | QL(1 EA daily); PA   |
| <i>selegiline hcl CAPS</i>                                                     | 1B        |                      |
| <i>selegiline hcl TABS</i>                                                     | 1B        |                      |
| <b>ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders</b>         |           |                      |

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| Drug Name                                               | Drug Tier | Requirements/ Limits                    |
|---------------------------------------------------------|-----------|-----------------------------------------|
| Antimanic Agents                                        |           |                                         |
| <i>lithium</i>                                          | 1B        |                                         |
| <i>lithium carbonate CAPS</i>                           | 1B        |                                         |
| <i>lithium carbonate TABS</i>                           | 1B        |                                         |
| <i>lithium carbonate TBCR</i>                           | 1B        |                                         |
| Antipsychotics - Misc.                                  |           |                                         |
| EQUETRO 100 MG                                          | 3         | QL(2 EA daily); PA                      |
| EQUETRO 200 MG                                          | 3         | QL(8 EA daily); PA                      |
| EQUETRO 300 MG                                          | 3         | QL(4 EA daily); PA                      |
| <i>lurasidone hcl 20 MG, 40 MG, 60 MG, 120 MG</i>       | 1B        | QL(1 EA daily)                          |
| <i>lurasidone hcl 80 MG</i>                             | 1B        | QL(2 EA daily)                          |
| <i>ziprasidone hcl</i>                                  | 1B        | QL(2 EA daily); AL(At least 18 yrs old) |
| Benzisoxazoles                                          |           |                                         |
| 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        |                                         |
| Butyrophenones                                          |           |                                         |
| <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 0.5 MG, 1 MG, 2 MG, 5 MG, 10 MG</i> | 1B        | QL(6 EA daily)                          |

| Drug Name                                                                    | Drug Tier | Requirements/ Limits    |
|------------------------------------------------------------------------------|-----------|-------------------------|
| <i>haloperidol TABS 20 MG</i>                                                | 1B        | QL(5 EA daily)          |
| Dibenzapines                                                                 |           |                         |
| <i>asenapine maleate 2.5 MG</i>                                              | 1B        | QL(4 EA daily); PA      |
| <i>asenapine maleate 5 MG, 10 MG</i>                                         | 1B        | QL(2 EA daily); PA      |
| <i>clozapine TABS 25 MG, 50 MG</i>                                           | 1B        | QL(3 EA daily)          |
| <i>clozapine TABS 200 MG</i>                                                 | 1B        | QL(4 EA daily)          |
| <i>clozapine TABS 100 MG</i>                                                 | 1B        | QL(9 EA daily)          |
| <i>clozapine TBDP 200 MG</i>                                                 | 1B        | QL(4 EA daily)          |
| <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 20 MG</i>                                                 | 1B        | QL(1 EA daily)          |
| <i>olanzapine TBDP 5 MG, 10 MG, 15 MG</i>                                    | 1B        | QL(2 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        |                         |
| Phenothiazines                                                               |           |                         |
| <i>chlorpromazine hcl SOLN</i>                                               | 3         |                         |
| <i>chlorpromazine hcl TABS</i>                                               | 1B        |                         |
| <i>fluphenazine hcl CONC</i>                                                 | 1B        | QL(8 ML daily)          |
| <i>fluphenazine hcl ELIX</i>                                                 | 1B        | QL(78.9 ML daily)       |
| <i>fluphenazine hcl SOLN</i>                                                 | 1B        |                         |
| <i>fluphenazine hcl TABS</i>                                                 | 1B        | QL(4 EA daily)          |
| <i>perphenazine TABS</i>                                                     | 1B        |                         |
| <i>prochlorperazine</i>                                                      | 1B        |                         |

| Drug Name                                     | Drug Tier | Requirements/ Limits                                 | Drug Name                                                                                      | Drug Tier | Requirements/ Limits |
|-----------------------------------------------|-----------|------------------------------------------------------|------------------------------------------------------------------------------------------------|-----------|----------------------|
| <i>prochlorperazine maleate TABS</i>          | 1B        |                                                      | DESCOVY 120 MG-15 MG                                                                           | 3         |                      |
| <i>thioridazine hcl</i>                       | 1B        |                                                      | DESCOVY 200 MG-25 MG                                                                           | 3         | QL(1 EA daily)       |
| <i>trifluoperazine hcl TABS</i>               | 1B        |                                                      | DOVATO                                                                                         | 3         | QL(1 EA daily)       |
| Quinolinone Derivatives                       |           |                                                      | EDURANT 25 MG ( <i>rilpivirine hcl</i> )                                                       | 3         | QL(1 EA daily)       |
| <i>aripiprazole SOLN PO</i>                   | 1B        | QL(30 ML daily); AL(At least 6 yrs old)              | <i>efavirenz CAPS 200 MG</i>                                                                   | 1B        | QL(2 EA daily)       |
| <i>aripiprazole TABS</i>                      | 1B        | QL(1 EA daily); AL(At least 6 yrs old)               | <i>efavirenz CAPS 50 MG</i>                                                                    | 1B        | QL(3 EA daily)       |
| REXULTI                                       | 3         | PA                                                   | <i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>                                   | 1B        | QL(1 EA daily)       |
| Thioxanthenes                                 |           |                                                      | <i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>                                      | 1B        | QL(1 EA daily)       |
| <i>thiothixene</i>                            | 1B        |                                                      | <i>efavirenz TABS</i>                                                                          | 1B        | QL(1 EA daily)       |
| ANTIVIRALS - Drugs to Treat Viral Infections  |           |                                                      | <i>emtricitabine CAPS</i>                                                                      | 1B        | QL(1 EA daily)       |
| Antiretrovirals                               |           |                                                      | <i>emtricitabine-rilpivirine-tenofovir disoproxil fumarate</i>                                 | 1B        | QL(1 EA daily)       |
| <i>abacavir sulfate-lamivudine</i>            | 1B        | QL(1 EA daily)                                       | <i>emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG</i>                               | 0         | QL(1 EA daily)       |
| <i>abacavir sulfate SOLN</i>                  | 1B        | QL(32 ML daily)                                      | <i>emtricitabine-tenofovir disoproxil fumarate 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG</i> | 1B        | QL(1 EA daily)       |
| <i>abacavir sulfate TABS</i>                  | 1B        | QL(2 EA daily)                                       | EMTRIVA SOLN                                                                                   | 3         | QL(24 ML daily)      |
| APRETUDE                                      | 3         |                                                      | <i>etravirine 100 MG</i>                                                                       | 1B        | QL(4 EA daily)       |
| APTIVUS CAPS                                  | 3         | QL(4 EA daily)                                       | <i>etravirine 200 MG</i>                                                                       | 1B        | QL(2 EA daily)       |
| <i>atazanavir sulfate CAPS 200 MG</i>         | 1B        | QL(2 EA daily)                                       | EVOTAZ                                                                                         | 3         | QL(1 EA daily)       |
| <i>atazanavir sulfate CAPS 150 MG, 300 MG</i> | 1B        | QL(1 EA daily)                                       | <i>fosamprenavir calcium TABS</i>                                                              | 1B        | QL(4 EA daily)       |
| BIKTARVY                                      | 3         | QL(1 EA daily)                                       | FUZEON SOLR                                                                                    | 4         | QL(2 EA daily)       |
| CABENUVA 900 MG/3ML-600 MG/3ML                | 3         | QL(6 ML per 30 day(s) retail; 6 ML per 30 days mail) | GENVOYA                                                                                        | 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) | INTELENCE 25 MG                                                                                | 3         | QL(8 EA daily)       |
| CIMDUO                                        | 3         | QL(1 EA daily); PA                                   | ISENTRESS HD TABS                                                                              | 3         | QL(2 EA daily)       |
| <i>darunavir TABS 800 MG</i>                  | 1B        | QL(1 EA daily)                                       | ISENTRESS CHEW                                                                                 | 3         | QL(6 EA daily)       |
| <i>darunavir TABS 600 MG</i>                  | 1B        | QL(2 EA daily)                                       | ISENTRESS TABS                                                                                 | 3         | QL(2 EA daily)       |
| DELSTRIGO                                     | 3         | QL(1 EA daily)                                       | JULUCA                                                                                         | 3         | QL(1 EA daily)       |

| Drug Name                                 | Drug Tier | Requirements/ Limits | Drug Name                                  | Drug Tier | Requirements/ Limits                                                   |
|-------------------------------------------|-----------|----------------------|--------------------------------------------|-----------|------------------------------------------------------------------------|
| KALETRA SOLN                              | 2         | QL(12.5 ML daily)    | VIRACEPT TABS 250 MG                       | 3         | QL(10 EA daily)                                                        |
| <i>lamivudine SOLN</i>                    | 1B        | QL(30 ML daily)      | VIREAD POWD                                | 3         | QL(7.5 GM daily)                                                       |
| <i>lamivudine TABS 300 MG</i>             | 1B        | QL(1 EA daily)       | VIREAD TABS 150 MG, 200 MG, 250 MG         | 3         | QL(1 EA daily)                                                         |
| <i>lamivudine TABS 150 MG</i>             | 1B        | QL(2 EA daily)       | YEZTUGO SOLN 463.5 MG/1.5ML                | 0         | 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail |
| <i>lamivudine-zidovudine</i>              | 1B        | QL(2 EA daily)       | YEZTUGO TABS PO 300 MG                     | 0         | 2 day(s) max supply per 30 day(s) retail                               |
| <i>lopinavir-ritonavir SOLN</i>           | 1B        | QL(12.5 ML daily)    | <i>zidovudine CAPS</i>                     | 1B        | QL(6 EA daily)                                                         |
| <i>lopinavir-ritonavir TABS</i>           | 1B        | QL(4 EA daily)       | <i>zidovudine SYRP</i>                     | 1B        | QL(60 ML daily)                                                        |
| <i>maraviroc TABS 300 MG</i>              | 1B        | QL(4 EA daily)       | <i>zidovudine TABS</i>                     | 1B        | QL(2 EA daily)                                                         |
| <i>maraviroc TABS 150 MG</i>              | 1B        | QL(2 EA daily)       | CMV Agents                                 |           |                                                                        |
| <i>nevirapine SUSP</i>                    | 1B        | QL(40 ML daily)      | <i>cidofovir</i>                           | 3         |                                                                        |
| <i>nevirapine TABS</i>                    | 1B        | QL(2 EA daily)       | <i>ganciclovir sodium SOLR</i>             | 1B        |                                                                        |
| <i>nevirapine TB24 400 MG</i>             | 1B        | QL(1 EA daily)       | <i>valganciclovir hcl TABS</i>             | 1B        | QL(4 EA daily); PA                                                     |
| NORVIR PACK                               | 3         | QL(12 EA daily)      | Hepatitis Agents                           |           |                                                                        |
| ODEFSEY                                   | 3         | QL(1 EA daily)       | <i>adefovir dipivoxil</i>                  | 4         | QL(1 EA daily); PA                                                     |
| PIFELTRO                                  | 3         | QL(1 EA daily)       | <i>entecavir TABS</i>                      | 4         | QL(1 EA daily); PA                                                     |
| PREZCOBIX                                 | 3         | QL(1 EA daily)       | <i>lamivudine (hcv) TABS</i>               | 1B        | QL(3 EA daily)                                                         |
| PREZISTA SUSP                             | 3         | QL(12 ML daily)      | MAVYRET TABS                               | 4         | QL(3 EA daily); PA                                                     |
| PREZISTA TABS 75 MG, 150 MG               | 3         | QL(2 EA daily)       | PEGASYS SOLN                               | 4         | QL(0.0714 ML daily); PA                                                |
| RETROVIR SOLN                             | 3         | QL(60 ML daily)      | PEGASYS SOSY                               | 4         | QL(0.072 ML daily); PA                                                 |
| <i>rilpivirine hcl 25 MG</i>              | 3         | QL(1 EA daily)       | <i>ribavirin (hepatitis c) CAPS</i>        | 1B        | QL(7 EA daily)                                                         |
| <i>ritonavir TABS</i>                     | 1B        | QL(12 EA daily)      | <i>ribavirin (hepatitis c) TABS 200 MG</i> | 1B        | QL(7 EA daily)                                                         |
| SELZENTRY SOLN                            | 3         | QL(30 ML daily)      | SOFOSBUVIR-VELPATASVIR TABS                | 1B        | QL(1 EA daily); PA                                                     |
| STRIBILD                                  | 3         | QL(1 EA daily)       | SOVALDI TABS 400 MG                        | 3         | QL(1 EA daily); PA                                                     |
| SYMTUZA                                   | 3         | QL(1 EA daily)       | SOVALDI TABS 200 MG                        | 3         |                                                                        |
| <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)       |                                            |           |                                                                        |
| TYBOST                                    | 3         | QL(1 EA daily)       |                                            |           |                                                                        |
| VIRACEPT TABS 625 MG                      | 3         | QL(4 EA daily)       |                                            |           |                                                                        |

| Drug Name                                                 | Drug Tier | Requirements/ Limits                                                                                                                           |
|-----------------------------------------------------------|-----------|------------------------------------------------------------------------------------------------------------------------------------------------|
| VEMLIDY                                                   | 4         | QL(1 EA daily); PA                                                                                                                             |
| VOSEVI                                                    | 4         | QL(1 EA daily); PA                                                                                                                             |
| ZEPATIER                                                  | 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 125 MG, 250 MG</i>                         | 1B        | QL(3 EA daily)                                                                                                                                 |
| <i>famciclovir 500 MG</i>                                 | 1B        | QL(4 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)                                                                                                                                 |
| <b>BETA BLOCKERS - Drugs to Treat High Blood Pressure</b> |           |                                                                                                                                                |
| Alpha-Beta Blockers                                       |           |                                                                                                                                                |
| <i>carvedilol</i>                                         | 1A        |                                                                                                                                                |

| Drug Name                                                            | Drug Tier | Requirements/ Limits |
|----------------------------------------------------------------------|-----------|----------------------|
| <i>carvedilol phosphate</i>                                          | 3         | QL(1 EA daily)       |
| <i>labetalol hcl SOLN</i>                                            | 1B        |                      |
| <i>labetalol hcl TABS 300 MG</i>                                     | 1B        | QL(8 EA daily)       |
| <i>labetalol hcl TABS 100 MG, 200 MG</i>                             | 1B        |                      |
| Beta Blockers Cardio-Selective                                       |           |                      |
| <i>acebutolol hcl CAPS</i>                                           | 1B        |                      |
| <i>atenolol TABS</i>                                                 | 1A        |                      |
| <i>betaxolol hcl</i>                                                 | 1B        |                      |
| <i>bisoprolol fumarate</i>                                           | 1B        |                      |
| <i>metoprolol succinate TB24 25 MG, 50 MG, 100 MG</i>                | 1B        |                      |
| <i>metoprolol succinate TB24 200 MG</i>                              | 1B        | 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        |                      |
| <i>nebivolol hcl 2.5 MG, 5 MG, 10 MG</i>                             | 3         | QL(1 EA daily)       |
| <i>nebivolol hcl 20 MG</i>                                           | 3         | QL(2 EA daily)       |
| Beta Blockers Non-Selective                                          |           |                      |
| <i>nadolol TABS 80 MG</i>                                            | 1B        |                      |
| <i>nadolol TABS 20 MG</i>                                            | 1B        | QL(3 EA daily)       |
| <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 80 MG, 120 MG, 160 MG</i>                        | 1B        | QL(2 EA daily)       |
| <i>sotalol hcl TABS 240 MG</i>                                       | 1B        |                      |
| <i>timolol maleate TABS</i>                                          | 1B        |                      |
| <b>CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure</b> |           |                      |

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| Drug Name                                                                    | Drug Tier | Requirements/ Limits |
|------------------------------------------------------------------------------|-----------|----------------------|
| <b>Calcium Channel Blockers</b>                                              |           |                      |
| <i>amlodipine besylate TABS</i>                                              | 1B        |                      |
| <i>diltiazem hcl coated beads CP24 180 MG, 240 MG</i>                        | 1B        | QL(2 EA daily)       |
| <i>diltiazem hcl coated beads CP24 120 MG, 300 MG, 360 MG</i>                | 1B        |                      |
| <i>diltiazem hcl extended release beads</i>                                  | 1B        |                      |
| <i>diltiazem hcl CP12</i>                                                    | 1B        | QL(2 EA daily)       |
| <i>diltiazem hcl CP24</i>                                                    | 1B        |                      |
| <i>diltiazem hcl SOLN 50 MG/10ML</i>                                         | 1B        |                      |
| <i>DILTIAZEM HCL SOLR</i>                                                    | 1B        |                      |
| <i>diltiazem hcl TABS</i>                                                    | 1B        |                      |
| <i>diltiazem hcl TB24</i>                                                    | 1B        |                      |
| <i>felodipine</i>                                                            | 1B        |                      |
| <i>isradipine CAPS</i>                                                       | 1B        |                      |
| <i>nicardipine hcl CAPS</i>                                                  | 1B        |                      |
| <i>nicardipine hcl SOLN</i>                                                  | 1B        |                      |
| <i>nifedipine CAPS 20 MG</i>                                                 | 1B        | QL(9 EA daily)       |
| <i>nifedipine CAPS 10 MG</i>                                                 | 1B        |                      |
| <i>nifedipine TB24 90 MG</i>                                                 | 1B        | QL(1 EA daily)       |
| <i>nifedipine TB24 60 MG</i>                                                 | 1B        | QL(2 EA daily)       |
| <i>nifedipine TB24</i>                                                       | 1B        |                      |
| <i>nimodipine CAPS</i>                                                       | 1B        |                      |
| <i>nisoldipine</i>                                                           | 1B        |                      |
| <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        |                      |
| <i>verapamil hcl TBCR</i>                                                    | 1B        |                      |
| <b>CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm</b> |           |                      |
| <b>Cardiac Glycosides</b>                                                    |           |                      |

| Drug Name                                                                              | Drug Tier | Requirements/ Limits         |
|----------------------------------------------------------------------------------------|-----------|------------------------------|
| <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> |           |                              |
| <b>Cardiovascular Agents Misc. - Combinations</b>                                      |           |                              |
| <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)               |
| <b>Impotence Agents</b>                                                                |           |                              |
| <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 |
| <b>Prostaglandin Vasodilators</b>                                                      |           |                              |
| <i>epoprostenol sodium</i>                                                             | 4         | PA                           |
| <i>treprostinil SOLN IJ</i>                                                            | 4         | PA                           |
| <i>VENTAVIS IN 10 MCG/ML</i>                                                           | 4         | PA                           |
| <b>Pulmonary Hypertension - Endothelin Receptor Antagonists</b>                        |           |                              |
| <i>ambrisentan</i>                                                                     | 4         | QL(1 EA daily); PA           |
| <i>bosentan TABS</i>                                                                   | 4         | QL(2 EA daily); PA           |
| <i>bosentan TBSO 32 MG</i>                                                             | 4         | QL(2 EA daily); PA           |
| <i>macitentan 10 MG</i>                                                                | 4         | PA                           |
| <i>OPSUMIT 10 MG (macitentan)</i>                                                      | 4         | PA                           |
| <b>Pulmonary Hypertension - Phosphodiesterase</b>                                      |           |                              |

| Drug Name                                                        | Drug Tier | Requirements/ Limits  |
|------------------------------------------------------------------|-----------|-----------------------|
| <b>Inhibitors</b>                                                |           |                       |
| <i>sildenafil citrate (pulmonary hypertension) SOLN</i>          | 4         | QL(37.5 ML daily); PA |
| <i>sildenafil citrate (pulmonary hypertension) SUSR</i>          | 4         | QL(6 ML daily); PA    |
| <i>sildenafil citrate (pulmonary hypertension) TABS</i>          | 4         | QL(3 EA daily); PA    |
| <i>tadalafil (pulmonary hypertension) TABS</i>                   | 4         | QL(2 EA daily); PA    |
| <b>Pulmonary Hypertension - Sol Guanylate Cyclase Stimulator</b> |           |                       |
| ADEMPAS                                                          | 4         | QL(3 EA daily); PA    |
| <b>Sinus Node Inhibitors</b>                                     |           |                       |
| <i>ivabradine hcl TABS</i>                                       | 3         | QL(2 EA daily); PA    |
| <b>CEPHALOSPORINS - Drugs to Treat Bacterial Infections</b>      |           |                       |
| <b>Cephalosporins - 1st Generation</b>                           |           |                       |
| <i>cefadroxil CAPS</i>                                           | 1B        |                       |
| <i>cefadroxil SUSR</i>                                           | 1B        |                       |
| <i>cefadroxil TABS</i>                                           | 1B        |                       |
| <i>cefazolin sodium SOLR IJ 1 GM, 10 GM, 500 MG</i>              | 1B        |                       |
| <i>cephalexin CAPS</i>                                           | 1B        |                       |
| <i>cephalexin SUSR</i>                                           | 1B        |                       |
| <b>Cephalosporins - 2nd Generation</b>                           |           |                       |
| <i>cefaclor CAPS</i>                                             | 1B        |                       |
| <i>cefaclor SUSR 250 MG/5ML</i>                                  | 1B        |                       |
| <i>cefotetan disodium IJ 1 GM, 2 GM</i>                          | 1B        |                       |
| <i>cefoxitin sodium IV 1 GM, 2 GM</i>                            | 1B        |                       |
| <i>cefprozil SUSR</i>                                            | 1B        |                       |

| Drug Name                                                  | Drug Tier | Requirements/ Limits |
|------------------------------------------------------------|-----------|----------------------|
| <i>cefprozil TABS</i>                                      | 1B        |                      |
| <i>cefuroxime axetil TABS</i>                              | 1B        |                      |
| <i>cefuroxime sodium IJ 750 MG</i>                         | 1B        |                      |
| <b>Cephalosporins - 3rd Generation</b>                     |           |                      |
| <i>cefdinir CAPS</i>                                       | 1B        |                      |
| <i>cefdinir SUSR</i>                                       | 1B        |                      |
| <i>cefixime CAPS</i>                                       | 1B        |                      |
| <i>cefixime SUSR</i>                                       | 1B        | PA                   |
| <i>cefpodoxime proxetil SUSR</i>                           | 1B        |                      |
| <i>cefpodoxime proxetil TABS</i>                           | 1B        |                      |
| <i>ceftazidime IJ 1 GM, 6 GM</i>                           | 1B        |                      |
| <b>Cephalosporins - 4th Generation</b>                     |           |                      |
| <i>cefepime hcl SOLR IV 2 GM</i>                           | 1B        |                      |
| <b>Cephalosporins - 5th Generation</b>                     |           |                      |
| <i>ceftaroline fosamil 400 MG, 600 MG</i>                  | 1B        |                      |
| TEFLARO 400 MG, 600 MG ( <i>ceftaroline fosamil</i> )      | 3         |                      |
| <b>CONTRACEPTIVES - Drugs to Prevent Pregnancy</b>         |           |                      |
| <b>Combination Contraceptives - Oral</b>                   |           |                      |
| AVERI TABS PO                                              | 0         |                      |
| <i>desogestrel &amp; ethinyl estradiol</i>                 | 0         |                      |
| <i>desogestrel-ethinyl estradiol (biphasic)</i>            | 0         |                      |
| <i>desogestrel-ethinyl estradiol (triphasic)</i>           | 0         |                      |
| <i>drospirenone-ethinyl estradiol</i>                      | 0         |                      |
| <i>drospirenone-ethinyl estradiol-levomefolate calcium</i> | 0         |                      |
| <i>ethynodiol diacet &amp; eth estrad</i>                  | 0         |                      |

| Drug Name                                                                        | Drug Tier | Requirements/ Limits | Drug Name                                                                     | Drug Tier | Requirements/ Limits                                 |
|----------------------------------------------------------------------------------|-----------|----------------------|-------------------------------------------------------------------------------|-----------|------------------------------------------------------|
| FEMLYV TBDP                                                                      | 0         |                      | <i>norelgestromin-ethinyl estradiol</i>                                       | 0         |                                                      |
| <i>levonorgestrel &amp; eth estradiol TABS</i>                                   | 0         |                      | TWIRLA                                                                        | 0         | QL(3 EA per 28 day(s) retail)                        |
| <i>levonorgestrel-eth estradiol (triphasic)</i>                                  | 0         |                      | Combination Contraceptives - Vaginal                                          |           |                                                      |
| <i>levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG</i>                 | 0         |                      | ANNOVERA                                                                      | 0         |                                                      |
| <i>levonorgestrel-ethinyl estradiol (continuous)</i>                             | 0         |                      | <i>etonogestrel-ethinyl estradiol</i>                                         | 0         | QL(0.05 EA daily)                                    |
| <i>levonorgestrel-ethinyl estradiol-iron</i>                                     | 0         |                      | Emergency Contraceptives                                                      |           |                                                      |
| LO LOESTRIN FE TABS                                                              | 0         |                      | ELLA                                                                          | 0         |                                                      |
| NATAZIA                                                                          | 0         |                      | <i>levonorgestrel (emergency oc) 1.5 MG</i>                                   | 0         |                                                      |
| NEXTSTELLIS                                                                      | 0         |                      | Progestin Contraceptives - Injectable                                         |           |                                                      |
| <i>norethin acet &amp; estrad-fe CAPS</i>                                        | 0         |                      | DEPO-SUBQ PROVERA 104 SUSY SC                                                 | 0         |                                                      |
| <i>norethin acet &amp; estrad-fe CHEW</i>                                        | 0         |                      | <i>medroxyprogesterone acetate (contraceptive) SUSP IM</i>                    | 0         | QL(1 ML per 90 day(s) retail)                        |
| <i>norethin acet &amp; estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG</i> | 0         |                      | <i>medroxyprogesterone acetate (contraceptive) SUSP IM</i>                    | 0         | QL(1 ML per 90 day(s) retail; 1 ML per 90 days mail) |
| <i>norethindrone &amp; eth estradiol</i>                                         | 0         |                      | Progestin Contraceptives - Oral                                               |           |                                                      |
| <i>norethindrone &amp; ethinyl estradiol-fe</i>                                  | 0         |                      | <i>norethindrone (contraceptive)</i>                                          | 0         |                                                      |
| <i>norethindrone acet &amp; eth estra TABS</i>                                   | 0         |                      | OPILL                                                                         | 0         |                                                      |
| <i>norethindrone acetate-ethinyl estradiol-fe</i>                                | 0         |                      | SLYND                                                                         | 0         | QL(1 EA daily)                                       |
| <i>norethindrone-eth estradiol (triphasic)</i>                                   | 0         |                      | CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions |           |                                                      |
| <i>norgestimate-ethinyl estradiol</i>                                            | 0         |                      | Glucocorticosteroids                                                          |           |                                                      |
| <i>norgestimate-ethinyl estradiol (triphasic)</i>                                | 0         |                      | <i>budesonide CPEP</i>                                                        | 1B        | QL(3 EA daily)                                       |
| <i>norgestrel &amp; ethinyl estradiol 30 MCG-0.3 MG</i>                          | 0         |                      | CORTISONE ACETATE TABS                                                        | 1B        |                                                      |
| TYBLUME CHEW                                                                     | 0         |                      | DEPO-MEDROL SUSP                                                              | 3         |                                                      |
| Combination Contraceptives - Transdermal                                         |           |                      | DEXAMETHASONE INTENSOL CONC                                                   | 1B        |                                                      |
|                                                                                  |           |                      | <i>dexamethasone ELIX</i>                                                     | 1B        |                                                      |
|                                                                                  |           |                      | <i>dexamethasone SOLN</i>                                                     | 1B        |                                                      |

| Drug Name                                                                           | Drug Tier | Requirements/Limits                |
|-------------------------------------------------------------------------------------|-----------|------------------------------------|
| <i>dexamethasone TABS 1 MG, 1.5 MG, 2 MG, 4 MG, 6 MG</i>                            | 1B        |                                    |
| <i>dexamethasone TABS 0.5 MG, 0.75 MG</i>                                           | 1A        |                                    |
| <i>hydrocortisone sod succinate 100 MG</i>                                          | 1B        | 2 max fill(s) per 30 day(s) retail |
| <i>hydrocortisone TABS</i>                                                          | 1B        |                                    |
| <i>MEDROL TABS</i>                                                                  | 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        |                                    |
| <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 2.5 MG, 10 MG, 20 MG, 50 MG</i>                                  | 1A        |                                    |
| <i>prednisone TABS 1 MG, 5 MG</i>                                                   | 1B        |                                    |
| <i>prednisone TBPk</i>                                                              | 1B        |                                    |
| <i>SOLU-CORTEF 250 MG</i>                                                           | 3         |                                    |
| <i>SOLU-CORTEF 500 MG, 1000 MG</i>                                                  | 3         | 2 max fill(s) per 30 day(s) retail |
| <i>SOLU-MEDROL 2 GM</i>                                                             | 3         |                                    |
| <i>triamcinolone acetonide SUSP 40 MG/ML</i>                                        | 1B        |                                    |
| <b>Mineralocorticoids</b>                                                           |           |                                    |
| <i>fludrocortisone acetate TABS</i>                                                 | 1B        |                                    |
| <b>COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms</b>         |           |                                    |

| Drug Name                                                      | Drug Tier | Requirements/Limits                     |
|----------------------------------------------------------------|-----------|-----------------------------------------|
| <b>Antitussives</b>                                            |           |                                         |
| <i>benzonatate 100 MG</i>                                      | 1B        | QL(6 EA daily)                          |
| <i>benzonatate 150 MG</i>                                      | 1B        | QL(4 EA daily)                          |
| <i>benzonatate 200 MG</i>                                      | 1B        | QL(3 EA daily)                          |
| <b>Cough/Cold/Allergy Combinations</b>                         |           |                                         |
| <i>hydrocodone polistirex-chlorpheniramine polistirex SUEr</i> | 1B        |                                         |
| <b>Misc. Respiratory Inhalants</b>                             |           |                                         |
| <i>HYPERSAL NEBU</i>                                           | 1B        |                                         |
| <i>NEBUSAL NEBU</i>                                            | 1B        |                                         |
| <i>sodium chloride (inhalant) NEBU 7 %</i>                     | 1B        |                                         |
| <b>Mucolytics</b>                                              |           |                                         |
| <i>acetylcysteine SOLN</i>                                     | 1B        |                                         |
| <b>DERMATOLOGICALS - Drugs to Treat Skin Conditions</b>        |           |                                         |
| <b>Acne Products</b>                                           |           |                                         |
| <i>adapalene-benzoyl peroxide GEL 2.5 %-0.1 %</i>              | 1B        | AL(At least 12 yrs old); PA             |
| <i>adapalene CREA</i>                                          | 1B        | AL(At least 12 yrs old)                 |
| <i>adapalene GEL</i>                                           | 1B        | AL(At least 12 yrs old); RX/OTC         |
| <i>BENZEPRO CREAMY WASH LIQD</i>                               | 2         | AL(At least 12 yrs old)                 |
| <i>BENZEPRO FOAM 5.3 %</i>                                     | 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)                 |

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| Drug Name                                                   | Drug Tier | Requirements/ Limits                    |
|-------------------------------------------------------------|-----------|-----------------------------------------|
| <i>benzoyl peroxide LIQD 4 %</i> , <i>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); AL(At least 12 yrs old) |
| <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             |
| <i>clindamycin phosphate-tretinoin</i>                      | 1B        | AL(At least 12 yrs old); PA             |
| DIFFERIN LOTN                                               | 2         | AL(At least 12 yrs old); PA             |
| <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 9 %-4.5 %</i>        | 1B        | AL(At least 12 yrs old); PA             |
| <i>sulfacetamide sodium w/ sulfur LIQD 10 %-5 %</i>         | 1B        | AL(At least 12 yrs old)                 |

| Drug Name                                                    | Drug Tier | Requirements/ Limits                                           |
|--------------------------------------------------------------|-----------|----------------------------------------------------------------|
| <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 %</i> , <i>0.05 %</i> , <i>0.1 %</i> | 1B        | QL(3 GM daily); AL(At least 12 yrs old - Up to 30 yrs old)     |
| <i>tretinoin GEL 0.01 %</i> , <i>0.025 %</i>                 | 1B        | QL(3 GM daily); AL(At least 12 yrs old - Up to 30 yrs old)     |
| Antibiotics - Topical                                        |           |                                                                |
| <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     |
| Antifungals - Topical                                        |           |                                                                |
| <i>butenafine hcl</i>                                        | 1B        | QL(6 GM daily)                                                 |
| <i>ciclopirox olamine CREA</i>                               | 1B        |                                                                |
| <i>ciclopirox olamine SUSP</i>                               | 1B        |                                                                |
| <i>ciclopirox GEL</i>                                        | 1B        | QL(3.35 GM daily)                                              |
| <i>ciclopirox SHAM</i>                                       | 1B        | QL(10 ML daily)                                                |
| <i>ciclopirox SOLN</i>                                       | 1B        | QL(0.22 ML daily)                                              |
| <i>clotrimazole (topical) CREA</i>                           | 1B        | QL(4.5 GM daily); RX/OTC                                       |
| <i>clotrimazole (topical) SOLN</i>                           | 1B        | QL(10 ML daily); RX/OTC                                        |
| <i>clotrimazole w/ betamethasone CREA</i>                    | 1B        | QL(8 GM daily)                                                 |
| <i>clotrimazole w/ betamethasone LOTN</i>                    | 1B        |                                                                |

| Drug Name                              | Drug Tier | Requirements/ Limits                                                                                              |
|----------------------------------------|-----------|-------------------------------------------------------------------------------------------------------------------|
| <i>econazole nitrate CREA</i>          | 1B        | QL(85 GM per fill retail; 85 per fill mail)                                                                       |
| ERTACZO                                | 3         | QL(2.15 GM daily)                                                                                                 |
| <i>ketoconazole (topical) CREA</i>     | 1B        | QL(10 GM daily)                                                                                                   |
| <i>ketoconazole (topical) SHAM 2 %</i> | 1B        | QL(20 ML daily)                                                                                                   |
| <i>luliconazole</i>                    | 1B        | 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>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>nystatin (topical) CREA</i>         | 1B        | QL(10 GM daily)                                                                                                   |
| <i>nystatin (topical) OINT</i>         | 1B        | QL(6 GM daily)                                                                                                    |
| <i>nystatin (topical) POWD EX</i>      | 1B        | QL(10 GM daily)                                                                                                   |
| <i>nystatin-triamcinolone CREA</i>     | 1B        | QL(10 GM daily)                                                                                                   |
| <i>nystatin-triamcinolone OINT</i>     | 1B        | QL(4 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 |
| 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 |

| Drug Name                                              | Drug Tier | Requirements/ Limits                                                                                                                                 |
|--------------------------------------------------------|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>sulconazole nitrate CREA</i>                        | 1B        |                                                                                                                                                      |
| <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>tavaborole</i>                                      | 1B        | PA                                                                                                                                                   |
| Anti-inflammatory Agents - Topical                     |           |                                                                                                                                                      |
| <i>diclofenac epolamine PTCH EX</i>                    | 1B        | QL(2 EA daily); PA                                                                                                                                   |
| <i>diclofenac sodium (topical) GEL EX</i>              | 1B        | QL(3.34 GM daily); RX/OTC                                                                                                                            |
| Antineoplastic or Premalignant Lesion Agents - Topical |           |                                                                                                                                                      |
| <i>bexarotene (topical)</i>                            | 4         | PA                                                                                                                                                   |
| <i>diclofenac sodium (actinic keratoses) EX</i>        | 1B        | QL(3.34 GM daily); PA                                                                                                                                |
| <i>fluorouracil (topical) CREA 5 %</i>                 | 1B        | QL(4 GM daily)                                                                                                                                       |
| <i>fluorouracil (topical) SOLN</i>                     | 1B        | QL(2 ML daily)                                                                                                                                       |
| PANRETIN                                               | 3         | QL(60 GM per 30 day(s) retail; 60 GM per 30 days mail)                                                                                               |
| Antipruritics - Topical                                |           |                                                                                                                                                      |
| <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 |
| Antipsoriatics                                         |           |                                                                                                                                                      |
| <i>acitretin 25 MG</i>                                 | 1B        | QL(2 EA daily)                                                                                                                                       |
| <i>acitretin 10 MG, 17.5 MG</i>                        | 1B        | QL(1 EA daily)                                                                                                                                       |
| <i>calcipotriene CREA</i>                              | 1B        | QL(4 GM daily); PA                                                                                                                                   |
| <i>calcipotriene OINT</i>                              | 1B        | QL(4 GM daily); PA                                                                                                                                   |

| Drug Name                           | Drug Tier | Requirements/ Limits   |
|-------------------------------------|-----------|------------------------|
| <i>calcipotriene SOLN</i>           | 1B        | QL(4 ML daily); PA     |
| <i>calcitriol (topical)</i>         | 1B        | QL(3.34 GM daily)      |
| COSENTYX (300 MG DOSE) SOSY         | 4         | QL(0.072 ML daily); PA |
| COSENTYX SENSOREADY (300 MG) SOAJ   | 4         | QL(0.072 ML daily); PA |
| COSENTYX SENSOREADY PEN SOAJ        | 4         | QL(0.072 ML daily); PA |
| COSENTYX UNOREADY SOAJ              | 4         | QL(0.072 ML daily); PA |
| COSENTYX SOSY 150 MG/ML             | 4         | QL(0.036 ML daily); PA |
| COSENTYX SOSY 75 MG/0.5ML           | 4         | QL(0.18 ML daily); PA  |
| IMULDOSA SOSY SC 90 MG/ML           | 4         | QL(0.018 ML daily); PA |
| IMULDOSA SOSY SC 45 MG/0.5ML        | 4         | QL(0.012 ML daily); PA |
| <i>methoxsalen rapid</i>            | 1B        | QL(4 EA daily)         |
| PYZCHIVA SC 45 MG/0.5ML             | 4         | QL(0.012 ML daily); PA |
| PYZCHIVA 45 MG/0.5ML                | 4         | QL(0.012 ML daily); PA |
| PYZCHIVA 90 MG/ML                   | 4         | QL(0.018 ML daily); PA |
| SKYRIZI PEN SOAJ                    | 4         | QL(0.025 ML daily); PA |
| SKYRIZI SOSY                        | 4         | QL(0.025 ML daily); PA |
| STEQEYMA 90 MG/ML                   | 4         | QL(0.018 ML daily); PA |
| STEQEYMA 45 MG/0.5ML                | 4         | QL(0.012 ML daily); PA |
| <i>tazarotene CREA 0.1 %</i>        | 1B        | QL(1 GM daily)         |
| TREMFYA ONE-PRESS SOPN SC 100 MG/ML | 4         | QL(0.018 ML daily); PA |
| TREMFYA PEN SOAJ 100 MG/ML          | 4         | QL(0.018 ML daily); PA |
| TREMFYA SOSY 100 MG/ML              | 4         | QL(0.018 ML daily); PA |

| Drug Name                                        | Drug Tier | Requirements/ Limits                                                                                              |
|--------------------------------------------------|-----------|-------------------------------------------------------------------------------------------------------------------|
| YESINTEK SOLN 45 MG/0.5ML                        | 4         | QL(0.012 ML daily); PA                                                                                            |
| YESINTEK SOSY 90 MG/ML                           | 4         | QL(0.018 ML daily); PA                                                                                            |
| YESINTEK SOSY 45 MG/0.5ML                        | 4         | QL(0.012 ML daily); PA                                                                                            |
| Antiseborrheic Products                          |           |                                                                                                                   |
| <i>selenium sulfide LOTN 2.5 %</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         |                                                                                                                   |
| <i>silver sulfadiazine</i>                       | 1B        | QL(20 GM daily)                                                                                                   |
| SULFAMYLON CREA                                  | 3         |                                                                                                                   |
| Corticosteroids - Topical                        |           |                                                                                                                   |
| <i>alclometasone dipropionate CREA</i>           | 1B        | QL(2 GM daily)                                                                                                    |
| <i>alclometasone dipropionate OINT</i>           | 1B        | QL(3 GM daily)                                                                                                    |
| <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>amcinonide OINT</i>                           | 3         |                                                                                                                   |
| <i>betamethasone dipropionate (topical) CREA</i> | 1B        | QL(3 GM daily)                                                                                                    |
| <i>betamethasone dipropionate (topical) LOTN</i> | 1B        |                                                                                                                   |

| Drug Name                                            | Drug Tier | Requirements/ Limits                                               | Drug Name                                  | Drug Tier | Requirements/ Limits                                                                                                      |
|------------------------------------------------------|-----------|--------------------------------------------------------------------|--------------------------------------------|-----------|---------------------------------------------------------------------------------------------------------------------------|
| <i>betamethasone dipropionate (topical) OINT</i>     | 1B        | QL(3 GM daily)                                                     | <i>desonide CREA</i>                       | 1B        | QL(4 GM daily)                                                                                                            |
| <i>betamethasone dipropionate augmented CREA</i>     | 1B        | QL(3.5 GM daily)                                                   | <i>desonide LOTN</i>                       | 1B        | QL(4 ML daily)                                                                                                            |
| <i>betamethasone dipropionate augmented LOTN</i>     | 1B        | QL(5 ML daily)                                                     | <i>desonide OINT</i>                       | 1B        | QL(3 GM daily)                                                                                                            |
| <i>betamethasone dipropionate augmented OINT</i>     | 1B        | QL(3.5 GM daily)                                                   | <i>desoximetasone CREA 0.25 %</i>          | 1B        | QL(4 GM daily)                                                                                                            |
| <i>betamethasone valerate CREA</i>                   | 1B        | QL(2.5 GM daily)                                                   | <i>desoximetasone GEL</i>                  | 1B        | QL(3 GM daily)                                                                                                            |
| <i>betamethasone valerate FOAM</i>                   | 1B        | QL(1.67 GM daily)                                                  | <i>desoximetasone OINT 0.25 %</i>          | 1B        | QL(4 GM daily)                                                                                                            |
| <i>betamethasone valerate LOTN</i>                   | 1B        | QL(5 ML daily)                                                     | <i>diflorasone diacetate CREA</i>          | 1B        | PA                                                                                                                        |
| <i>betamethasone valerate OINT</i>                   | 1B        | QL(3 GM daily)                                                     | <i>diflorasone diacetate OINT</i>          | 1B        | PA                                                                                                                        |
| <i>calcipotriene-betamethasone dipropionate OINT</i> | 1B        | PA                                                                 | <i>fluocinolone acetonide CREA 0.025 %</i> | 1B        | QL(4 GM daily)                                                                                                            |
| <i>calcipotriene-betamethasone dipropionate SUSP</i> | 1B        | PA                                                                 | <i>fluocinolone acetonide CREA 0.01 %</i>  | 1B        |                                                                                                                           |
| <i>clobetasol propionate emollient base 0.05 %</i>   | 1B        | QL(1 GM daily); PA                                                 | <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>clobetasol propionate CREA 0.05 %</i>             | 1B        | QL(3 GM daily); PA                                                 | <i>fluocinolone acetonide OINT</i>         | 1B        | QL(4 GM daily)                                                                                                            |
| <i>clobetasol propionate FOAM</i>                    | 1B        | QL(3 GM daily); PA                                                 | <i>fluocinolone acetonide SOLN</i>         | 1B        | QL(4 ML daily)                                                                                                            |
| <i>clobetasol propionate GEL 0.05 %</i>              | 1B        | QL(2 GM daily); PA                                                 | <i>fluocinonide emulsified base</i>        | 1B        | QL(2 GM daily)                                                                                                            |
| <i>clobetasol propionate OINT 0.05 %</i>             | 1B        | QL(1 GM daily); PA                                                 | <i>fluocinonide CREA 0.1 %</i>             | 1B        | QL(4 GM daily)                                                                                                            |
| <i>clobetasol propionate SOLN 0.05 %</i>             | 1B        | QL(3.34 ML daily); PA                                              | <i>fluocinonide CREA 0.05 %</i>            | 1B        | QL(2 GM daily)                                                                                                            |
| <i>clocortolone pivalate</i>                         | 3         | QL(3 GM daily)                                                     | <i>fluocinonide GEL</i>                    | 1B        |                                                                                                                           |
| CORDRAN TAPE                                         | 3         | 1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail | <i>fluocinonide OINT</i>                   | 1B        | QL(2 GM daily)                                                                                                            |
|                                                      |           |                                                                    | <i>fluocinonide SOLN</i>                   | 1B        | QL(2 ML daily)                                                                                                            |
|                                                      |           |                                                                    | <i>flurandrenolide CREA</i>                | 2         | QL(2 GM daily)                                                                                                            |
|                                                      |           |                                                                    | <i>flurandrenolide LOTN</i>                | 2         | QL(2 ML daily)                                                                                                            |
|                                                      |           |                                                                    | <i>fluticasone propionate CREA 0.05 %</i>  | 1B        | QL(4 GM daily)                                                                                                            |
|                                                      |           |                                                                    | <i>fluticasone propionate LOTN</i>         | 1B        | QL(6 ML daily)                                                                                                            |

| Drug Name                                             | Drug Tier | Requirements/ Limits       |
|-------------------------------------------------------|-----------|----------------------------|
| <i>fluticasone propionate OINT</i>                    | 1B        | QL(4 GM daily)             |
| <i>halcinonide CREA</i>                               | 1B        | PA                         |
| <i>halobetasol propionate CREA</i>                    | 1B        | QL(3.5 GM daily)           |
| <i>halobetasol propionate OINT</i>                    | 1B        | QL(3.5 GM daily)           |
| HALOG OINT                                            | 3         | PA                         |
| <i>hydrocortisone (topical) CREA 1 %, 2.5 %</i>       | 1B        | QL(15.15 EA daily); RX/OTC |
| <i>hydrocortisone (topical) LOTN 2.5 %</i>            | 1B        |                            |
| <i>hydrocortisone (topical) OINT 1 %, 2.5 %</i>       | 1B        | QL(15.15 GM daily); RX/OTC |
| <i>hydrocortisone butyrate CREA</i>                   | 1B        | QL(3 GM daily)             |
| <i>hydrocortisone butyrate OINT</i>                   | 1B        | QL(3 GM daily)             |
| <i>hydrocortisone butyrate SOLN</i>                   | 1B        | QL(5 ML daily)             |
| <i>hydrocortisone valerate CREA</i>                   | 1B        |                            |
| <i>hydrocortisone valerate OINT</i>                   | 1B        |                            |
| <i>mometasone furoate CREA</i>                        | 1B        | QL(3 GM daily)             |
| <i>mometasone furoate OINT</i>                        | 1B        | QL(4 GM daily)             |
| <i>mometasone furoate SOLN</i>                        | 1B        | QL(5 ML daily)             |
| <i>triamcinolone acetonide (topical) CREA 0.5 %</i>   | 1B        | QL(5 GM daily)             |
| <i>triamcinolone acetonide (topical) CREA 0.1 %</i>   | 1B        | QL(3.34 GM daily)          |
| <i>triamcinolone acetonide (topical) CREA 0.025 %</i> | 1B        | QL(15.15 GM daily)         |
| <i>triamcinolone acetonide (topical) LOTN 0.025 %</i> | 1B        |                            |
| <i>triamcinolone acetonide (topical) LOTN 0.1 %</i>   | 1B        | QL(6 ML daily)             |

| Drug Name                                                    | Drug Tier | Requirements/ Limits                        |
|--------------------------------------------------------------|-----------|---------------------------------------------|
| <i>triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %</i> | 1B        | QL(15.15 GM daily)                          |
| <i>triamcinolone acetonide (topical) OINT 0.5 %</i>          | 1B        | QL(6 GM daily)                              |
| Eczema Agents                                                |           |                                             |
| DUPIXENT SOAJ 300 MG/2ML                                     | 4         | QL(0.29 ML daily); PA                       |
| DUPIXENT SOAJ 200 MG/1.14ML                                  | 4         | QL(0.082 ML daily); PA                      |
| DUPIXENT SOSY 200 MG/1.14ML                                  | 4         | QL(0.082 ML daily); PA                      |
| DUPIXENT SOSY 300 MG/2ML                                     | 4         | QL(0.29 ML daily); PA                       |
| Emollients                                                   |           |                                             |
| <i>lactic acid (ammonium lactate) CREA</i>                   | 1B        | QL(12.9 GM daily); RX/OTC                   |
| <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                      |           |                                             |
| <i>podofilox SOLN</i>                                        | 1B        |                                             |
| 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)                             |

| Drug Name                                       | Drug Tier | Requirements/ Limits                                                       |
|-------------------------------------------------|-----------|----------------------------------------------------------------------------|
| <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)                                                             |
| <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                                                                         |
| <b>DIAGNOSTIC PRODUCTS</b>                      |           |                                                                            |
| 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                                                  |
| ACCU-CLEAR PREGNANCY                            | 2         | QL(2 EA per 30 day(s) retail; 2 EA per 30 days mail)                       |

| Drug Name                   | Drug Tier | Requirements/ Limits                                 |
|-----------------------------|-----------|------------------------------------------------------|
| CHEMSTRIP K STRP            | 1B        |                                                      |
| CLEARBLUE DIGITAL PREGNANCY | 2         | QL(2 EA per 30 day(s) retail; 2 EA per 30 days mail) |
| CLEARBLUE PLUS PREGNANCY    | 2         | QL(2 EA per 30 day(s) retail; 2 EA per 30 days mail) |
| CVS DIGITAL PREGNANCY TEST  | 2         | QL(2 EA per 30 day(s) retail; 2 EA per 30 days mail) |
| CVS EARLY PREGNANCY         | 2         | QL(2 EA per 30 day(s) retail; 2 EA per 30 days mail) |
| CVS EARLY RESULT PREGNANCY  | 2         | QL(2 EA per 30 day(s) retail; 2 EA per 30 days mail) |
| CVS ONE STEP PREGNANCY      | 2         | QL(2 EA per 30 day(s) retail; 2 EA per 30 days mail) |
| CVS PREGNANCY TEST KIT      | 2         | QL(2 EA per 30 day(s) retail; 2 EA per 30 days mail) |
| DIGITAL PREGNANCY           | 2         | QL(2 EA per 30 day(s) retail; 2 EA per 30 days mail) |
| EARLY PREGNANCY             | 2         | QL(2 EA per 30 day(s) retail; 2 EA per 30 days mail) |
| EARLY RESULT PREGNANCY      | 2         | QL(2 EA per 30 day(s) retail; 2 EA per 30 days mail) |
| EPT                         | 2         | QL(2 EA per 30 day(s) retail; 2 EA per 30 days mail) |
| EPT DIGITAL                 | 2         | QL(2 EA per 30 day(s) retail; 2 EA per 30 days mail) |

| Drug Name                      | Drug Tier | Requirements/ Limits                                 | Drug Name                           | Drug Tier | Requirements/ Limits                                 |
|--------------------------------|-----------|------------------------------------------------------|-------------------------------------|-----------|------------------------------------------------------|
| EQ PREGNANCY TEST              | 2         | QL(2 EA per 30 day(s) retail; 2 EA per 30 days mail) | GNP ONE STEP PREGNANCY              | 2         | QL(2 EA per 30 day(s) retail; 2 EA per 30 days mail) |
| EQ PREGNANCY TEST EARLY RESULT | 2         | QL(2 EA per 30 day(s) retail; 2 EA per 30 days mail) | GNP PREGNANCY TEST                  | 2         | QL(2 EA per 30 day(s) retail; 2 EA per 30 days mail) |
| EQL ONE-STEP PREGNANCY         | 2         | QL(2 EA per 30 day(s) retail; 2 EA per 30 days mail) | GOJJI BLOOD KETONE TEST             | 1B        |                                                      |
| EQL PREGNANCY EARLY RESULT     | 2         | QL(2 EA per 30 day(s) retail; 2 EA per 30 days mail) | KETONE TEST STRP                    | 1B        |                                                      |
| EQL PREGNANCY TEST DIGITAL     | 2         | QL(2 EA per 30 day(s) retail; 2 EA per 30 days mail) | KETOSTIX STRP                       | 1B        |                                                      |
| FACT PLUS+ PREGNANCY           | 2         | QL(2 EA per 30 day(s) retail; 2 EA per 30 days mail) | NOVA MAX PLUS KETONE TEST           | 1B        |                                                      |
| FIRST RESPONSE PREGNANCY       | 2         | QL(2 EA per 30 day(s) retail; 2 EA per 30 days mail) | ONE STEP PREGNANCY                  | 2         | QL(2 EA per 30 day(s) retail; 2 EA per 30 days mail) |
| FORA GTEL BLOOD KETONE TEST    | 1B        |                                                      | ONE-STEP PREGNANCY                  | 2         | QL(2 EA per 30 day(s) retail; 2 EA per 30 days mail) |
| FORA TEST N'GO ADV-VOICE-6 CON | 1B        |                                                      | PRECISION XTRA KETONE               | 1B        |                                                      |
| FT EARLY RESULT PREGNANCY      | 2         | QL(2 EA per 30 day(s) retail; 2 EA per 30 days mail) | PREGNANCY TEST                      | 2         | QL(2 EA per 30 day(s) retail; 2 EA per 30 days mail) |
| FT ONE STEP PREGNANCY          | 2         | QL(2 EA per 30 day(s) retail; 2 EA per 30 days mail) | PURALIN ONE-STEP PREGNANCY          | 2         | QL(2 EA per 30 day(s) retail; 2 EA per 30 days mail) |
| GNP ADVANCED PREGNANCY TEST    | 2         | QL(2 EA per 30 day(s) retail; 2 EA per 30 days mail) | RELION KETONE TEST STRP             | 1B        |                                                      |
| GNP EARLY RESULT PREGNANCY TST | 2         | QL(2 EA per 30 day(s) retail; 2 EA per 30 days mail) | RELION TRUE METRIX TEST STRIPS STRP | 1B        | QL(3.34 EA daily); RX/OTC                            |
|                                |           |                                                      | SB PREGNANCY TEST KIT               | 2         | QL(2 EA per 30 day(s) retail; 2 EA per 30 days mail) |
|                                |           |                                                      | SM PREGNANCY TEST KIT               | 2         | QL(2 EA per 30 day(s) retail; 2 EA per 30 days mail) |

| Drug Name                                                                                                                                                                                                                                                 | Drug Tier | Requirements/ Limits                              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------------------------------------------|
| TRUE METRIX BLOOD GLUCOSE TEST STRP                                                                                                                                                                                                                       | 1B        | Limit 100 per month; QL(3.34 EA daily); RX/OTC    |
| TRUE METRIX BLOOD GLUCOSE TEST STRP                                                                                                                                                                                                                       | 1B        | 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        |                                                   |

| Drug Name                                                                                         | Drug Tier | Requirements/ Limits |
|---------------------------------------------------------------------------------------------------|-----------|----------------------|
| <i>spironolactone &amp; hydrochlorothiazide</i>                                                   | 1B        |                      |
| <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>toremide 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        |                      |
| <i>hydrochlorothiazide CAPS</i>                                                                   | 1B        | QL(2 EA daily)       |
| <i>hydrochlorothiazide TABS 25 MG, 50 MG</i>                                                      | 1A        | QL(2 EA daily)       |
| <i>hydrochlorothiazide TABS 12.5 MG</i>                                                           | 1B        | QL(2 EA daily)       |
| <i>indapamide TABS 1.25 MG</i>                                                                    | 1A        | QL(1 EA daily)       |
| <i>indapamide TABS 2.5 MG</i>                                                                     | 1A        | QL(2 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                                                       |
|---------------------------------------------------------|-----------|----------------------------------------------------------------------------|
| <i>alendronate sodium TABS 35 MG, 70 MG</i>             | 1A        | QL(0.143 EA daily)                                                         |
| <i>alendronate sodium TABS 5 MG, 10 MG</i>              | 1A        | QL(1 EA daily)                                                             |
| 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 |
| <i>calcitonin (salmon) NA</i>                           | 1B        | QL(0.14 ML daily)                                                          |
| 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 |
| FOSAMAX PLUS D                                          | 3         | QL(0.143 EA daily); PA                                                     |
| <i>ibandronate sodium SOLN</i>                          | 4         | PA                                                                         |
| <i>ibandronate sodium TABS</i>                          | 1B        | QL(0.036 EA daily)                                                         |
| <i>pamidronate disodium SOLN 30 MG/10ML, 90 MG/10ML</i> | 4         | PA                                                                         |
| PAMIDRONATE DISODIUM SOLN                               | 4         | PA                                                                         |
| PROLIA SOSY                                             | 4         | 1 max fill(s) per 180 day(s) retail; PA                                    |
| <i>risedronate sodium TABS 150 MG</i>                   | 1B        | QL(0.036 EA daily); PA                                                     |
| <i>risedronate sodium TABS 5 MG, 30 MG</i>              | 1B        | QL(1 EA daily); PA                                                         |
| <i>risedronate sodium TABS 35 MG</i>                    | 1B        | QL(0.143 EA daily); PA                                                     |
| <i>risedronate sodium TBEC</i>                          | 1B        | PA                                                                         |
| 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 |
| <i>teriparatide SOPN</i>                                | 4         | QL(0.09 ML daily); PA                                                      |
| TYMLOS                                                  | 4         | PA                                                                         |

| Drug Name                                   | Drug Tier | Requirements/ Limits |
|---------------------------------------------|-----------|----------------------|
| <i>zoledronic acid SOLN 5 MG/100ML</i>      | 4         | PA                   |
| Corticotropin                               |           |                      |
| ACTHAR GEL PEN SC 40 UNIT/0.5ML, 80 UNIT/ML | 3         | PA                   |
| ACTHAR GEL                                  | 3         | PA                   |
| Fertility Regulators                        |           |                      |
| CHORIONIC GONADOTROPIN IM                   | 4         | PA                   |
| PREGNYL IM                                  | 4         | PA                   |
| GnRH/LHRH Antagonists                       |           |                      |
| <i>ganirelix acetate</i>                    | 4         | PA                   |
| ORILISSA                                    | 2         | PA                   |
| Growth Hormones                             |           |                      |
| GENOTROPIN MINIQUICK PRSY                   | 4         | PA                   |
| GENOTROPIN CART SC                          | 4         | PA                   |
| NORDITROPIN FLEXPRO SOPN                    | 4         | PA                   |
| Hormone Receptor Modulators                 |           |                      |
| OSPHENA                                     | 3         | PA                   |
| <i>raloxifene hcl</i>                       | 0         | QL(1 EA daily)       |
| Insulin-Like Growth Factors (Somatomedins)  |           |                      |
| INCRELEX                                    | 4         | PA                   |
| Metabolic Modifiers                         |           |                      |
| ALDURAZYME                                  | 4         | PA                   |
| <i>betaine</i>                              | 4         | PA                   |
| <i>calcitriol CAPS</i>                      | 1B        |                      |
| <i>calcitriol SOLN PO</i>                   | 1B        |                      |
| <i>cinacalcet hcl</i>                       | 4         | QL(4 EA daily); PA   |
| <i>doxercalciferol CAPS</i>                 | 1B        |                      |
| <i>doxercalciferol SOLN</i>                 | 1B        |                      |
| MYALEPT                                     | 4         | PA                   |
| <i>paricalcitol CAPS</i>                    | 1B        |                      |
| <i>paricalcitol SOLN</i>                    | 1B        |                      |

| Drug Name                                              | Drug Tier | Requirements/ Limits          |
|--------------------------------------------------------|-----------|-------------------------------|
| <i>sodium phenylbutyrate POWD</i>                      | 1B        | PA                            |
| <i>sodium phenylbutyrate TABS</i>                      | 1B        | 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)                |
| Progesterone Receptor Antagonists                      |           |                               |
| <i>mifepristone</i>                                    | 0         | QL(3 EA per 30 day(s) retail) |
| 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> |           |                               |
| Estrogen Combinations                                  |           |                               |
| BIJUVA                                                 | 3         | PA                            |
| CLIMARA PRO                                            | 3         |                               |
| DUAVEE                                                 | 3         | PA                            |
| <i>norethindrone acetate-ethinyl estradiol</i>         | 1B        |                               |

| Drug Name                                                                    | Drug Tier | Requirements/ Limits |
|------------------------------------------------------------------------------|-----------|----------------------|
| 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        |                      |
| <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        |                      |

| Drug Name                                                                        | Drug Tier | Requirements/Limits   | Drug Name                                      | Drug Tier | Requirements/Limits    |
|----------------------------------------------------------------------------------|-----------|-----------------------|------------------------------------------------|-----------|------------------------|
| <i>ofloxacin 300 MG, 400 MG</i>                                                  | 1B        |                       | RENFLEXIS                                      | 4         | PA                     |
| <b>GASTROINTESTINAL AGENTS - MISC. -</b><br>Miscellaneous Gastrointestinal Drugs |           |                       | SKYRIZI SOCT                                   | 4         | QL(0.043 ML daily); PA |
| 5-HT4 Receptor Agonists                                                          |           |                       | SKYRIZI SOLN                                   | 4         | QL(0.36 ML daily); PA  |
| <i>prucalopride succinate</i>                                                    | 1B        | QL(1 EA daily)        | STEQEYMA                                       | 4         | QL(3.47 ML daily); PA  |
| Agents for Chronic Idiopathic Constipation (CIC)                                 |           |                       | <i>sulfasalazine TABS</i>                      | 1B        |                        |
| TRULANCE                                                                         | 2         | QL(1 EA daily)        | <i>sulfasalazine TBEC</i>                      | 1B        |                        |
| Gallstone Solubilizing Agents                                                    |           |                       | TREMFYA PEN SOAJ SC 200 MG/2ML                 | 4         | QL(0.072 ML daily); PA |
| <i>ursodiol CAPS</i>                                                             | 1B        | QL(3 EA daily)        | TREMFYA-CD/UC INDUCTION SOAJ SC 200 MG/2ML     | 4         | QL(0.143 ML daily); PA |
| <i>ursodiol TABS</i>                                                             | 1B        |                       | TREMFYA SOLN IV                                | 4         | QL(0.72 ML daily); PA  |
| Gastrointestinal Chloride Channel Activators                                     |           |                       | TREMFYA SOSY SC 200 MG/2ML                     | 4         | QL(0.072 ML daily); PA |
| <i>lubiprostone</i>                                                              | 1B        | QL(2 EA daily)        | YESINTEK 130 MG/26ML                           | 4         | QL(3.47 ML daily); PA  |
| Gastrointestinal Stimulants                                                      |           |                       | Intestinal Acidifiers                          |           |                        |
| <i>metoclopramide hcl SOLN IJ 5 MG/ML</i>                                        | 1B        |                       | <i>lactulose (encephalopathy)</i>              | 1B        |                        |
| <i>metoclopramide hcl SOLN PO 5 MG/5ML, 10 MG/10ML</i>                           | 1B        | QL(60 ML daily)       | Irritable Bowel Syndrome (IBS) Agents          |           |                        |
| <i>metoclopramide hcl TABS</i>                                                   | 1A        | QL(6 EA daily)        | <i>alosetron hcl</i>                           | 1B        | QL(2 EA daily)         |
| Inflammatory Bowel Agents                                                        |           |                       | LINZESS                                        | 2         | QL(1 EA daily)         |
| <i>balsalazide disodium CAPS</i>                                                 | 1B        | QL(9 EA daily)        | Peripheral Opioid Receptor Antagonists         |           |                        |
| DIPENTUM                                                                         | 2         |                       | <i>alvimopan</i>                               | 1B        |                        |
| IMULDOSA SOLN IV 130 MG/26ML                                                     | 4         | QL(3.47 ML daily); PA | MOVANTIK                                       | 3         | QL(1 EA daily); PA     |
| INFLECTRA SOLR                                                                   | 4         | PA                    | Phosphate Binder Agents                        |           |                        |
| <i>mesalamine CP24</i>                                                           | 1B        | PA                    | <i>calcium acetate (phosphate binder) CAPS</i> | 1B        |                        |
| <i>mesalamine CPDR</i>                                                           | 1B        |                       | <i>calcium acetate (phosphate binder) TABS</i> | 1B        | RX/OTC                 |
| <i>mesalamine ENEM</i>                                                           | 3         |                       | <i>lanthanum carbonate CHEW</i>                | 3         |                        |
| <i>mesalamine SUPP</i>                                                           | 3         |                       | <i>sevelamer carbonate PACK</i>                | 1B        |                        |
| <i>mesalamine TBEC 800 MG</i>                                                    | 3         | QL(6 EA daily)        | <i>sevelamer carbonate TABS</i>                | 1B        |                        |
| <i>mesalamine TBEC 1.2 GM</i>                                                    | 3         |                       |                                                |           |                        |
| PYZCHIVA 130 MG/26ML                                                             | 4         | QL(3.47 ML daily); PA |                                                |           |                        |

| Drug Name                                                                                                         | Drug Tier | Requirements/ Limits |
|-------------------------------------------------------------------------------------------------------------------|-----------|----------------------|
| <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)       |
| Prostatic Hypertrophy Agents                                                                                      |           |                      |
| <i>alfuzosin hcl</i>                                                                                              | 1B        | QL(1 EA daily)       |
| <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                                                                                                       |           |                      |

| Drug Name                                                              | Drug Tier | Requirements/ Limits |
|------------------------------------------------------------------------|-----------|----------------------|
| <i>allopurinol 100 MG, 300 MG</i>                                      | 1A        |                      |
| <i>colchicine TABS</i>                                                 | 1B        |                      |
| <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                   |
| 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                                           |           |                      |
| 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 300 MG</i>                                    | 1B        |                      |
| <i>clopidogrel bisulfate 75 MG</i>                                     | 1A        | QL(1 EA daily)       |
| <i>dipyridamole</i>                                                    | 1B        |                      |

| Drug Name                                                                           | Drug Tier | Requirements/ Limits |
|-------------------------------------------------------------------------------------|-----------|----------------------|
| <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                   |
| <b>HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders</b>                        |           |                      |
| 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                   |
| 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 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   |
| 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                   |

| Drug Name                                                         | Drug Tier | Requirements/ Limits                        |
|-------------------------------------------------------------------|-----------|---------------------------------------------|
| 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         |                                             |
| Stem Cell Mobilizers                                              |           |                                             |
| MOZOBIL ( <i>plerixafor</i> )                                     | 4         | PA                                          |
| <i>plerixafor</i>                                                 | 4         | PA                                          |
| <b>HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders</b> |           |                                             |
| Hemostatics - Systemic                                            |           |                                             |
| <i>aminocaproic acid TABS</i>                                     | 3         | PA                                          |
| <i>tranexamic acid SOLN 1000 MG/10ML</i>                          | 1B        |                                             |
| <i>tranexamic acid TABS</i>                                       | 1B        |                                             |
| <b>HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS</b>                  |           |                                             |
| Barbiturate Hypnotics                                             |           |                                             |
| <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); PA |
| <i>flurazepam hcl</i>                                             | 1B        |                                             |
| <i>temazepam 7.5 MG, 22.5 MG</i>                                  | 1B        | QL(1 EA daily)                              |

| Drug Name                                                           | Drug Tier | Requirements/ Limits                       |
|---------------------------------------------------------------------|-----------|--------------------------------------------|
| <i>temazepam 15 MG, 30 MG</i>                                       | 1A        | QL(1 EA daily)                             |
| <i>triazolam</i>                                                    | 1B        |                                            |
| <i>zaleplon 5 MG</i>                                                | 1B        | QL(1 EA daily);<br>AL(At least 18 yrs old) |
| <i>zaleplon 10 MG</i>                                               | 1B        | QL(2 EA daily);<br>AL(At least 18 yrs old) |
| <i>zolpidem tartrate TABS</i>                                       | 1A        | QL(1 EA daily);<br>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);<br>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        |                                            |
| <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        |                                            |
| <i>SUFLAVE</i>                                                      | 3         | PA                                         |
| Laxatives - Miscellaneous                                           |           |                                            |
| <i>lactulose SOLN</i>                                               | 1B        |                                            |
| Stimulant Laxatives                                                 |           |                                            |
| <i>bisacodyl SUPP</i>                                               | 1A        |                                            |
| <i>bisacodyl TBEC</i>                                               | 1A        |                                            |
| Surfactant Laxatives                                                |           |                                            |

| Drug Name                                               | Drug Tier | Requirements/ Limits                      |
|---------------------------------------------------------|-----------|-------------------------------------------|
| <i>docusate calcium</i>                                 | 1A        | QL(1 EA daily)                            |
| <i>docusate sodium CAPS 250 MG</i>                      | 1A        |                                           |
| <i>docusate sodium CAPS 100 MG</i>                      | 1A        | QL(4 EA daily)                            |
| <b>MACROLIDES - Drugs to Treat Bacterial Infections</b> |           |                                           |
| Azithromycin                                            |           |                                           |
| <i>azithromycin PACK</i>                                | 1B        |                                           |
| <i>azithromycin SUSR</i>                                | 1B        |                                           |
| <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) |
| <i>azithromycin TABS 600 MG</i>                         | 1B        | QL(0.286 EA daily)                        |
| Clarithromycin                                          |           |                                           |
| <i>clarithromycin SUSR</i>                              | 1B        |                                           |
| <i>clarithromycin TABS</i>                              | 1B        |                                           |
| <i>clarithromycin TB24</i>                              | 1B        |                                           |
| Erythromycins                                           |           |                                           |
| <i>erythromycin base CPEP</i>                           | 3         |                                           |
| <i>erythromycin base TABS</i>                           | 3         |                                           |
| <i>erythromycin base TBEC</i>                           | 1B        |                                           |
| <i>erythromycin ethylsuccinate SUSR</i>                 | 1B        |                                           |
| <i>erythromycin ethylsuccinate TABS</i>                 | 3         |                                           |
| Fidaxomicin                                             |           |                                           |
| <i>fidaxomicin TABS 200 MG</i>                          | 1B        |                                           |
| <b>MEDICAL DEVICES AND SUPPLIES</b>                     |           |                                           |
| Contraceptives                                          |           |                                           |
| <i>AIMSCO LUBRICATED MISC</i>                           | 0         | QL(2 EA daily)                            |
| <i>CAYA DPRH</i>                                        | 0         |                                           |
| <i>DUREX EXTRA SENSITIVE THIN DEVI</i>                  | 0         | QL(2 EA daily)                            |

| Drug Name                          | Drug Tier | Requirements/ Limits                                                                                              | Drug Name                           | Drug Tier | Requirements/ Limits |
|------------------------------------|-----------|-------------------------------------------------------------------------------------------------------------------|-------------------------------------|-----------|----------------------|
| DUREX EXTRA SENSITIVE THIN MISC    | 0         | QL(2 EA daily)                                                                                                    | TROJAN MAGNUM MISC                  | 0         | QL(2 EA daily)       |
| DUREX TROPICAL MISC                | 0         | QL(2 EA daily)                                                                                                    | TROJAN ULTRA THIN/SPERMICIDAL MISC  | 0         | QL(2 EA daily)       |
| FANTASY LUBRICATED/SPERMICIDE MISC | 0         | QL(2 EA daily)                                                                                                    | TROJAN ULTRA THIN MISC              | 0         | QL(2 EA daily)       |
| FANTASY LUBRICATED MISC            | 0         | QL(2 EA daily)                                                                                                    | TROJAN-ENZ LUBRICATED MISC          | 0         | QL(2 EA daily)       |
| FC2 FEMALE CONDOM                  | 0         | QL(12 EA per fill retail; 12 per fill mail); 1 max fill(s) per 90 day(s) retail; 1 max fill(s) per 90 day(s) mail | TROJAN-ENZ/SPERMICIDAL MISC         | 0         | QL(2 EA daily)       |
| FEMCAP DEVI                        | 0         |                                                                                                                   | TRUE COVER DEVI                     | 0         | QL(2 EA daily)       |
| KAMELEON LUBRICATED MISC           | 0         | QL(2 EA daily)                                                                                                    | TRUSTEX COLOR CONDOMS + LUBE MISC   | 0         | QL(2 EA daily)       |
| KIMONO COLORS DEVI                 | 0         | QL(2 EA daily)                                                                                                    | TRUSTEX LUB/RIBBED/STUDDED MISC     | 0         | QL(2 EA daily)       |
| KIMONO MAXX-LARGE FLARE MISC       | 0         | QL(2 EA daily)                                                                                                    | TRUSTEX LUB/SPERMICIDE EX ST MISC   | 0         | QL(2 EA daily)       |
| KIMONO MICRO THIN PLUS MISC        | 0         | QL(2 EA daily)                                                                                                    | TRUSTEX LUB/SPERMICIDE XL MISC      | 0         | QL(2 EA daily)       |
| KIMONO PLUS MISC                   | 0         | QL(2 EA daily)                                                                                                    | TRUSTEX LUBRICATED EX LARGE MISC    | 0         | QL(2 EA daily)       |
| KIMONO PS PLUS MISC                | 0         | QL(2 EA daily)                                                                                                    | TRUSTEX LUBRICATED EXTRA ST MISC    | 0         | QL(2 EA daily)       |
| KIMONO PS MISC                     | 0         | QL(2 EA daily)                                                                                                    | TRUSTEX LUBRICATED/SPERMICIDE MISC  | 0         | QL(2 EA daily)       |
| KIMONO SENSATION PLUS MISC         | 0         | QL(2 EA daily)                                                                                                    | TRUSTEX LUBRICATED MISC             | 0         | QL(2 EA daily)       |
| KIMONO SENSATION MISC              | 0         | QL(2 EA daily)                                                                                                    | TRUSTEX NATURAL CONDOMS + LUBE MISC | 0         | QL(2 EA daily)       |
| KIMONO SPECIAL DEVI                | 0         | QL(2 EA daily)                                                                                                    | TRUSTEX RIA LUB/SPERMICIDE MISC     | 0         | QL(2 EA daily)       |
| KIMONO MISC                        | 0         | QL(2 EA daily)                                                                                                    | TRUSTEX RIA LUBRICATED MISC         | 0         | QL(2 EA daily)       |
| MAXX PLUS MISC                     | 0         | QL(2 EA daily)                                                                                                    | TRUSTEX-NONOXYNOL-9/RIB/STUD MISC   | 0         | QL(2 EA daily)       |
| MAXX MISC                          | 0         | QL(2 EA daily)                                                                                                    | WIDE-SEAL DIAPHRAGM 60              | 0         |                      |
| OMNIFLEX DIAPHRAGM                 | 0         |                                                                                                                   | WIDE-SEAL DIAPHRAGM 65              | 0         |                      |
| REALITY LATEX CONDOMS MISC         | 0         | QL(2 EA daily)                                                                                                    |                                     |           |                      |
| REALITY LATEX/ULTRA TEXTURED DEVI  | 0         | QL(2 EA daily)                                                                                                    |                                     |           |                      |
| REALITY LATEX/ULTRA THIN DEVI      | 0         | QL(2 EA daily)                                                                                                    |                                     |           |                      |
| TROJAN BARESKIN DEVI               | 0         | QL(2 EA daily)                                                                                                    |                                     |           |                      |

| Drug Name                     | Drug Tier | Requirements/ Limits                                       | Drug Name                         | Drug Tier | Requirements/ Limits                                       |
|-------------------------------|-----------|------------------------------------------------------------|-----------------------------------|-----------|------------------------------------------------------------|
| 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         | QL(1 EA per 365 day(s) retail); 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                                     | OMNIPOD DASH INTRO (GEN 4) KIT    | 3         | PA                                                         |
| DEXCOM G7 RECEIVER            | 3         | QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); PA | OMNIPOD DASH PDM (GEN 4) KIT      | 3         | PA                                                         |
| DEXCOM G7 SENSOR              | 3         | QL(0.107 EA daily); PA                                     | OMNIPOD DASH PODS (GEN 4) MISC    | 3         | QL(10 EA per 30 day(s) retail; 10 EA per 30 days mail); PA |
| FREESTYLE LIBRE 14 DAY READER | 3         | QL(1 EA per 365 day(s) retail); PA                         | OMNIPOD POD PALS                  | 3         | QL(10 EA per 30 day(s) retail; 10 EA per 30 days mail)     |
| FREESTYLE LIBRE 14 DAY SENSOR | 3         | QL(0.072 EA daily); PA                                     | ONETOUCH DELICA SAFETY LANCING    | 1B        | RX/OTC                                                     |
| FREESTYLE LIBRE 2 PLUS SENSOR | 3         | QL(0.072 EA daily); PA                                     | RELION LANCET DEVICES 30G         | 1B        | RX/OTC                                                     |
| FREESTYLE LIBRE 2 READER      | 3         | QL(1 EA per 365 day(s) retail); PA                         | RELION LANCETS                    | 1B        | RX/OTC                                                     |
| FREESTYLE LIBRE 2 SENSOR      | 3         | QL(0.072 EA daily); PA                                     |                                   |           |                                                            |

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| Drug Name                                                    | Drug Tier | Requirements/ Limits                                       |
|--------------------------------------------------------------|-----------|------------------------------------------------------------|
| SELECT LANCETS                                               | 1B        | 6.66/day                                                   |
| TRUE METRIX LEVEL 3 SOLN                                     | 1B        |                                                            |
| Parenteral Therapy Supplies                                  |           |                                                            |
| BD PEN NEEDLE NANO 2ND GEN                                   | 1B        | QL(5 EA daily); RX/OTC                                     |
| EMBECTA AUTOSHIELD DUO                                       | 1B        | QL(5 EA daily); RX/OTC                                     |
| EMBECTA PEN NEEDLE NANO                                      | 1B        | QL(5 EA daily); RX/OTC                                     |
| EMBECTA PEN NEEDLE NANO 2 GEN                                | 1B        | QL(5 EA daily); RX/OTC                                     |
| EMBECTA PEN NEEDLE ULTRAFINE                                 | 1B        | QL(5 EA daily); RX/OTC                                     |
| SELECT INSULIN SYRINGES                                      | 1B        | 5/day                                                      |
| <b>MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches</b> |           |                                                            |
| Calcitonin Gene-Related Peptide (CGRP) Receptor Antag        |           |                                                            |
| AIMOVIG                                                      | 2         | QL(0.04 ML daily); PA                                      |
| EMGALITY (300 MG DOSE) SOSY                                  | 2         | QL(0.1 ML daily); PA                                       |
| EMGALITY SOAJ                                                | 2         | QL(0.07 ML daily); PA                                      |
| EMGALITY SOSY                                                | 2         | QL(0.07 ML daily); PA                                      |
| UBRELVY                                                      | 3         | QL(16 EA per 30 day(s) retail; 16 EA per 30 days mail); PA |
| Migraine Combinations                                        |           |                                                            |
| <i>ergotamine w/ caffeine TABS</i>                           | 1B        | QL(1.5 EA daily)                                           |
| <i>sumatriptan-naproxen sodium</i>                           | 3         | QL(10 EA per 30 day(s) retail; 10 EA per 30 days mail)     |
| Migraine Products                                            |           |                                                            |

| Drug Name                                           | Drug Tier | Requirements/ Limits                          |
|-----------------------------------------------------|-----------|-----------------------------------------------|
| <i>dihydroergotamine mesylate SOLN NA 4 MG/ML</i>   | 1B        |                                               |
| ERGOMAR SUBL                                        | 3         | QL(0.667 EA daily)                            |
| Serotonin Agonists                                  |           |                                               |
| <i>almotriptan malate 6.25 MG</i>                   | 1B        | QL(0.3 EA daily); AL(At least 12 yrs old); PA |
| <i>almotriptan malate 12.5 MG</i>                   | 1B        | QL(0.4 EA daily); AL(At least 12 yrs old); PA |
| <i>eletriptan hydrobromide</i>                      | 1B        | QL(0.2 EA daily); AL(At least 18 yrs old); PA |
| <i>frovatriptan succinate</i>                       | 1B        | QL(0.4 EA daily); AL(At least 18 yrs old); PA |
| 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)      |

| Drug Name                                     | Drug Tier | Requirements/ Limits                          | Drug Name                                                                                                                                                                              | Drug Tier | Requirements/ Limits |
|-----------------------------------------------|-----------|-----------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------|
| <i>sumatriptan</i>                            | 1B        | QL(0.2 EA daily); AL(At least 18 yrs old)     | ISOLYTE-P IN D5W                                                                                                                                                                       | 1B        |                      |
| <i>sumatriptan succinate SOAJ</i>             | 1B        | QL(0.134 ML daily); AL(At least 18 yrs old)   | ISOLYTE-S                                                                                                                                                                              | 1B        |                      |
| <i>sumatriptan succinate SOCT</i>             | 1B        | QL(0.134 ML daily); AL(At least 18 yrs old)   | KCL IN DEXTROSE-NACL 5 %-40 MEQ/L-0.9 % ( <i>potassium chloride in dextrose &amp; sodium chloride</i> )                                                                                | 1B        |                      |
| <i>sumatriptan succinate SOLN 6 MG/0.5ML</i>  | 1B        | QL(0.134 ML daily); AL(At least 18 yrs old)   | KCL-LACTATED RINGERS-D5W                                                                                                                                                               | 1B        |                      |
| <i>sumatriptan succinate TABS</i>             | 1B        | QL(0.3 EA daily); AL(At least 18 yrs old)     | NORMOSOL-M IN D5W                                                                                                                                                                      | 1B        |                      |
| <i>zolmitriptan SOLN</i>                      | 1B        | QL(0.2 EA daily); AL(At least 12 yrs old); PA | NORMOSOL-R PH 7.4                                                                                                                                                                      | 1B        |                      |
| <i>zolmitriptan TABS</i>                      | 1B        | QL(0.3 EA daily); AL(At least 12 yrs old); PA | PLASMA-LYTE 148                                                                                                                                                                        | 1B        |                      |
| <i>zolmitriptan TBDP</i>                      | 1B        | QL(0.3 EA daily); AL(At least 12 yrs old); PA | PLASMA-LYTE A ( <i>electrolyte-a</i> )                                                                                                                                                 | 1B        |                      |
| <b>MINERALS &amp; ELECTROLYTES</b>            |           |                                               | <i>potassium chloride in dextrose 20 MEQ/L</i>                                                                                                                                         | 1B        |                      |
| Bicarbonates                                  |           |                                               | <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>sodium acetate SOLN</i>                    | 1B        |                                               | <i>ringer's</i>                                                                                                                                                                        | 1B        |                      |
| SODIUM ACETATE SOLN ( <i>sodium acetate</i> ) | 1B        |                                               | Fluoride                                                                                                                                                                               |           |                      |
| Calcium                                       |           |                                               | <i>sodium fluoride CHEW</i>                                                                                                                                                            | 0         | QL(1 EA daily)       |
| <i>calcium chloride (dihydrate) SOLN</i>      | 1B        |                                               | Phosphate                                                                                                                                                                              |           |                      |
| Electrolyte Mixtures                          |           |                                               | <i>potassium phosphates 45 MMOLE/15ML</i>                                                                                                                                              | 1B        |                      |
| <i>electrolyte-148</i>                        | 1B        |                                               | Potassium                                                                                                                                                                              |           |                      |
| <i>electrolyte-a</i>                          | 1B        |                                               | <i>potassium acetate SOLN 2 MEQ/ML</i>                                                                                                                                                 | 1B        |                      |
| IONOSOL-MB IN D5W                             | 1B        |                                               | <i>potassium bicarbonate TBEF</i>                                                                                                                                                      | 1B        |                      |
|                                               |           |                                               | <i>potassium chloride microencapsulated crystals er</i>                                                                                                                                | 1B        |                      |
|                                               |           |                                               | <i>potassium chloride CPCR</i>                                                                                                                                                         | 1B        |                      |

| Drug Name                                                            | Drug Tier | Requirements/ Limits |
|----------------------------------------------------------------------|-----------|----------------------|
| <i>potassium chloride PACK PO 20 MEQ</i>                             | 1B        | PA                   |
| <i>potassium chloride SOLN PO 10 %, 10 %</i>                         | 1B        |                      |
| POTASSIUM CHLORIDE SOLN IV 10 MEQ/50ML ( <i>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                                                     |           |                      |
| <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        |                      |

| Drug Name                                              | Drug Tier | Requirements/ Limits |
|--------------------------------------------------------|-----------|----------------------|
| 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        |                      |
| 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               |

| Drug Name                                                                                                       | Drug Tier | Requirements/ Limits   | Drug Name                                                                                                                                                                                                                | Drug Tier | Requirements/ Limits   |
|-----------------------------------------------------------------------------------------------------------------|-----------|------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------------------|
| PERIOMED CONC 0.63 %                                                                                            | 0         | RX/OTC                 | 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 |
| <i>stannous fluoride CONC</i>                                                                                   | 0         | RX/OTC                 | NEONATAL PLUS TABS                                                                                                                                                                                                       | 2         | QL(1 EA daily); RX/OTC |
| Steroids - Mouth/Throat/Dental                                                                                  |           |                        | NEONATAL PRENATAL TABS                                                                                                                                                                                                   | 2         | QL(1 EA daily)         |
| <i>triamcinolone acetonide (mouth)</i>                                                                          | 1B        |                        | NEONATAL VITAMIN TABS                                                                                                                                                                                                    | 2         | QL(1 EA daily)         |
| Throat Products - Misc.                                                                                         |           |                        | NIVA-PLUS TABS                                                                                                                                                                                                           | 2         | QL(1 EA daily); RX/OTC |
| <i>cevimeline hcl</i>                                                                                           | 1B        |                        | ONE VITE WOMENS PLUS TABS                                                                                                                                                                                                | 2         | QL(1 EA daily); RX/OTC |
| <i>pilocarpine hcl (oral)</i>                                                                                   | 1B        |                        | ONE VITE WOMENS TABS                                                                                                                                                                                                     | 2         | QL(1 EA daily)         |
| <b>MULTIVITAMINS</b>                                                                                            |           |                        | PRENATAL ONE DAILY TABS                                                                                                                                                                                                  | 2         | QL(1 EA daily)         |
| Ped MV w/ Fluoride                                                                                              |           |                        | PRENATAL PLUS VITAMIN/MINERAL TABS                                                                                                                                                                                       | 2         | QL(1 EA daily); RX/OTC |
| <i>pediatric multivitamins w/fl CHEW</i>                                                                        | 1A        | RX/OTC                 | PRENATAL PLUS TABS                                                                                                                                                                                                       | 2         | QL(1 EA daily); RX/OTC |
| Prenatal Vitamins                                                                                               |           |                        | PRENATAL VITAMIN AND MINERAL TABS                                                                                                                                                                                        | 2         | QL(1 EA daily)         |
| CLASSIC PRENATAL 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)         |
| 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)         | PRENATAL TABS                                                                                                                                                                                                            | 2         | QL(1 EA daily)         |
| DERMACINRX PNV PRENATOL TABS                                                                                    | 2         | QL(1 EA daily); RX/OTC | PRENATRIX TABS                                                                                                                                                                                                           | 2         | QL(1 EA daily); RX/OTC |
| EQL PRENATAL FORMULA TABS                                                                                       | 2         | QL(1 EA daily)         | PRENATRYL TABS                                                                                                                                                                                                           | 2         | QL(1 EA daily); RX/OTC |
| FT PRENATAL TABS                                                                                                | 2         | QL(1 EA daily)         | QC PRENATAL TABS                                                                                                                                                                                                         | 2         | QL(1 EA daily)         |
| GNP PRENATAL/FOLIC ACID TABS                                                                                    | 2         | QL(1 EA daily)         | RELEVIA TABS                                                                                                                                                                                                             | 2         | QL(1 EA daily); RX/OTC |
| 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)         |                                                                                                                                                                                                                          |           |                        |

| Drug Name                                    | Drug Tier | Requirements/ Limits   | Drug Name                                                     | Drug Tier | Requirements/ Limits                                               |
|----------------------------------------------|-----------|------------------------|---------------------------------------------------------------|-----------|--------------------------------------------------------------------|
| SM PRENATAL VITAMINS TABS                    | 2         | QL(1 EA daily)         | <i>ipratropium bromide (nasal) 0.03 %</i>                     | 1B        | QL(1 ML daily)                                                     |
| THERANATAL CORE NUTRITION TABS               | 2         | QL(1 EA daily); RX/OTC | <b>Nasal Steroids</b>                                         |           |                                                                    |
| TRICARE TABS                                 | 2         | QL(1 EA daily); RX/OTC | <i>budesonide (nasal)</i>                                     | 1B        |                                                                    |
| VITATHELY WITH GINGER TABS                   | 2         | QL(1 EA daily); RX/OTC | <i>flunisolide (nasal)</i>                                    | 1B        | 1 package(s) per fill retail                                       |
| WESTAB PLUS TABS                             | 2         | QL(1 EA daily); RX/OTC | <i>fluticasone propionate (nasal) SUSP</i>                    | 1B        | Limit 2 inhalers per month; QL(32 GM per 30 day(s) retail); RX/OTC |
| <b>MUSCULOSKELETAL THERAPY AGENTS -</b>      |           |                        | <i>mometasone furoate (nasal) SUSP</i>                        | 1B        | QL(1.14 ML daily); RX/OTC                                          |
| <b>Drugs to Treat Spasms</b>                 |           |                        | <i>triamcinolone acetonide (nasal) AERO</i>                   | 1B        |                                                                    |
| <b>Central Muscle Relaxants</b>              |           |                        | XHANCE EXHU                                                   | 3         | PA                                                                 |
| <i>baclofen TABS</i>                         | 1B        |                        | <b>NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles</b> |           |                                                                    |
| <i>carisoprodol TABS</i>                     | 1B        |                        | <b>ALS Agents</b>                                             |           |                                                                    |
| <i>chlorzoxazone TABS 500 MG</i>             | 1B        | QL(6 EA daily)         | <i>riluzole TABS</i>                                          | 3         |                                                                    |
| <i>chlorzoxazone TABS 750 MG</i>             | 1B        | QL(4 EA daily)         | <b>NUTRIENTS</b>                                              |           |                                                                    |
| <i>cyclobenzaprine hcl TABS 5 MG, 10 MG</i>  | 1A        | QL(3 EA daily)         | <b>Proteins</b>                                               |           |                                                                    |
| <i>metaxalone 800 MG</i>                     | 3         | QL(4 EA daily)         | CLINIMIX/DEXTROSE (4.25/10)                                   | 3         |                                                                    |
| <i>methocarbamol TABS 500 MG, 750 MG</i>     | 1B        |                        | CLINIMIX/DEXTROSE (4.25/5)                                    | 3         |                                                                    |
| <i>orphenadrine citrate TB12</i>             | 1B        | QL(2 EA daily)         | <b>OPHTHALMIC AGENTS - Drugs to Treat the Eye</b>             |           |                                                                    |
| <i>tizanidine hcl CAPS</i>                   | 1B        |                        | <b>Beta-blockers - Ophthalmic</b>                             |           |                                                                    |
| <i>tizanidine hcl TABS</i>                   | 1B        |                        | <i>betaxolol hcl (ophth) SOLN</i>                             | 1B        |                                                                    |
| <b>Direct Muscle Relaxants</b>               |           |                        | <i>brimonidine tartrate-timolol maleate</i>                   | 1B        |                                                                    |
| <i>dantrolene sodium CAPS</i>                | 1B        | QL(4 EA daily)         | <i>carteolol hcl (ophth)</i>                                  | 1B        |                                                                    |
| <b>NASAL AGENTS - SYSTEMIC AND TOPICAL -</b> |           |                        | <i>dorzolamide hcl-timolol maleate</i>                        | 1B        |                                                                    |
| <b>Drugs to treat the Nose or Sinus</b>      |           |                        | <i>levobunolol hcl 0.5 %</i>                                  | 1B        |                                                                    |
| <b>Nasal Antiallergy</b>                     |           |                        | <i>timolol maleate (ophth) SOLG</i>                           | 1B        |                                                                    |
| <i>azelastine hcl</i>                        | 1B        |                        |                                                               |           |                                                                    |
| <i>olopatadine hcl (nasal)</i>               | 1B        |                        |                                                               |           |                                                                    |
| <b>Nasal Anticholinergics</b>                |           |                        |                                                               |           |                                                                    |
| <i>ipratropium bromide (nasal) 0.06 %</i>    | 1B        |                        |                                                               |           |                                                                    |

| Drug Name                                 | Drug Tier | Requirements/ Limits |
|-------------------------------------------|-----------|----------------------|
| <i>timolol maleate (ophth) SOLN</i>       | 1B        |                      |
| Cycloplegic Mydriatics                    |           |                      |
| <i>tropicamide SOLN 1 %</i>               | 1B        |                      |
| <i>tropicamide SOLN 0.5 %</i>             | 1B        | QL(2.5 ML daily)     |
| Miotics                                   |           |                      |
| <i>pilocarpine hcl SOLN 1 %, 2 %, 4 %</i> | 1B        |                      |
| Ophthalmic Adrenergic Agents              |           |                      |
| <i>brimonidine tartrate 0.15 %, 0.2 %</i> | 1B        |                      |
| Ophthalmic Anti-infectives                |           |                      |
| <i>bacitracin (ophthalmic)</i>            | 3         |                      |
| <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         |                      |
| Ophthalmic Immunomodulators               |           |                      |
| <i>cyclosporine (ophth) EMUL</i>          | 3         | PA                   |
| Ophthalmic Local Anesthetics              |           |                      |

| Drug Name                                                                 | Drug Tier | Requirements/ Limits |
|---------------------------------------------------------------------------|-----------|----------------------|
| <i>proparacaine hcl</i>                                                   | 1B        |                      |
| Ophthalmic Steroids                                                       |           |                      |
| <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                   |
| <i>loteprednol etabonate SUSP</i>                                         | 1B        | PA                   |
| <i>loteprednol etabonate-tobramycin</i>                                   | 3         | PA                   |
| MAXIDEX SUSP OP                                                           | 3         | PA                   |
| <i>neomycin-polymy-dexameth OINT</i>                                      | 1B        |                      |
| <i>neomycin-polymy-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                   |
| Ophthalmics - Misc.                                                       |           |                      |
| ALOCRIL                                                                   | 3         | PA                   |
| ALOMIDE                                                                   | 3         | PA                   |
| <i>azelastine hcl (ophth)</i>                                             | 1B        |                      |
| <i>bepotastine besilate</i>                                               | 3         | PA                   |
| <i>bromfenac sodium (ophth)</i>                                           | 1B        |                      |

| Drug Name                                   | Drug Tier | Requirements/ Limits   |
|---------------------------------------------|-----------|------------------------|
| <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        |                        |
| <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 acetonide</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                               |           |                        |

| Drug Name                                                                           | Drug Tier | Requirements/ Limits |
|-------------------------------------------------------------------------------------|-----------|----------------------|
| <i>fluocinolone acetonide (otic)</i>                                                | 1B        |                      |
| <i>hydrocortisone w/acetic acid</i>                                                 | 1B        |                      |
| PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System |           |                      |
| Immune Serums                                                                       |           |                      |
| HYPERRHO MINI-DOSE SOSY IM 250 UNIT                                                 | 4         | PA                   |
| MICRHOGAM ULTRA-FILTERED PLUS SOSY IM                                               | 4         | PA                   |
| Monoclonal Antibodies                                                               |           |                      |
| BEYFORTUS                                                                           | 0         |                      |
| ENFLONIA SOSY IM 105 MG/0.7ML                                                       | 0         |                      |
| PENICILLINS - Drugs to Treat Bacterial Infections                                   |           |                      |
| Aminopenicillins                                                                    |           |                      |
| <i>amoxicillin CAPS</i>                                                             | 1A        |                      |
| <i>amoxicillin CHEW 125 MG, 250 MG</i>                                              | 1B        |                      |
| <i>amoxicillin SUSR 200 MG/5ML, 250 MG/5ML, 400 MG/5ML</i>                          | 1B        |                      |
| <i>amoxicillin SUSR 125 MG/5ML</i>                                                  | 1A        |                      |
| <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         |                      |

| Drug Name                                                                                          | Drug Tier | Requirements/ Limits | Drug Name                                                 | Drug Tier | Requirements/ Limits                    |
|----------------------------------------------------------------------------------------------------|-----------|----------------------|-----------------------------------------------------------|-----------|-----------------------------------------|
| <i>penicillin v potassium SOLR</i>                                                                 | 1B        |                      | LUCEMYRA ( <i>lofexidine hcl</i> )                        | 2         |                                         |
| <i>penicillin v potassium TABS</i>                                                                 | 1B        |                      | Antidementia Agents                                       |           |                                         |
| Penicillin Combinations                                                                            |           |                      | <i>donepezil hydrochloride TABS 10 MG</i>                 | 1B        | QL(2 EA daily)                          |
| <i>amoxicillin &amp; pot clavulanate CHEW 57 MG-400 MG</i>                                         | 1B        |                      | <i>donepezil hydrochloride TABS 5 MG, 23 MG</i>           | 1B        | QL(1 EA daily)                          |
| <i>amoxicillin &amp; pot clavulanate SUSR</i>                                                      | 1B        |                      | <i>donepezil hydrochloride TBDP 5 MG</i>                  | 1B        | QL(1 EA daily)                          |
| <i>amoxicillin &amp; pot clavulanate TABS</i>                                                      | 1B        |                      | <i>donepezil hydrochloride TBDP 10 MG</i>                 | 1B        | QL(2 EA daily)                          |
| <i>amoxicillin &amp; pot clavulanate TB12</i>                                                      | 1B        |                      | <i>galantamine hydrobromide CP24</i>                      | 1B        | QL(1 EA daily)                          |
| Penicillinase-Resistant Penicillins                                                                |           |                      | <i>galantamine hydrobromide SOLN</i>                      | 1B        | QL(6 ML daily)                          |
| <i>dicloxacillin sodium</i>                                                                        | 1B        |                      | <i>galantamine hydrobromide TABS</i>                      | 1B        | QL(2 EA daily)                          |
| <i>nafcillin sodium IV 10 GM</i>                                                                   | 1B        |                      | KISUNLA                                                   | 4         | PA                                      |
| <i>oxacillin sodium IV 10 GM</i>                                                                   | 1B        |                      | <i>memantine hcl TABS</i>                                 | 1B        | QL(2 EA daily)                          |
| PROGESTINS - Hormone Replacement/Modifying Drugs                                                   |           |                      | <i>memantine hcl TABS</i>                                 | 1B        |                                         |
| Progestins                                                                                         |           |                      | <i>rivastigmine tartrate CAPS</i>                         | 1B        |                                         |
| <i>medroxyprogesterone acetate 10 MG</i>                                                           | 1A        |                      | Combination Psychotherapeutics                            |           |                                         |
| <i>medroxyprogesterone acetate 2.5 MG, 5 MG</i>                                                    | 1B        |                      | <i>chlordiazepoxide-amitriptyline</i>                     | 1B        |                                         |
| <i>megestrol acetate (appetite)</i>                                                                | 1B        | PA                   | <i>perphenazine-amitriptyline</i>                         | 1B        | QL(4 EA daily)                          |
| <i>norethindrone acetate TABS</i>                                                                  | 0         |                      | Fibromyalgia Agents                                       |           |                                         |
| <i>progesterone CAPS</i>                                                                           | 1B        |                      | <i>milnacipran hcl MISC</i>                               | 1B        | 1 max fill(s) per 365 day(s) retail; PA |
| PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions |           |                      | <i>milnacipran hcl TABS 12.5 MG, 25 MG, 50 MG, 100 MG</i> | 1B        | QL(2 EA daily); PA                      |
| Agents for Chemical Dependency                                                                     |           |                      | Movement Disorder Drug Therapy                            |           |                                         |
| <i>acamprosate calcium</i>                                                                         | 1A        |                      | <i>tetrabenazine</i>                                      | 4         | QL(3 EA daily); PA                      |
| <i>disulfiram</i>                                                                                  | 1A        |                      | Multiple Sclerosis Agents                                 |           |                                         |
| <i>lofexidine hcl</i>                                                                              | 1A        |                      | AVONEX PEN AJKT                                           | 4         | QL(0.0714 EA daily); PA                 |

| Drug Name                                         | Drug Tier | Requirements/ Limits                    |
|---------------------------------------------------|-----------|-----------------------------------------|
| AVONEX PREFILLED PSKT                             | 4         | QL(0.0714 EA daily); PA                 |
| BETASERON KIT                                     | 4         | QL(0.0357 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>                             | 4         | QL(1 EA daily)                          |
| <i>glatiramer acetate SOSY 20 MG/ML</i>           | 4         | QL(1 ML daily)                          |
| <i>glatiramer acetate SOSY 40 MG/ML</i>           | 4         | QL(0.43 ML daily)                       |
| 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>                              | 4         | 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         |                                         |
| <i>nicotine polacrilex GUM</i>                    | 0         |                                         |
| <i>nicotine polacrilex LOZG</i>                   | 0         |                                         |

| Drug Name                                                   | Drug Tier | Requirements/ Limits |
|-------------------------------------------------------------|-----------|----------------------|
| NICOTINE KIT                                                | 0         |                      |
| <i>nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR</i>   | 0         |                      |
| NICOTROL NS SOLN                                            | 0         |                      |
| NICOTROL INHA                                               | 0         |                      |
| <i>varenicline tartrate TABS</i>                            | 0         |                      |
| <i>varenicline tartrate TBPk</i>                            | 0         |                      |
| RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions |           |                      |
| Cystic Fibrosis Agents                                      |           |                      |
| 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 267 MG, 801 MG</i>                      | 4         | QL(1 EA daily); PA   |
| <i>pirfenidone TABS 534 MG</i>                              | 4         | QL(3 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 50 MG, 100 MG</i>         | 1B        | QL(2 EA daily)       |
| <i>doxycycline (monohydrate) CAPS 75 MG</i>                 | 1B        |                      |

| Drug Name                                                  | Drug Tier | Requirements/ Limits | Drug Name                                                                   | Drug Tier | Requirements/ Limits |
|------------------------------------------------------------|-----------|----------------------|-----------------------------------------------------------------------------|-----------|----------------------|
| <i>doxycycline (monohydrate) TABS 100 MG</i>               | 1B        | QL(2 EA daily)       | ADACEL SUSY 2 LF/0.5ML-5 LF/0.5ML-15.5 MCG/0.5ML                            | 0         |                      |
| <i>doxycycline (monohydrate) TABS 50 MG, 75 MG</i>         | 1B        |                      | BOOSTRIX SUSP                                                               | 0         |                      |
| <i>doxycycline hyclate CAPS</i>                            | 1B        | QL(2 EA daily)       | BOOSTRIX SUSY                                                               | 0         |                      |
| <i>doxycycline hyclate TABS 20 MG, 100 MG</i>              | 1B        | QL(2 EA daily)       | DAPTACEL                                                                    | 0         |                      |
| <i>minocycline hcl CAPS</i>                                | 1B        | QL(3 EA daily)       | INFANRIX                                                                    | 0         |                      |
| <i>minocycline hcl TABS</i>                                | 1B        | QL(3 EA daily)       | KINRIX SUSY                                                                 | 0         |                      |
| <i>tetracycline hcl CAPS</i>                               | 1B        | QL(8 EA daily)       | PEDIARIX SUSY                                                               | 0         |                      |
| <b>THYROID AGENTS - Drugs to Regulate Thyroid Hormones</b> |           |                      | PENTACEL                                                                    | 0         |                      |
| Antithyroid Agents                                         |           |                      | QUADRACEL SUSP                                                              | 0         |                      |
| <i>methimazole TABS</i>                                    | 1B        |                      | QUADRACEL SUSY                                                              | 0         |                      |
| <i>propylthiouracil</i>                                    | 1B        |                      | TDVAX SUSP                                                                  | 0         |                      |
| Thyroid Hormones                                           |           |                      | TENIVAC SUSP 2 LFU-5 LFU                                                    | 0         |                      |
| ADTHYZA TABS 16.25 MG, 32.5 MG, 65 MG, 97.5 MG, 130 MG     | 2         |                      | TETANUS-DIPHTHERIA TOXOIDS TD SUSP                                          | 0         |                      |
| AMERITHROID TABS 180 MG, 240 MG, 300 MG                    | 2         | QL(1 EA daily)       | VAXELIS SUSP                                                                | 0         |                      |
| ARMOUR THYROID TABS                                        | 2         | QL(1 EA daily)       | VAXELIS SUSY                                                                | 0         |                      |
| EVEXITHROID TABS 180 MG                                    | 2         | QL(1 EA daily)       | <b>ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions</b> |           |                      |
| <i>levothyroxine sodium TABS</i>                           | 1A        |                      | Antispasmodics                                                              |           |                      |
| <i>liothyronine sodium SOLN</i>                            | 1B        |                      | <i>chlordiazepoxide hcl-clidinium bromide</i>                               | 1B        |                      |
| <i>liothyronine sodium TABS</i>                            | 1B        |                      | <i>dicyclomine hcl CAPS</i>                                                 | 1B        |                      |
| NP THYROID TABS                                            | 1B        | QL(1 EA daily)       | <i>dicyclomine hcl SOLN PO</i>                                              | 1B        |                      |
| SYNTHROID TABS ( <i>levothyroxine sodium</i> )             | 2         |                      | <i>dicyclomine hcl TABS</i>                                                 | 1B        |                      |
| <b>TOXOIDS</b>                                             |           |                      | <i>glycopyrrolate SOLN IJ 4 MG/20ML</i>                                     | 1B        |                      |
| Toxoid Combinations                                        |           |                      | <i>glycopyrrolate TABS 2 MG</i>                                             | 1B        | QL(6 EA daily)       |
| ADACEL SUSP                                                | 0         |                      | <i>glycopyrrolate TABS 1 MG</i>                                             | 1B        |                      |
|                                                            |           |                      | <i>methscopolamine bromide</i>                                              | 1B        |                      |
|                                                            |           |                      | <b>H-2 Antagonists</b>                                                      |           |                      |
|                                                            |           |                      | <i>cimetidine hcl PO 300 MG/5ML</i>                                         | 1B        | QL(20 ML daily)      |
|                                                            |           |                      | <i>cimetidine TABS</i>                                                      | 1B        | RX/OTC               |

| Drug Name                                 | Drug Tier | Requirements/ Limits   | Drug Name                                                                   | Drug Tier | Requirements/ Limits                                                                 |
|-------------------------------------------|-----------|------------------------|-----------------------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------|
| <i>famotidine in nacl SOLN</i>            | 1B        |                        | <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>famotidine SUSR</i>                    | 1B        | QL(10 ML daily)        |                                                                             |           |                                                                                      |
| <i>famotidine TABS 20 MG, 40 MG</i>       | 1B        | RX/OTC                 | <i>bismuth subcitrate potassium-metronidazole-tetracycline</i>              | 3         | QL(120 EA per 10 day(s) retail; 120 EA per 10 days mail); PA                         |
| <i>nizatidine CAPS</i>                    | 1B        |                        | <i>omeprazole-sodium bicarbonate CAPS 1100 MG-20 MG</i>                     | 1B        | RX/OTC                                                                               |
| <i>ranitidine hcl TABS 150 MG, 300 MG</i> | 1B        |                        | <b>URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms</b> |           |                                                                                      |
| <b>Misc. Anti-Ulcer</b>                   |           |                        | <b>Urinary Antispasmodic - Antimuscarinics (Anticholinergic)</b>            |           |                                                                                      |
| <i>sucralfate SUSP</i>                    | 1B        | QL(40 ML daily)        | <i>darifenacin hydrobromide</i>                                             | 1B        | QL(1 EA daily)                                                                       |
| <i>sucralfate TABS</i>                    | 1B        | QL(4 EA daily)         | <i>fesoterodine fumarate</i>                                                | 1B        | QL(1 EA daily)                                                                       |
| <b>Proton Pump Inhibitors</b>             |           |                        | <i>oxybutynin chloride SOLN</i>                                             | 1B        |                                                                                      |
| <i>dexlansoprazole</i>                    | 3         | QL(1 EA daily)         | <i>oxybutynin chloride TABS 5 MG</i>                                        | 1B        |                                                                                      |
| <i>esomeprazole magnesium CPDR 40 MG</i>  | 3         | QL(1 EA daily)         | <i>oxybutynin chloride TB24</i>                                             | 1B        |                                                                                      |
| <i>esomeprazole magnesium CPDR 20 MG</i>  | 1B        | QL(2 EA daily); RX/OTC | <i>solifenacin succinate TABS</i>                                           | 1B        | QL(1 EA daily)                                                                       |
| <i>esomeprazole magnesium TBEC</i>        | 1B        | QL(2 EA daily)         | <i>tolterodine tartrate CP24</i>                                            | 1B        | QL(1 EA daily)                                                                       |
| <i>lansoprazole CPDR 30 MG</i>            | 1B        |                        | <i>tolterodine tartrate TABS</i>                                            | 1B        |                                                                                      |
| <i>lansoprazole CPDR 15 MG</i>            | 1B        | QL(2 EA daily); RX/OTC | <i>trospium chloride CP24</i>                                               | 1B        | QL(1 EA daily)                                                                       |
| <b>NEXIUM 24HR TBEC 20 MG</b>             | 1B        | QL(2 EA daily)         | <i>trospium chloride TABS</i>                                               | 1B        | QL(3 EA daily)                                                                       |
| <i>omeprazole magnesium CPDR</i>          | 1B        | QL(4 EA daily)         | <b>Urinary Antispasmodics - Beta-3 Adrenergic Agonists</b>                  |           |                                                                                      |
| <i>omeprazole CPDR</i>                    | 1B        | QL(2 EA daily)         | <i>mirabegron TB24</i>                                                      | 3         | PA                                                                                   |
| <i>omeprazole TBEC</i>                    | 1B        | QL(2 EA daily)         | <b>Urinary Antispasmodics - Cholinergic Agonists</b>                        |           |                                                                                      |
| <i>pantoprazole sodium TBEC 40 MG</i>     | 1B        |                        | <i>bethanechol chloride 25 MG</i>                                           | 1B        |                                                                                      |
| <i>pantoprazole sodium TBEC 20 MG</i>     | 1B        | QL(1 EA daily)         | <i>bethanechol chloride 5 MG, 10 MG, 50 MG</i>                              | 1B        | QL(4 EA daily)                                                                       |
| <i>rabeprazole sodium TBEC</i>            | 1B        | QL(1 EA daily)         | <b>Urinary Antispasmodics - Direct Muscle Relaxants</b>                     |           |                                                                                      |
| <b>Ulcer Drugs - Prostaglandins</b>       |           |                        | <i>flavoxate hcl</i>                                                        | 1B        |                                                                                      |
| <i>misoprostol</i>                        | 0         | QL(4 EA daily)         |                                                                             |           |                                                                                      |
| <b>Ulcer Therapy Combinations</b>         |           |                        |                                                                             |           |                                                                                      |

| Drug Name                        | Drug Tier | Requirements/ Limits                                         |
|----------------------------------|-----------|--------------------------------------------------------------|
| <b>VACCINES</b>                  |           |                                                              |
| <b>Bacterial Vaccines</b>        |           |                                                              |
| 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)                   |
| 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                          |
| <b>Viral Vaccines</b>            |           |                                                              |
| 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         |                                                              |

| Drug Name                              | Drug Tier | Requirements/ Limits                                                   |
|----------------------------------------|-----------|------------------------------------------------------------------------|
| COMIRNATY 5-11 YEARS SUSP 10 MCG/0.3ML | 0         |                                                                        |
| COMIRNATY SUSP                         | 0         |                                                                        |
| COMIRNATY SUSY                         | 0         |                                                                        |
| ENGERIX-B SUSP 20 MCG/ML               | 0         | 3 max fill(s) per 365 day(s) retail; 3 max fill(s) per 365 day(s) mail |
| ENGERIX-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                                    |
| FLUAD QUADRIVALENT                     | 0         | 1 max fill(s) per 180 day(s) retail                                    |
| FLUARIX QUADRIVALENT SUSY              | 0         | 1 max fill(s) per 180 day(s) retail                                    |
| FLUARIX SUSY                           | 0         | Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail           |
| FLUBLOK SOSY                           | 0         | 1 max fill(s) per 180 day(s) retail                                    |
| FLUCELVAX QUADRIVALENT SUSY            | 0         | Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail           |
| FLUCELVAX SUSP                         | 0         | 1 max fill(s) per 180 day(s) retail                                    |
| FLUCELVAX SUSY                         | 0         | 1 max fill(s) per 180 day(s) retail                                    |
| FLULAVAL SUSY                          | 0         | Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail           |

| Drug Name                              | Drug Tier | Requirements/ Limits                                                   | Drug Name                                   | Drug Tier | Requirements/ Limits                                         |
|----------------------------------------|-----------|------------------------------------------------------------------------|---------------------------------------------|-----------|--------------------------------------------------------------|
| FLUMIST                                | 0         | 1 max fill(s) per 180 day(s) retail                                    | NOVAVAX COVID-19 VACCINE SUSY               | 0         |                                                              |
| FLUZONE HIGH-DOSE QUADRIVALENT         | 0         | 1 max fill(s) per 180 day(s) retail                                    | NUVAXOVID COVID-19 VACCINE SUSY 5 MCG/0.5ML | 0         |                                                              |
| FLUZONE HIGH-DOSE SUSY                 | 0         | 1 max fill(s) per 180 day(s) retail                                    | PFIZER COVID-19 VAC-TRIS 5-11Y SUSP         | 0         |                                                              |
| FLUZONE QUADRIVALENT SUSY              | 0         | 1 max fill(s) per 180 day(s) retail                                    | PFIZER COVID-19 VAC-TRIS 6M-4Y SUSP         | 0         |                                                              |
| FLUZONE SUSP                           | 0         | 1 max fill(s) per 180 day(s) retail                                    | PREHEVBRIO                                  | 0         | 3 max fill(s) per 365 day(s) retail                          |
| FLUZONE SUSY                           | 0         | Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail           | PRIORIX SUSR                                | 0         | 3 max fill(s) per 365 day(s) retail                          |
| GARDASIL 9 SUSP 0.5 ML                 | 0         | 3 max fill(s) per 365 day(s) retail                                    | PROQUAD SUSR                                | 0         | 2 max fill(s) per 365 day(s) retail                          |
| GARDASIL 9 SUSY 0.5 ML                 | 0         | 3 max fill(s) per 365 day(s) retail                                    | RECOMBIVAX HB SUSP                          | 0         |                                                              |
| HAVRIX IM 720 EL U/0.5ML, 1440 EL U/ML | 0         |                                                                        | RECOMBIVAX HB SUSY                          | 0         |                                                              |
| HEPLISAV-B SOSY                        | 0         | 2 max fill(s) per 365 day(s) retail; 2 max fill(s) per 365 day(s) mail | ROTARIX SUSP                                | 0         |                                                              |
| IPOLE IJ                               | 0         |                                                                        | ROTATEQ SOLN                                | 0         |                                                              |
| JYNNEOS                                | 0         |                                                                        | SHINGRIX IM 50 MCG/0.5ML                    | 0         | 2 max fill(s) per 999 day(s) retail; AL(At least 18 yrs old) |
| 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 | SHINGRIX                                    | 0         | 2 max fill(s) per 999 day(s) retail; AL(At least 18 yrs old) |
| M-M-R II SOLR                          | 0         | 2 max fill(s) per 365 day(s) retail                                    | SPIKEVAX 6M-11Y SUSY 25 MCG/0.25ML          | 0         |                                                              |
| MNEXSPIKE SUSY 10 MCG/0.2ML            | 0         |                                                                        | SPIKEVAX SUSP                               | 0         |                                                              |
| MODERNA COVID-19 VAC 6M-11Y SUSY       | 0         |                                                                        | SPIKEVAX SUSY                               | 0         |                                                              |
| MRESVIA                                | 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                          |
| VAGINAL AND RELATED PRODUCTS           |           |                                                                        |                                             |           |                                                              |

| Drug Name                                                      | Drug Tier | Requirements/ Limits                                 |
|----------------------------------------------------------------|-----------|------------------------------------------------------|
| Spermicides                                                    |           |                                                      |
| TODAY SPONGE MISC                                              | 0         |                                                      |
| VCF VAGINAL CONTRACEPTIVE FILM                                 | 0         |                                                      |
| Vaginal Anti-infectives                                        |           |                                                      |
| <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        |                                                      |
| <i>terconazole vaginal CREA</i>                                | 1B        |                                                      |
| <i>terconazole vaginal SUPP</i>                                | 1B        |                                                      |
| Vaginal Anti-inflammatory Agents                               |           |                                                      |
| <i>hydrocortisone vaginal</i>                                  | 1B        | QL(15.15 GM daily)                                   |
| Vaginal Contraceptive - pH Modulators                          |           |                                                      |
| PHEXX                                                          | 0         | PV                                                   |
| PHEXXI                                                         | 0         | PV                                                   |
| Vaginal Estrogens                                              |           |                                                      |
| <i>estradiol vaginal CREA</i>                                  | 1B        | QL(2 GM daily)                                       |
| <i>estradiol vaginal TABS</i>                                  | 1B        |                                                      |
| FEMRING                                                        | 3         | PA                                                   |
| PREMARIN                                                       | 0         | QL(1.5 GM daily)                                     |
| VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions |           |                                                      |
| Anaphylaxis Therapy Agents                                     |           |                                                      |

| Drug Name                                    | Drug Tier | Requirements/ Limits                                                                                              |
|----------------------------------------------|-----------|-------------------------------------------------------------------------------------------------------------------|
| <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 |
| Vasopressors                                 |           |                                                                                                                   |
| <i>midodrine hcl</i>                         | 1B        |                                                                                                                   |
| VITAMINS                                     |           |                                                                                                                   |
| Oil Soluble Vitamins                         |           |                                                                                                                   |
| <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        |                                                                                                                   |
| VITAMIN D2 TABS 400 UNIT                     | 0         | AL(At least 65 yrs old)                                                                                           |
| Water Soluble Vitamins                       |           |                                                                                                                   |
| NIACIN ER TBCR                               | 1B        |                                                                                                                   |
| <i>niacinamide TABS 100 MG</i>               | 1B        |                                                                                                                   |
| <i>niacinamide TABS 500 MG</i>               | 1A        |                                                                                                                   |
| <i>niacin CPCR 250 MG</i>                    | 1A        |                                                                                                                   |
| <i>niacin TABS</i>                           | 1A        |                                                                                                                   |
| <i>niacin TBCR</i>                           | 1A        |                                                                                                                   |

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| cholecalciferol CAPS .....63                             | clarithromycin SUSR .....47                                                                | CLINIMIX/DEXTROSE (4.25/5) ...54                       |
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| cholestyramine light PACK ..... 18                       | clarithromycin TB24 .....47                                                                | clobazam TABS .....11                                  |
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| clozapine TABS 200 MG .....                     | 26 | COSENTYX SOSY 150 MG/ML ...                                                                                                     | 36 | CYSTAGON CAPS .....                                                  | 45 |
| clozapine TABS 25 MG, 50 MG ...                 | 26 | COSENTYX SOSY 75 MG/0.5ML .                                                                                                     | 36 | CYSTARAN .....                                                       | 56 |
| clozapine TBDP 100 MG .....                     | 26 | COSENTYX UNOREADY SOAJ ..                                                                                                       | 36 | dabigatran etexilate mesylate CAPS .                                 | 11 |
| clozapine TBDP 12.5 MG, 150 MG<br>26            |    | CREON CPEP .....                                                                                                                | 41 | dactinomycin .....                                                   | 24 |
| clozapine TBDP 200 MG .....                     | 26 | cromolyn sodium (ophth) .....                                                                                                   | 56 | dalfampridine .....                                                  | 58 |
| clozapine TBDP 25 MG .....                      | 26 | cromolyn sodium NEBU .....                                                                                                      | 9  | danazol CAPS .....                                                   | 7  |
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| CODEINE SULFATE TABS .....                      | 5  | CVS EARLY PREGNANCY .....                                                                                                       | 39 | dapagliflozin free base-metformin hcl<br>TB24 PO 1000 MG-5 MG .....  | 14 |
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| colestipol hcl PACK .....                       | 18 | cyclobenzaprine hcl TABS 5 MG, 10<br>MG .....                                                                                   | 54 | darunavir TABS 600 MG .....                                          | 27 |
| colestipol hcl TABS .....                       | 18 | cyclophosphamide CAPS .....                                                                                                     | 22 | darunavir TABS 800 MG .....                                          | 27 |
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| COMIRNATY 5-11 YEARS SUSP 10<br>MCG/0.3ML ..... | 61 | cyclosporine (ophth) EMUL .....                                                                                                 | 55 | DAURISMO .....                                                       | 23 |
| COMIRNATY SUSP .....                            | 61 | cyclosporine CAPS .....                                                                                                         | 52 | decitabine .....                                                     | 23 |
| COMIRNATY SUSY .....                            | 61 | cyclosporine modified (for<br>microemulsion) CAPS .....                                                                         | 52 | deferasirox PACK .....                                               | 16 |
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| DERMACINRX PNV PRENATOL<br>TABS .....53                   | dexamethasone sodium phosphate<br>(ophth) .....55                            | diclofenac sodium (ophth) .....56                                 |
| DESCOVY 120 MG-15 MG .....27                              | dexamethasone SOLN .....32                                                   | diclofenac sodium (topical) GEL EX<br>35                          |
| DESCOVY 200 MG-25 MG .....27                              | dexamethasone TABS 0.5 MG, 0.75<br>MG .....33                                | diclofenac sodium TB24 .....4                                     |
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| desogestrel-ethinyl estradiol<br>(biphasic) .....31       | dextroamphetamine sulfate CP24 10<br>MG, 15 MG .....1                        | difluprednate .....55                                             |
| desogestrel-ethinyl estradiol<br>(triphasic) .....31      | dextroamphetamine sulfate CP24 5<br>MG .....1                                | DIGITAL PREGNANCY .....39                                         |
| desonide CREA .....37                                     | dextroamphetamine sulfate TABS 2.5<br>MG, 7.5 MG, 15 MG, 20 MG, 30 MG .<br>1 | digoxin SOLN PO 0.05 MG/ML ....30                                 |
| desonide LOTN .....37                                     | dextroamphetamine sulfate TABS 5<br>MG, 10 MG .....1                         | digoxin TABS 62.5 MCG, 125 MCG,<br>250 MCG .....30                |
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| desoximetasone CREA 0.25 % ....37                         | diazepam CONC .....8                                                         | DILANTIN (phenytoin sodium<br>extended) .....12                   |
| desoximetasone GEL .....37                                | diazepam SOLN PO 5 MG/5ML ....8                                              | DILANTIN .....12                                                  |
| desoximetasone OINT 0.25 % ....37                         | diazepam TABS .....8                                                         | DILANTIN INFATABS CHEW<br>(phenytoin) .....12                     |
| desvenlafaxine succinate .....13                          | diazoxide .....14                                                            | DILANTIN SUSP (phenytoin) .....12                                 |
| dexamethasone ELIX .....32                                | diclofenac epolamine PTCH EX ...35                                           | DILANTIN-125 SUSP (phenytoin) .12                                 |
| DEXAMETHASONE INTENSOL                                    | diclofenac potassium TABS 50 MG .4                                           | diltiazem hcl coated beads CP24 120<br>MG, 300 MG, 360 MG .....30 |

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| diltiazem hcl coated beads CP24 180 MG, 240 MG ..... | 30 | donepezil hydrochloride TBDP 10 MG .....                  | 57 | DUAVEE .....                                                | 43 |
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| diltiazem hcl CP24 .....                             | 30 | dorzolamide hcl .....                                     | 56 | duloxetine hcl CPEP .....                                   | 13 |
| diltiazem hcl extended release beads .....           | 30 | dorzolamide hcl-timolol maleate ..                        | 54 | DUPIXENT SOAJ 200 MG/1.14ML 38                              |    |
| diltiazem hcl SOLN 50 MG/10ML ..                     | 30 | DOVATO .....                                              | 27 | DUPIXENT SOAJ 300 MG/2ML ...                                | 38 |
| DILTIAZEM HCL SOLR .....                             | 30 | doxazosin mesylate .....                                  | 19 | DUPIXENT SOSY 200 MG/1.14ML 38                              |    |
| diltiazem hcl TABS .....                             | 30 | doxepin hcl (antipruritic) .....                          | 35 | DUPIXENT SOSY 300 MG/2ML ...                                | 38 |
| diltiazem hcl TB24 .....                             | 30 | doxepin hcl (sleep) .....                                 | 46 | DUREX EXTRA SENSITIVE THIN DEVI .....                       | 47 |
| dimethyl fumarate CDPK .....                         | 58 | doxepin hcl CAPS .....                                    | 13 | DUREX EXTRA SENSITIVE THIN MISC .....                       | 48 |
| dimethyl fumarate CPDR .....                         | 58 | doxepin hcl CONC .....                                    | 13 | DUREX TROPICAL MISC .....                                   | 48 |
| DIPENTUM .....                                       | 44 | doxercalciferol CAPS .....                                | 42 | dutasteride .....                                           | 45 |
| diphenhydramine hcl CAPS 50 MG 17                    |    | doxercalciferol SOLN .....                                | 42 | dutasteride-tamsulosin hcl .....                            | 45 |
| diphenhydramine hcl ELIX 12.5 MG/5ML .....           | 18 | doxorubicin hcl SOLR 10 MG, 50 MG .....                   | 24 | EARLY PREGNANCY .....                                       | 39 |
| diphenoxylate w/ atropine LIQD ...                   | 16 | doxycycline (monohydrate) CAPS 50 MG, 100 MG .....        | 58 | EARLY RESULT PREGNANCY ..                                   | 39 |
| diphenoxylate w/ atropine TABS ...                   | 16 | doxycycline (monohydrate) CAPS 75 MG .....                | 58 | econazole nitrate CREA .....                                | 35 |
| dipyridamole .....                                   | 45 | doxycycline (monohydrate) TABS 100 MG .....               | 59 | EDARBI 40 MG, 80 MG (azilsartan medoxomil) .....            | 19 |
| disopyramide phosphate CAPS ....                     | 8  | doxycycline (monohydrate) TABS 50 MG, 75 MG .....         | 59 | EDURANT 25 MG (rilpivirine hcl) ..                          | 27 |
| disulfiram .....                                     | 57 | doxycycline hyclate CAPS .....                            | 59 | efavirenz CAPS 200 MG .....                                 | 27 |
| divalproex sodium TB24 .....                         | 12 | doxycycline hyclate TABS 20 MG, 100 MG .....              | 59 | efavirenz CAPS 50 MG .....                                  | 27 |
| divalproex sodium TBEC .....                         | 12 | doxylamine-pyridoxine TBEC .....                          | 17 | efavirenz TABS .....                                        | 27 |
| docusate calcium .....                               | 47 | dronabinol CAPS .....                                     | 17 | efavirenz-emtricitabine-tenofovir disoproxil fumarate ..... | 27 |
| docusate sodium CAPS 100 MG ..                       | 47 | drospirenone-ethinyl estradiol ....                       | 31 | efavirenz-lamivudine-tenofovir disoproxil fumarate .....    | 27 |
| docusate sodium CAPS 250 MG ..                       | 47 | drospirenone-ethinyl estradiol-levomefolate calcium ..... | 31 | electrolyte-148 .....                                       | 51 |
| dofetilide .....                                     | 9  | DROXIA CAPS .....                                         | 46 | electrolyte-a .....                                         | 51 |
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| eletriptan hydrobromide .....                                                                        | 50 | fumarate 200 MG-300 MG .....                                  | 27 | epinastine hcl (ophth) .....               | 56 |
| ELIGARD KIT SC 7.5 MG .....                                                                          | 23 | EMTRIVA SOLN .....                                            | 27 | epinephrine (anaphylaxis) SOAJ ..          | 63 |
| ELIGARD SC 22.5 MG, 30 MG, 45<br>MG .....                                                            | 23 | EMVERM CHEW .....                                             | 8  | eplerenone .....                           | 20 |
| ELIQUIS DVT/PE STARTER PACK<br>TBPk .....                                                            | 10 | enalapril maleate &<br>hydrochlorothiazide 12.5 MG-5 MG<br>20 |    | epoprostenol sodium .....                  | 30 |
| ELIQUIS TABS .....                                                                                   | 10 | enalapril maleate &<br>hydrochlorothiazide 25 MG-10 MG 20     |    | EPT .....                                  | 39 |
| ELLA .....                                                                                           | 32 | enalapril maleate TABS .....                                  | 19 | EPT DIGITAL .....                          | 39 |
| ELMIRON CAPS .....                                                                                   | 45 | ENBREL MINI SOCT .....                                        | 4  | eptifibatide 200 MG/100ML .....            | 46 |
| eltrombopag olamine PACK 12.5<br>MG, 25 MG .....                                                     | 46 | ENBREL SOLN .....                                             | 4  | EQ PREGNANCY TEST .....                    | 40 |
| eltrombopag olamine TABS 12.5 MG,<br>25 MG .....                                                     | 46 | ENBREL SOSY 25 MG/0.5ML .....                                 | 4  | EQ PREGNANCY TEST EARLY<br>RESULT .....    | 40 |
| eltrombopag olamine TABS 50 MG,<br>75 MG .....                                                       | 46 | ENBREL SOSY 50 MG/ML .....                                    | 4  | EQL ONE-STEP PREGNANCY ..                  | 40 |
| EMBECTA AUTOSHIELD DUO ..                                                                            | 50 | ENBREL SURECLICK SOAJ .....                                   | 4  | EQL PREGNANCY EARLY RESULT<br>.....        | 40 |
| EMBECTA PEN NEEDLE NANO ..                                                                           | 50 | ENFLONSIA SOSY IM 105<br>MG/0.7ML .....                       | 56 | EQL PREGNANCY TEST DIGITAL .               | 40 |
| EMBECTA PEN NEEDLE NANO 2<br>GEN .....                                                               | 50 | ENGRIX-B SUSP 20 MCG/ML ..                                    | 61 | EQL PRENATAL FORMULA TABS                  | 53 |
| EMBECTA PEN NEEDLE<br>ULTRAFINE .....                                                                | 50 | ENGRIX-B SUSY .....                                           | 61 | EQUETRO 100 MG .....                       | 26 |
| EMCYT .....                                                                                          | 23 | ENOBY SOSY SC 60 MG/ML .....                                  | 42 | EQUETRO 200 MG .....                       | 26 |
| EMGALITY (300 MG DOSE) SOSY<br>50                                                                    |    | enoxaparin sodium SOLN IJ 300<br>MG/3ML .....                 | 10 | EQUETRO 300 MG .....                       | 26 |
| EMGALITY SOAJ .....                                                                                  | 50 | enoxaparin sodium SOSY 100<br>MG/ML, 150 MG/ML .....          | 10 | ergocalciferol CAPS .....                  | 63 |
| EMGALITY SOSY .....                                                                                  | 50 | enoxaparin sodium SOSY 30<br>MG/0.3ML .....                   | 10 | ergocalciferol SOLN PO 200<br>MCG/ML ..... | 63 |
| EMSAM .....                                                                                          | 13 | enoxaparin sodium SOSY 40<br>MG/0.4ML .....                   | 10 | ergoloid mesylates TABS .....              | 58 |
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| emtricitabine-rilpivirine-tenofovir<br>disoproxil fumarate .....                                     | 27 | enoxaparin sodium SOSY 80<br>MG/0.8ML, 120 MG/0.8ML .....     | 10 | ergotamine w/ caffeine TABS .....          | 50 |
| emtricitabine-tenofovir disoproxil<br>fumarate 100 MG-150 MG, 133 MG-<br>200 MG, 167 MG-250 MG ..... | 27 | entacapone .....                                              | 25 | eribulin mesylate .....                    | 25 |
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| erythromycin (acne aid) SOLN ....                                                 | 34 | ethosuximide SOLN .....                                          | 12 | FANTASY LUBRICATED MISC ...                                                      | 48 |
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| erythromycin base TABS .....                                                      | 47 | etodolac TABS .....                                              | 4  | FASENRA SOSY 10 MG/0.5ML ....                                                    | 9  |
| erythromycin base TBEC .....                                                      | 47 | etonogestrel-ethinyl estradiol ....                              | 32 | FASENRA SOSY 30 MG/ML .....                                                      | 9  |
| erythromycin ethylsuccinate SUSR<br>47                                            |    | etoposide CAPS .....                                             | 25 | FC2 FEMALE CONDOM .....                                                          | 48 |
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| escitalopram oxalate TABS .....                                                   | 13 | EUCRISA .....                                                    | 39 | felbamate TABS 400 MG .....                                                      | 12 |
| eslicarbazepine acetate 200 MG, 400<br>MG, 600 MG, 800 MG .....                   | 11 | EURAX CREA .....                                                 | 39 | felbamate TABS 600 MG .....                                                      | 12 |
| esomeprazole magnesium CPDR 20<br>MG .....                                        | 60 | EVAMIST SOLN .....                                               | 43 | felodipine .....                                                                 | 30 |
| esomeprazole magnesium CPDR 40<br>MG .....                                        | 60 | everolimus (immunosuppressant)<br>0.25 MG, 0.5 MG, 0.75 MG ..... | 52 | FEMCAP DEVI .....                                                                | 48 |
| esomeprazole magnesium TBEC ..                                                    | 60 | everolimus (immunosuppressant) 1<br>MG .....                     | 52 | FEMLYV TBDP .....                                                                | 32 |
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| estradiol TABS .....                                                              | 43 | ezetimibe .....                                                  | 19 | fantanyl citrate LPOP .....                                                      | 5  |
| estradiol vaginal CREA .....                                                      | 63 | ezetimibe-simvastatin .....                                      | 18 | fantanyl PT72 12 MCG/HR, 25<br>MCG/HR, 50 MCG/HR, 75 MCG/HR,<br>100 MCG/HR ..... | 5  |
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| estradiol valerate .....                                                          | 43 | famciclovir 125 MG, 250 MG ....                                  | 29 | ferrous sulfate TABS .....                                                       | 46 |
| estrogens, conjugated TABS 0.3 MG,<br>0.45 MG, 0.625 MG, 0.9 MG, 1.25<br>MG ..... | 43 | famciclovir 500 MG .....                                         | 29 | ferrous sulfate TBEC 325 MG ....                                                 | 46 |
| eszopiclone .....                                                                 | 46 | famotidine in nacl SOLN .....                                    | 60 | fesoterodine fumarate .....                                                      | 60 |
| ethacrynic acid .....                                                             | 41 | famotidine SUSR .....                                            | 60 | FETZIMA CP24 .....                                                               | 13 |
| ethambutol hcl TABS .....                                                         | 22 | famotidine TABS 20 MG, 40 MG ..                                  | 60 |                                                                                  |    |
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| FETZIMA TITRATION C4PK .....         | 13 | flunisolide (nasal) .....                    | 54 | flurbiprofen sodium .....                                                                                         | 56 |
| FIASP FLEXTOUCH SOPN .....           | 15 | fluocinolone acetonide (otic) .....          | 56 | flurbiprofen TABS .....                                                                                           | 4  |
| FIASP PENFILL SOCT .....             | 15 | fluocinolone acetonide CREA 0.01 %<br>37     |    | fluticasone furoate (inhalation) 50<br>MCG/ACT, 100 MCG/ACT, 200<br>MCG/ACT .....                                 | 9  |
| FIASP PUMPCART SOCT .....            | 15 | fluocinolone acetonide CREA 0.025<br>% ..... | 37 | fluticasone furoate-vilanterol .....                                                                              | 10 |
| FIASP SOLN .....                     | 15 | fluocinolone acetonide OIL .....             | 37 | fluticasone propionate (inhalation)<br>AEPB .....                                                                 | 9  |
| fidaxomicin TABS 200 MG .....        | 47 | fluocinolone acetonide OINT .....            | 37 | fluticasone propionate (nasal) SUSP .<br>54                                                                       |    |
| finasteride .....                    | 45 | fluocinolone acetonide SOLN .....            | 37 | fluticasone propionate CREA 0.05 %<br>37                                                                          |    |
| fingolimod hcl .....                 | 58 | fluocinonide CREA 0.05 % .....               | 37 | fluticasone propionate hfa .....                                                                                  | 9  |
| FIRST RESPONSE PREGNANCY<br>40       |    | fluocinonide CREA 0.1 % .....                | 37 | fluticasone propionate LOTN .....                                                                                 | 37 |
| flavoxate hcl .....                  | 60 | fluocinonide emulsified base .....           | 37 | fluticasone propionate OINT .....                                                                                 | 38 |
| flecainide acetate .....             | 8  | fluocinonide GEL .....                       | 37 | fluticasone-salmeterol AEPB 100<br>MCG/ACT-50 MCG/ACT, 250<br>MCG/ACT-50 MCG/ACT, 500<br>MCG/ACT-50 MCG/ACT ..... | 10 |
| floxuridine .....                    | 23 | fluocinonide OINT .....                      | 37 | fluticasone-salmeterol AERO .....                                                                                 | 10 |
| FLUAD .....                          | 61 | fluocinonide SOLN .....                      | 37 | fluvastatin sodium CAPS 20 MG ...                                                                                 | 18 |
| FLUAD QUADRIVALENT .....             | 61 | FLUORIDEX DAILY RENEWAL<br>CONC 0.63 % ..... | 52 | fluvastatin sodium CAPS 40 MG ...                                                                                 | 18 |
| FLUARIX QUADRIVALENT SUSY            | 61 | fluorometholone (ophth) SUSP ....            | 55 | fluvoxamine maleate TABS .....                                                                                    | 13 |
| FLUARIX SUSY .....                   | 61 | fluorouracil (topical) CREA 5 % ...          | 35 | FLUZONE HIGH-DOSE<br>QUADRIVALENT .....                                                                           | 62 |
| FLUBLOK SOSY .....                   | 61 | fluorouracil (topical) SOLN .....            | 35 | FLUZONE HIGH-DOSE SUSY ....                                                                                       | 62 |
| FLUCELVAX QUADRIVALENT<br>SUSY ..... | 61 | fluoxetine hcl CAPS .....                    | 13 | FLUZONE QUADRIVALENT SUSY<br>62                                                                                   |    |
| FLUCELVAX SUSP .....                 | 61 | fluoxetine hcl CPDR .....                    | 13 | FLUZONE SUSP .....                                                                                                | 62 |
| FLUCELVAX SUSY .....                 | 61 | fluoxetine hcl SOLN .....                    | 13 | FLUZONE SUSY .....                                                                                                | 62 |
| fluconazole SUSR .....               | 17 | fluoxetine hcl TABS .....                    | 13 | FML FORTE SUSP .....                                                                                              | 55 |
| fluconazole TABS .....               | 17 | fluphenazine hcl CONC .....                  | 26 | folic acid TABS .....                                                                                             | 46 |
| flucytosine .....                    | 17 | fluphenazine hcl ELIX .....                  | 26 | fondaparinux sodium 10 MG/0.8ML<br>10                                                                             |    |
| fludarabine phosphate SOLN .....     | 23 | fluphenazine hcl SOLN .....                  | 26 |                                                                                                                   |    |
| fludarabine phosphate SOLR .....     | 23 | fluphenazine hcl TABS .....                  | 26 |                                                                                                                   |    |
| fludrocortisone acetate TABS .....   | 33 | flurandrenolide CREA .....                   | 37 |                                                                                                                   |    |
| FLULAVAL SUSY .....                  | 61 | flurandrenolide LOTN .....                   | 37 |                                                                                                                   |    |
| flumazenil .....                     | 16 | flurazepam hcl .....                         | 46 |                                                                                                                   |    |
| FLUMIST .....                        | 62 |                                              |    |                                                                                                                   |    |

|                                                  |                                                                                              |                                                              |
|--------------------------------------------------|----------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| fondaparinux sodium 2.5 MG/0.5ML . 10            | 40                                                                                           | gentamicin sulfate (topical) OINT ..34                       |
| fondaparinux sodium 5 MG/0.4ML .11               | FT ONE STEP PREGNANCY ....40                                                                 | gentamicin sulfate IJ 40 MG/ML .... 2                        |
| fondaparinux sodium 7.5 MG/0.6ML . 10            | FT PRENATAL TABS .....53                                                                     | GENVOYA ..... 27                                             |
| FORA GTEL BLOOD KETONE TEST .....40              | FULPHILA .....46                                                                             | GILOTRIF ..... 23                                            |
| FORA TEST N'GO ADV-VOICE-6 CON .....40           | fulvestrant SOSY .....24                                                                     | glatiramer acetate SOSY 20 MG/ML . 58                        |
| formoterol fumarate NEBU .....10                 | furosemide SOLN PO 8 MG/ML, 10 MG/ML ..... 41                                                | glatiramer acetate SOSY 40 MG/ML . 58                        |
| FOSAMAX PLUS D .....42                           | furosemide TABS .....41                                                                      | glimepiride 1 MG, 2 MG .....16                               |
| fosamprenavir calcium TABS .....27               | FUZEON SOLR .....27                                                                          | glimepiride 4 MG .....16                                     |
| fosfomycin tromethamine ..... 21                 | FYARRO ..... 24                                                                              | glipizide TABS 5 MG, 10 MG ..... 16                          |
| fosinopril sodium & hydrochlorothiazide ..... 20 | gabapentin CAPS .....11                                                                      | glipizide TB24 .....16                                       |
| fosinopril sodium ..... 19                       | gabapentin SOLN .....11                                                                      | glipizide-metformin hcl 250 MG-2.5 MG, 500 MG-2.5 MG .....14 |
| fosphenytoin sodium ..... 12                     | gabapentin TABS 600 MG, 800 MG 11                                                            | glipizide-metformin hcl 500 MG-5 MG .....14                  |
| FRAGMIN SOSY .....11                             | galantamine hydrobromide CP24 ..57                                                           | glucagon SOLR IJ 1 MG .....14                                |
| FREESTYLE LIBRE 14 DAY READER .....49            | galantamine hydrobromide SOLN .57                                                            | glyburide micronized 1.5 MG, 3 MG, 6 MG ..... 16             |
| FREESTYLE LIBRE 14 DAY SENSOR .....49            | galantamine hydrobromide TABS . 57                                                           | glyburide TABS ..... 16                                      |
| FREESTYLE LIBRE 2 PLUS SENSOR .....49            | ganciclovir sodium SOLR .....28                                                              | glyburide-metformin 250 MG-1.25 MG ..... 14                  |
| FREESTYLE LIBRE 2 READER ..49                    | ganirelix acetate .....42                                                                    | glyburide-metformin 500 MG-2.5 MG, 500 MG-5 MG .....14       |
| FREESTYLE LIBRE 2 SENSOR ..49                    | GARDASIL 9 SUSP 0.5 ML .....62                                                               | glycine (gu irrigant) SOLN 1.5 % .. 45                       |
| FREESTYLE LIBRE 3 PLUS SENSOR .....49            | GARDASIL 9 SUSY 0.5 ML .....62                                                               | glycopyrrolate SOLN IJ 4 MG/20ML 59                          |
| FREESTYLE LIBRE 3 READER ..49                    | gatifloxacin (ophth) .....55                                                                 | glycopyrrolate TABS 1 MG ..... 59                            |
| FREESTYLE LIBRE 3 SENSOR ..49                    | gefitinib .....23                                                                            | glycopyrrolate TABS 2 MG ..... 59                            |
| FREESTYLE LIBRE READER ....49                    | gemfibrozil TABS .....18                                                                     | GLYXAMBI ..... 14                                            |
| frovatriptan succinate ..... 50                  | GENOTROPIN CART SC .....42                                                                   | GNP ADVANCED PREGNANCY TEST ..... 40                         |
| FT EARLY RESULT PREGNANCY .                      | GENOTROPIN MINIQUICK PRSY 42                                                                 | GNP EARLY RESULT PREGNANCY                                   |
|                                                  | 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 |                                                              |
|                                                  | gentamicin sulfate (ophth) SOLN ..55                                                         |                                                              |
|                                                  | gentamicin sulfate (topical) CREA .34                                                        |                                                              |

|                                                        |    |                                                                                   |                                                                                                               |                                   |    |
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| TST .....                                              | 40 | HEPARIN (PORCINE) IN NACL SOLN IV 0.45 %-12500 UNIT/250ML 11                      | hydrocodone polistirex-chlorpheniramine polistirex SUER .33                                                   |                                   |    |
| GNP ONE STEP PREGNANCY ..                              | 40 |                                                                                   |                                                                                                               |                                   |    |
| GNP PREGNANCY TEST .....                               | 40 | heparin sodium (porcine) SOLN IJ 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML ..... | 11 hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML ..... | 6                                 |    |
| GNP PRENATAL TABS .....                                | 53 |                                                                                   |                                                                                                               |                                   |    |
| GNP PRENATAL/FOLIC ACID TABS .....                     | 53 | HEPLISAV-B SOSY .....                                                             | 62 hydrocodone-acetaminophen SOLN 325 MG/15ML-10 MG/15ML .....                                                | 6                                 |    |
| GOHIBIC .....                                          | 45 | HIBERIX SOLR IJ .....                                                             | 61                                                                                                            |                                   |    |
| GOJJI BLOOD KETONE TEST ...                            | 40 | HUMIRA (2 PEN) AJKT 80 MG/0.8ML .....                                             | 3 hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG, 300 MG-7.5 MG .....                               | 6                                 |    |
| granisetron hcl SOLN IV 1 MG/ML                        | 16 | HUMIRA (2 PEN) AJKT .....                                                         | 3                                                                                                             |                                   |    |
| granisetron hcl TABS .....                             | 17 | HUMIRA (2 SYRINGE) PSKT .....                                                     | 3 hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG .....                               | 6                                 |    |
| GRASTEK SUBL .....                                     | 2  | HUMIRA-CD/UC/HS STARTER AJKT .....                                                | 3 hydrocodone-acetaminophen TABS 325 MG-2.5 MG .....                                                          | 6                                 |    |
| griseofulvin microsize SUSP .....                      | 17 |                                                                                   |                                                                                                               |                                   |    |
| griseofulvin microsize TABS .....                      | 17 | HUMIRA-PED>/=40KG UC STARTER AJKT .....                                           | 3 hydrocodone-ibuprofen 10 MG-200 MG, 5 MG-200 MG .....                                                       | 7                                 |    |
| griseofulvin ultramicrosize .....                      | 17 |                                                                                   |                                                                                                               |                                   |    |
| guanfacine hcl (adhd) .....                            | 1  | HUMIRA-PS/UV/ADOL HS STARTER AJKT .....                                           | 3 hydrocodone-ibuprofen 7.5 MG-200 MG .....                                                                   | 7                                 |    |
| guanfacine hcl .....                                   | 19 | HUMIRA-PSORIASIS/UVEIT STARTER AJKT .....                                         | 3 hydrocortisone (intrarectal) .....                                                                          | 7                                 |    |
| GYNAZOLE-1 .....                                       | 63 |                                                                                   |                                                                                                               |                                   |    |
| HAEGARDA SOLR SC .....                                 | 45 | HUMULIN R U-500 (CONCENTRATED) SOLN SC ....                                       | 15 hydrocortisone (rectal) EX .....                                                                           | 7                                 |    |
| halcinonide CREA .....                                 | 38 | HUMULIN R U-500 KWIKPEN SOPN SC .....                                             | 15 hydrocortisone (topical) CREA 1 %, 2.5 % .....                                                             | 38                                |    |
| halobetasol propionate CREA ....                       | 38 |                                                                                   |                                                                                                               |                                   |    |
| halobetasol propionate OINT .....                      | 38 | HYCANTIN CAPS .....                                                               | 25 hydrocortisone (topical) LOTN 2.5 % .                                                                      | 38                                |    |
| HALOG OINT .....                                       | 38 |                                                                                   |                                                                                                               |                                   |    |
| haloperidol decanoate .....                            | 26 | hydralazine hcl SOLN .....                                                        | 20 hydrocortisone (topical) OINT 1 %, 2.5 % .....                                                             | 38                                |    |
| haloperidol lactate CONC .....                         | 26 | hydralazine hcl TABS .....                                                        | 20                                                                                                            |                                   |    |
| haloperidol lactate SOLN .....                         | 26 | hydrochlorothiazide CAPS .....                                                    | 41 hydrocortisone acetate (rectal) ....                                                                       | 7                                 |    |
| haloperidol TABS 0.5 MG, 1 MG, 2 MG, 5 MG, 10 MG ..... | 26 | hydrochlorothiazide TABS 12.5 MG 41                                               |                                                                                                               | hydrocortisone butyrate CREA .... | 38 |
| haloperidol TABS 20 MG .....                           | 26 | hydrochlorothiazide TABS 25 MG, 50 MG .....                                       | 41 hydrocortisone butyrate OINT .....                                                                         | 38                                |    |
| HAVRIX IM 720 EL U/0.5ML, 1440 EL U/ML .....           | 62 | hydrocodone bitartrate CP12 .....                                                 | 5 hydrocortisone butyrate SOLN ....                                                                           | 38                                |    |
| HEMATINIC/FOLIC ACID .....                             | 46 | hydrocodone bitartrate T24A .....                                                 | 5 hydrocortisone sod succinate 100 MG .....                                                                   | 33                                |    |
|                                                        |    |                                                                                   |                                                                                                               | hydrocortisone TABS .....         | 33 |

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| hydrocortisone vaginal .....63                                       | icosapent ethyl 1 GM ..... 18                                  | INSULIN LISPRO (1 UNIT DIAL)<br>SOPN ..... 15                  |
| hydrocortisone valerate CREA ....38                                  | idarubicin hcl 20 MG/20ML ..... 24                             | INSULIN LISPRO JUNIOR<br>KWIKPEN SOPN .....15                  |
| hydrocortisone valerate OINT ..... 38                                | idarubicin hcl 5 MG/5ML, 10<br>MG/10ML .....24                 | INSULIN LISPRO PROT & LISPRO<br>SUPN .....15                   |
| hydrocortisone w/acetic acid .....56                                 | imatinib mesylate TABS ..... 24                                | INSULIN LISPRO SOLN IJ ..... 15                                |
| hydromorphone hcl LIQD ..... 5                                       | imipramine hcl TABS .....13                                    | INTELENCE 25 MG .....27                                        |
| hydromorphone hcl SOLN IJ 10<br>MG/ML, 50 MG/5ML, 500 MG/50ML .<br>5 | imipramine pamoate .....13                                     | IONOSOL-MB IN D5W .....51                                      |
| hydromorphone hcl TABS .....5                                        | imiquimod 5 % .....38                                          | IPOL IJ .....62                                                |
| hydromorphone hcl TB24 32 MG ...5                                    | IMITREX STATDOSE REFILL SOCT<br>4 MG/0.5ML, 6 MG/0.5ML .....50 | ipratropium bromide (nasal) 0.03 %<br>54                       |
| hydromorphone hcl TB24 8 MG, 12<br>MG, 16 MG .....5                  | IMITREX STATDOSE SYSTEM<br>SOAJ 4 MG/0.5ML .....50             | ipratropium bromide (nasal) 0.06 %<br>54                       |
| hydroxychloroquine sulfate 100 MG<br>22                              | IMULDOSA SOLN IV 130 MG/26ML .<br>44                           | ipratropium bromide hfa 17<br>MCG/ACT ..... 9                  |
| hydroxychloroquine sulfate 200 MG<br>22                              | IMULDOSA SOSY SC 45 MG/0.5ML<br>36                             | ipratropium bromide SOLN 0.02 % . 9                            |
| hydroxychloroquine sulfate 400 MG<br>22                              | IMULDOSA SOSY SC 90 MG/ML .36                                  | ipratropium-albuterol SOLN .....10                             |
| hydroxyurea .....25                                                  | INCRELEX ..... 42                                              | irbesartan .....19                                             |
| hydroxyzine hcl SOLN 50 MG/ML ..8                                    | INCRUSE ELLIPTA 62.5 MCG/ACT<br>(umeclidinium bromide) ..... 9 | irbesartan-hydrochlorothiazide ....20                          |
| hydroxyzine hcl SYRP .....8                                          | indapamide TABS 1.25 MG .....41                                | irinotecan hcl 40 MG/2ML, 100<br>MG/5ML .....25                |
| hydroxyzine hcl TABS .....8                                          | indapamide TABS 2.5 MG .....41                                 | irrigation solutions, physiological ..52                       |
| hydroxyzine pamoate CAPS .....8                                      | indomethacin CAPS 25 MG, 50 MG 4                               | ISENTRESS CHEW ..... 27                                        |
| HYPERRHO MINI-DOSE SOSY IM<br>250 UNIT .....56                       | indomethacin CPCR .....4                                       | ISENTRESS HD TABS ..... 27                                     |
| HYPERSAL NEBU .....33                                                | INFANRIX .....59                                               | ISENTRESS TABS ..... 27                                        |
| ibandronate sodium SOLN .....42                                      | INFLECTRA SOLR ..... 44                                        | ISOLYTE-P IN D5W .....51                                       |
| ibandronate sodium TABS .....42                                      | INSULIN ASPART FLEXPEN SOPN .<br>15                            | ISOLYTE-S .....51                                              |
| ibuprofen SUSP 100 MG/5ML, 200<br>MG/10ML .....4                     | INSULIN ASPART SOLN IJ ..... 15                                | isoniazid SOLN ..... 22                                        |
| ibuprofen TABS 400 MG, 600 MG ..4                                    | INSULIN GLARGINE-YFGN SOLN<br>15                               | isoniazid SYRP ..... 22                                        |
| ibuprofen TABS 800 MG .....4                                         | INSULIN GLARGINE-YFGN SOPN<br>15                               | isoniazid TABS .....22                                         |
| icatibant acetate SOSY .....45                                       |                                                                | isosorbide dinitrate TABS 5 MG, 10<br>MG, 20 MG, 30 MG ..... 8 |

|                                                                                                           |                                                                 |                                                      |
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| isosorbide dinitrate-hydralazine hcl<br>30                                                                | ketorolac tromethamine TABS ..... 4                             | lacosamide TABS ..... 11                             |
| isosorbide mononitrate TABS ..... 8                                                                       | KETOSTIX STRP ..... 40                                          | lactated ringer's (irrigation) ..... 52              |
| isosorbide mononitrate TB24 ..... 8                                                                       | ketotifen fumarate (ophth) 0.035 %<br>56                        | lactic acid (ammonium lactate) CREA<br>..... 38      |
| isotretinoin 10 MG, 20 MG, 30 MG,<br>40 MG ..... 34                                                       | KEVZARA SOAJ ..... 4                                            | lactic acid (ammonium lactate) LOTN<br>12 % ..... 38 |
| isradipine CAPS ..... 30                                                                                  | KEVZARA SOSY ..... 4                                            | lactulose (encephalopathy) ..... 44                  |
| itraconazole CAPS ..... 17                                                                                | KIMONO COLORS DEVI ..... 48                                     | lactulose SOLN ..... 47                              |
| itraconazole SOLN ..... 17                                                                                | KIMONO MAXX-LARGE FLARE<br>MISC ..... 48                        | lamivudine (hbv) TABS ..... 28                       |
| ivabradine hcl TABS ..... 31                                                                              | KIMONO MICRO THIN PLUS MISC .<br>48                             | lamivudine SOLN ..... 28                             |
| ivermectin (pediculicide) ..... 39                                                                        | KIMONO MISC ..... 48                                            | lamivudine TABS 150 MG ..... 28                      |
| ivermectin ..... 8                                                                                        | KIMONO PLUS MISC ..... 48                                       | lamivudine TABS 300 MG ..... 28                      |
| IXEMPRA KIT 15 MG ..... 25                                                                                | KIMONO PS MISC ..... 48                                         | lamivudine-zidovudine ..... 28                       |
| JAKAFI ..... 24                                                                                           | KIMONO PS PLUS MISC ..... 48                                    | lamotrigine CHEW 25 MG ..... 11                      |
| JARDIANCE ..... 16                                                                                        | KIMONO SENSATION MISC ..... 48                                  | lamotrigine CHEW 5 MG ..... 11                       |
| JEVTANA ..... 25                                                                                          | KIMONO SENSATION PLUS MISC<br>48                                | lamotrigine TABS 100 MG ..... 11                     |
| JULUCA ..... 27                                                                                           | KIMONO SPECIAL DEVI ..... 48                                    | lamotrigine TABS 150 MG ..... 11                     |
| JYNNEOS ..... 62                                                                                          | KINRIX SUSY ..... 59                                            | lamotrigine TABS 200 MG ..... 11                     |
| KALETRA SOLN ..... 28                                                                                     | KISUNLA ..... 57                                                | lamotrigine TABS 25 MG ..... 11                      |
| KALYDECO TABS ..... 58                                                                                    | KLOXXADO LIQD ..... 16                                          | lamotrigine TBDP ..... 11                            |
| KAMELEON LUBRICATED MISC .48                                                                              | KP PRENATAL MULTIVITAMINS<br>TABS ..... 53                      | LANOXIN SOLN IJ (digoxin) ..... 30                   |
| KCL IN DEXTROSE-NACL 5 %-40<br>MEQ/L-0.9 % (potassium chloride in<br>dextrose & sodium chloride) ..... 51 | KRINTAFEL ..... 22                                              | LANOXIN TABS 250 MCG (digoxin) .<br>30               |
| KCL-LACTATED RINGERS-D5W 51                                                                               | KYPROLIS ..... 24                                               | lansoprazole CPDR 15 MG ..... 60                     |
| ketoconazole (topical) CREA ..... 35                                                                      | labetalol hcl SOLN ..... 29                                     | lansoprazole CPDR 30 MG ..... 60                     |
| ketoconazole (topical) SHAM 2 % .35                                                                       | labetalol hcl TABS 100 MG, 200 MG .<br>29                       | lanthanum carbonate CHEW ..... 44                    |
| ketoconazole ..... 17                                                                                     | labetalol hcl TABS 300 MG ..... 29                              | lapatinib ditosylate ..... 24                        |
| KETONE TEST STRP ..... 40                                                                                 | lacosamide SOLN PO 10 MG/ML, 50<br>MG/5ML, 100 MG/10ML ..... 11 | latanoprost SOLN ..... 56                            |
| ketoprofen CAPS 50 MG, 75 MG ... 4                                                                        |                                                                 | leflunomide ..... 4                                  |
| ketorolac tromethamine (ophth) ... 56                                                                     |                                                                 | LEMTRADA ..... 58                                    |
|                                                                                                           |                                                                 | lenalidomide ..... 52                                |

|                                                 |                                                                        |                                                                      |
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| LENVIMA (10 MG DAILY DOSE) .23                  | levofloxacin (ophth) 0.5 % ..... 55                                    | liothyronine sodium TABS ..... 59                                    |
| LENVIMA (12 MG DAILY DOSE) .23                  | levofloxacin in d5w 500 MG/100ML<br>43                                 | liraglutide ..... 14                                                 |
| LENVIMA (14 MG DAILY DOSE) .23                  | levofloxacin SOLN PO .....43                                           | lisdexamphetamine dimesylate CAPS 1                                  |
| LENVIMA (18 MG DAILY DOSE) .23                  | levofloxacin TABS 250 MG, 750 MG .<br>43                               | lisdexamphetamine dimesylate CHEW .<br>1                             |
| LENVIMA (20 MG DAILY DOSE) .23                  | levofloxacin TABS 500 MG .....43                                       | lisinopril & hydrochlorothiazide ....20                              |
| LENVIMA (24 MG DAILY DOSE) .23                  | levonorgestrel & eth estradiol TABS<br>32                              | lisinopril TABS 2.5 MG, 5 MG, 10<br>MG, 20 MG, 30 MG, 40 MG ..... 19 |
| LENVIMA (4 MG DAILY DOSE) ..23                  | levonorgestrel (emergency oc) 1.5<br>MG ..... 32                       | lithium .....26                                                      |
| LENVIMA (8 MG DAILY DOSE) ..23                  | levonorgestrel-eth estradiol<br>(triphasic) .....32                    | lithium carbonate CAPS ..... 26                                      |
| letrozole ..... 24                              | levonorgestrel-ethinyl estradiol (91-<br>day) 0.03 MG-0.15 MG ..... 32 | lithium carbonate TABS .....26                                       |
| leucovorin calcium SOLR .....25                 | levonorgestrel-ethinyl estradiol<br>(continuous) .....32               | lithium carbonate TBCR ..... 26                                      |
| leucovorin calcium TABS .....25                 | levonorgestrel-ethinyl estradiol-iron<br>32                            | LO LOESTRIN FE TABS ..... 32                                         |
| LEUKERAN .....22                                | levorphanol tartrate TABS 2 MG ....5                                   | lofexidine hcl .....57                                               |
| LEUKINE SOLR IJ .....46                         | levothyroxine sodium TABS ..... 59                                     | LOKELMA .....52                                                      |
| leuprolide acetate KIT IJ 1 MG/0.2ML<br>.....24 | lidocaine hcl (mouth-throat) 2 % ...52                                 | lomustine 10 MG .....22                                              |
| levalbuterol hcl ..... 10                       | lidocaine hcl (mouth-throat) 4 % ...52                                 | lomustine 40 MG, 100 MG .....22                                      |
| levalbuterol hcl 1.25 MG/0.5ML ....10           | lidocaine hcl GEL 2 % ..... 38                                         | loperamide hcl CAPS ..... 16                                         |
| levalbuterol tartrate .....10                   | lidocaine hcl PRSY .....38                                             | lopinavir-ritonavir SOLN ..... 28                                    |
| LEVEMIR FLEXPEN SOPN ..... 15                   | lidocaine hcl SOLN .....38                                             | lopinavir-ritonavir TABS .....28                                     |
| LEVEMIR SOLN ..... 15                           | lidocaine PTCH 5 % .....39                                             | LOQTORZI .....23                                                     |
| levetiracetam SOLN IV 500 MG/5ML<br>11          | lidocaine-prilocaine CREA .....39                                      | loratadine CAPS ..... 18                                             |
| levetiracetam TABS 1000 MG .....11              | lincomycin hcl ..... 21                                                | loratadine CHEW .....18                                              |
| levetiracetam TABS 250 MG, 750<br>MG ..... 12   | linezolid SUSR .....21                                                 | loratadine SOLN ..... 18                                             |
| levetiracetam TABS 500 MG ..... 12              | linezolid TABS ..... 21                                                | loratadine TABS .....18                                              |
| levetiracetam TB24 ..... 12                     | LINZESS .....44                                                        | loratadine TBDP ..... 18                                             |
| levobunolol hcl 0.5 % .....54                   | liothyronine sodium SOLN .....59                                       | lorazepam CONC ..... 8                                               |
| levocetirizine dihydrochloride SOLN<br>18       |                                                                        | lorazepam TABS 0.5 MG, 2 MG ....8                                    |
| levocetirizine dihydrochloride TABS<br>18       |                                                                        | lorazepam TABS 1 MG .....8                                           |
|                                                 |                                                                        | losartan potassium &<br>hydrochlorothiazide 12.5 MG-100              |

|                                                                   |    |                                                               |    |                                                          |    |
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| MG, 25 MG-100 MG .....                                            | 20 | MAXX MISC .....                                               | 48 | mesalamine CP24 .....                                    | 44 |
| losartan potassium &<br>hydrochlorothiazide 12.5 MG-50 MG .<br>20 |    | MAXX PLUS MISC .....                                          | 48 | mesalamine CPDR .....                                    | 44 |
| losartan potassium .....                                          | 19 | meclizine hcl TABS 12.5 MG .....                              | 17 | mesalamine ENEM .....                                    | 44 |
| LOTEMAX OINT .....                                                | 55 | meclizine hcl TABS 25 MG .....                                | 17 | mesalamine SUPP .....                                    | 44 |
| loteprednol etabonate GEL .....                                   | 55 | MEDROL TABS .....                                             | 33 | mesalamine TBEC 1.2 GM .....                             | 44 |
| loteprednol etabonate SUSP .....                                  | 55 | medroxyprogesterone acetate<br>(contraceptive) SUSP IM .....  | 32 | mesalamine TBEC 800 MG .....                             | 44 |
| loteprednol etabonate-tobramycin                                  | 55 | medroxyprogesterone acetate<br>(contraceptive) SUSY IM .....  | 32 | metaxalone 800 MG .....                                  | 54 |
| lovastatin TABS 10 MG, 20 MG ...                                  | 18 | medroxyprogesterone acetate 10 MG<br>.....                    | 57 | metformin hcl TABS 1000 MG .....                         | 14 |
| lovastatin TABS 40 MG .....                                       | 18 | medroxyprogesterone acetate 2.5<br>MG, 5 MG .....             | 57 | metformin hcl TABS 500 MG .....                          | 14 |
| loxapine succinate .....                                          | 26 | mefloquine hcl .....                                          | 22 | metformin hcl TABS 850 MG .....                          | 14 |
| lubiprostone .....                                                | 44 | megestrol acetate (appetite) .....                            | 57 | metformin hcl TB24 500 MG .....                          | 14 |
| LUCEMYRA (lofexidine hcl) .....                                   | 57 | megestrol acetate SUSP .....                                  | 24 | metformin hcl TB24 750 MG .....                          | 14 |
| luliconazole .....                                                | 35 | megestrol acetate TABS .....                                  | 24 | methadone hcl CONC .....                                 | 5  |
| lurasidone hcl 20 MG, 40 MG, 60<br>MG, 120 MG .....               | 26 | meloxicam TABS .....                                          | 4  | METHADONE HCL SOLN IJ<br>(methadone hcl) .....           | 5  |
| lurasidone hcl 80 MG .....                                        | 26 | melphalan hcl IV .....                                        | 22 | methadone hcl SOLN IJ 10 MG/ML .                         | 5  |
| LYNPARZA TABS .....                                               | 24 | memantine hcl TABS .....                                      | 57 | methadone hcl SOLN PO .....                              | 5  |
| LYSODREN .....                                                    | 24 | MENEST 2.5 MG .....                                           | 43 | methadone hcl TABS 10 MG .....                           | 5  |
| macitentan 10 MG .....                                            | 30 | MENOSTAR PTWK .....                                           | 43 | methadone hcl TABS 5 MG .....                            | 5  |
| mafenide acetate PACK .....                                       | 36 | MENQUADFI 0.5 ML .....                                        | 61 | methadone hcl TBSO .....                                 | 5  |
| malathion .....                                                   | 39 | MENVEO SOLN .....                                             | 61 | methamphetamine hcl .....                                | 1  |
| maraviroc TABS 150 MG .....                                       | 28 | MENVEO SOLR .....                                             | 61 | methazolamide TABS .....                                 | 41 |
| maraviroc TABS 300 MG .....                                       | 28 | meperidine hcl SOLN IJ 25 MG/ML,<br>50 MG/ML, 100 MG/ML ..... | 5  | methenamine hippurate .....                              | 21 |
| MARPLAN .....                                                     | 13 | meperidine hcl SOLN PO 50<br>MG/5ML .....                     | 5  | methimazole TABS .....                                   | 59 |
| MASONATAL TABS .....                                              | 53 | meperidine hcl TABS 50 MG .....                               | 5  | methocarbamol TABS 500 MG, 750<br>MG .....               | 54 |
| MATRONEX TABS .....                                               | 53 | meprobamate .....                                             | 8  | methotrexate sodium SOLN 50<br>MG/2ML, 250 MG/10ML ..... | 23 |
| MATULANE .....                                                    | 25 | mercaptopurine TABS .....                                     | 23 | methotrexate sodium SOLR .....                           | 23 |
| MAVYRET TABS .....                                                | 28 |                                                               |    | methotrexate sodium TABS 2.5 MG<br>23                    |    |
| MAXIDEX SUSP OP .....                                             | 55 |                                                               |    |                                                          |    |

|                                                                     |    |                                                                              |    |                                                             |    |
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| methoxsalen rapid .....                                             | 36 | methylprednisolone TBPk .....                                                | 33 | PLUS SOSY IM .....                                          | 56 |
| methscopolamine bromide .....                                       | 59 | methyltestosterone TABS .....                                                | 7  | midodrine hcl .....                                         | 63 |
| methsuximide .....                                                  | 12 | metoclopramide hcl SOLN IJ 5<br>MG/ML .....                                  | 44 | mifepristone .....                                          | 43 |
| methyldopa TABS .....                                               | 19 | metoclopramide hcl SOLN PO 5<br>MG/5ML, 10 MG/10ML .....                     | 44 | miglitol .....                                              | 13 |
| METHYLIN SOLN (methylphenidate<br>hcl) .....                        | 1  | metoclopramide hcl TABS .....                                                | 44 | milnacipran hcl MISC .....                                  | 57 |
| methylphenidate hcl CHEW 10 MG ..                                   | 1  | metolazone .....                                                             | 41 | milnacipran hcl TABS 12.5 MG, 25<br>MG, 50 MG, 100 MG ..... | 57 |
| methylphenidate hcl CHEW 2.5 MG ..                                  | 1  | metoprolol & hydrochlorothiazide<br>TABS 25 MG-100 MG, 50 MG-100<br>MG ..... | 20 | minocycline hcl CAPS .....                                  | 59 |
| methylphenidate hcl CHEW 5 MG ..                                    | 1  | metoprolol & hydrochlorothiazide<br>TABS 25 MG-50 MG .....                   | 20 | minocycline hcl TABS .....                                  | 59 |
| methylphenidate hcl CP24 10 MG, 20<br>MG, 40 MG, 60 MG .....        | 1  | metoprolol succinate TB24 200 MG<br>29                                       |    | minoxidil 2.5 MG, 10 MG .....                               | 20 |
| methylphenidate hcl CP24 30 MG ..                                   | 2  | metoprolol succinate TB24 25 MG,<br>50 MG, 100 MG .....                      | 29 | MINT REFILL KIT MISC .....                                  | 49 |
| methylphenidate hcl CP24 .....                                      | 1  | metoprolol tartrate SOLN IV 5<br>MG/5ML .....                                | 29 | mirabegron TB24 .....                                       | 60 |
| methylphenidate hcl CPCR .....                                      | 2  | metoprolol tartrate TABS 25 MG, 50<br>MG, 100 MG .....                       | 29 | MIRCERA .....                                               | 46 |
| methylphenidate hcl SOLN .....                                      | 2  | metronidazole (topical) CREA .....                                           | 39 | mirtazapine TABS .....                                      | 12 |
| methylphenidate hcl TABS 10 MG,<br>20 MG .....                      | 2  | metronidazole (topical) GEL 0.75 %<br>39                                     |    | mirtazapine TBDP .....                                      | 12 |
| methylphenidate hcl TABS 5 MG ...                                   | 2  | metronidazole (topical) GEL 1 % ..                                           | 39 | misoprostol .....                                           | 60 |
| methylphenidate hcl TB24 18 MG, 27<br>MG .....                      | 2  | metronidazole (topical) LOTN .....                                           | 39 | mitomycin SOLR IV 20 MG .....                               | 24 |
| methylphenidate hcl TB24 36 MG, 54<br>MG .....                      | 2  | metronidazole TABS 250 MG, 500<br>MG .....                                   | 20 | mitoxantrone hcl 25 MG/12.5ML ...                           | 24 |
| methylphenidate hcl TBCR 10 MG,<br>20 MG .....                      | 2  | metronidazole vaginal .....                                                  | 63 | M-M-R II SOLR .....                                         | 62 |
| methylphenidate hcl TBCR 18 MG,<br>27 MG .....                      | 2  | mexiletine hcl .....                                                         | 8  | M-NATAL PLUS TABS .....                                     | 53 |
| methylphenidate hcl TBCR 36 MG,<br>54 MG .....                      | 2  | MFLUSIVA SUSY IM 0.38 ML .....                                               | 62 | MNEXSPIKE SUSY 10 MCG/0.2ML .<br>62                         |    |
| methylphenidate PTCH .....                                          | 2  | miconazole nitrate vaginal SUPP 200<br>MG .....                              | 63 | modafinil 100 MG .....                                      | 2  |
| methylprednisolone acetate SUSP ..                                  | 33 | MICRHOGAM ULTRA-FILTERED                                                     |    | modafinil 200 MG .....                                      | 2  |
| methylprednisolone sod succ 40 MG,<br>125 MG, 500 MG, 1000 MG ..... | 33 |                                                                              |    | MODERNA COVID-19 VAC 6M-11Y<br>SUSY .....                   | 62 |
| methylprednisolone TABS .....                                       | 33 |                                                                              |    | moexipril hcl .....                                         | 19 |

|                                                                                    |    |                                                 |    |                                                                                                                                                           |    |
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| mometasone furoate SOLN .....                                                      | 38 | nadolol TABS 40 MG .....                        | 29 | 0.1 % .....                                                                                                                                               | 55 |
| montelukast sodium CHEW .....                                                      | 9  | nadolol TABS 80 MG .....                        | 29 | neomycin-polymyxin-hc (ophth) ...                                                                                                                         | 55 |
| montelukast sodium PACK .....                                                      | 9  | naftillin sodium IV 10 GM .....                 | 57 | neomycin-polymyxin-hc (otic) SOLN .                                                                                                                       | 56 |
| montelukast sodium TABS .....                                                      | 9  | naftifine hcl CREA 1 % .....                    | 35 | neomycin-polymyxin-hc (otic) SUSP .                                                                                                                       | 56 |
| morphine sulfate CP24 10 MG, 20<br>MG, 30 MG, 50 MG, 60 MG, 80 MG,<br>100 MG ..... | 6  | naftifine hcl CREA 2 % .....                    | 35 | NEONATAL COMPLETE TABS 120<br>MG-10 MG-9.2 MG-1000 MCG-10<br>MCG-12 MCG-3 MG-5 MG-20 MG-<br>27 MG-200 MG-1.84 MG-25 MG-2<br>MG-1200 MCG-2 MG-0.2 MG ..... | 53 |
| morphine sulfate SOLN IJ 0.5<br>MG/ML, 1 MG/ML .....                               | 6  | naloxone hcl LIQD .....                         | 16 | NEONATAL PLUS TABS .....                                                                                                                                  | 53 |
| morphine sulfate SOLN PO 10<br>MG/5ML .....                                        | 6  | naloxone hcl SOCT .....                         | 16 | NEONATAL PRENATAL TABS ...                                                                                                                                | 53 |
| morphine sulfate SOLN PO 20<br>MG/5ML .....                                        | 6  | naloxone hcl SOLN 0.4 MG/ML, 4<br>MG/10ML ..... | 16 | NEONATAL VITAMIN TABS .....                                                                                                                               | 53 |
| morphine sulfate TABS .....                                                        | 6  | naloxone hcl SOSY .....                         | 16 | neostigmine methylsulfate SOSY .                                                                                                                          | 22 |
| morphine sulfate TBCR .....                                                        | 6  | naltrexone hcl .....                            | 16 | NEO-SYNALAR .....                                                                                                                                         | 34 |
| MOTOFEN .....                                                                      | 16 | naproxen sodium TABS 550 MG ...                 | 4  | NEUPRO .....                                                                                                                                              | 25 |
| MOUNJARO .....                                                                     | 14 | naproxen TABS .....                             | 4  | nevirapine SUSP .....                                                                                                                                     | 28 |
| MOVANTIK .....                                                                     | 44 | naproxen TBEC 500 MG .....                      | 4  | nevirapine TABS .....                                                                                                                                     | 28 |
| moxifloxacin hcl (ophth) SOLN OP                                                   | 55 | naratriptan hcl .....                           | 50 | nevirapine TB24 400 MG .....                                                                                                                              | 28 |
| moxifloxacin hcl in sodium chloride                                                | 43 | NARCAN LIQD (naloxone hcl) .....                | 16 | NEXIUM 24HR TBEC 20 MG .....                                                                                                                              | 60 |
| moxifloxacin hcl TABS .....                                                        | 43 | NATACYN .....                                   | 55 | NEXTSTELLIS .....                                                                                                                                         | 32 |
| MOZOBIL (plerixafor) .....                                                         | 46 | NATAZIA .....                                   | 32 | niacin (antihyperlipidemic) TBCR ..                                                                                                                       | 19 |
| MRESVIA .....                                                                      | 62 | nateglinide .....                               | 16 | niacin CPCR 250 MG .....                                                                                                                                  | 63 |
| MULTI PRENATAL TABS .....                                                          | 53 | NAYZILAM .....                                  | 11 | NIACIN ER TBCR .....                                                                                                                                      | 63 |
| mupirocin OINT .....                                                               | 34 | nebivolol hcl 2.5 MG, 5 MG, 10 MG               | 29 | niacin TABS .....                                                                                                                                         | 63 |
| MYALEPT .....                                                                      | 42 | nebivolol hcl 20 MG .....                       | 29 | niacin TBCR .....                                                                                                                                         | 63 |
| mycophenolate mofetil CAPS .....                                                   | 52 | NEBUSAL NEBU .....                              | 33 | niacinamide TABS 100 MG .....                                                                                                                             | 63 |
| mycophenolate mofetil TABS .....                                                   | 52 | nefazodone hcl .....                            | 13 | niacinamide TABS 500 MG .....                                                                                                                             | 63 |
| mycophenolate sodium .....                                                         | 52 | nelarabine .....                                | 23 | nicardipine hcl CAPS .....                                                                                                                                | 30 |
| nabumetone .....                                                                   | 4  | neomycin sulfate TABS .....                     | 2  | nicardipine hcl SOLN .....                                                                                                                                | 30 |
| nadolol TABS 20 MG .....                                                           | 29 | neomycin-bacitracin zn-polymyxin                | 55 | NICOTINE KIT .....                                                                                                                                        | 58 |
|                                                                                    |    | neomycin-polymy-dexameth OINT                   | 55 |                                                                                                                                                           |    |
|                                                                                    |    | neomycin-polymy-dexameth SUSP                   |    |                                                                                                                                                           |    |
|                                                                                    |    | 0.1 %-3.5 MG/ML-10000 UNIT/ML,                  |    |                                                                                                                                                           |    |

|                                        |                                         |                                  |
|----------------------------------------|-----------------------------------------|----------------------------------|
| nicotine polacrilex GUM .....58        | norethin acet & estrad-fe CHEW ...32    | SUPN .....15                     |
| nicotine polacrilex LOZG .....58       | norethin acet & estrad-fe TABS 1        | NOVOLIN 70/30 FLEXPEN SUPN 15    |
| nicotine PT24 TD 7 MG/24HR, 14         | MG-20 MCG-75 MG, 1.5 MG-30              | NOVOLIN 70/30 RELION SUSP ...15  |
| MG/24HR, 21 MG/24HR .....58            | MCG-75 MG .....32                       | NOVOLIN 70/30 SUSP ..... 15      |
| NICOTROL INHA .....58                  | norethindrone & eth estradiol ..... 32  | NOVOLIN N FLEXPEN RELION         |
| NICOTROL NS SOLN .....58               | norethindrone & ethinyl estradiol-fe    | SUPN .....15                     |
| nifedipine CAPS 10 MG .....30          | 32                                      | NOVOLIN N FLEXPEN SUPN .....15   |
| nifedipine CAPS 20 MG .....30          | norethindrone (contraceptive) .....32   | NOVOLIN N RELION SUSP .....15    |
| nifedipine TB24 60 MG ..... 30         | norethindrone acet & eth estra TABS     | NOVOLIN N SUSP .....15           |
| nifedipine TB24 90 MG ..... 30         | 32                                      | NOVOLIN R FLEXPEN RELION         |
| nifedipine TB24 ..... 30               | norethindrone acetate TABS .....57      | SOPN IJ .....15                  |
| nilutamide ..... 24                    | norethindrone acetate-ethinyl           | NOVOLIN R FLEXPEN SOPN IJ ..15   |
| nimodipine CAPS .....30                | estradiol ..... 43                      | NOVOLIN R RELION SOLN IJ .... 15 |
| nintedanib esylate 100 MG, 150 MG .    | norethindrone acetate-ethinyl           | NOVOLIN R SOLN IJ ..... 15       |
| 58                                     | estradiol-fe .....32                    | NOVOLOG 70/30 FLEXPEN RELION     |
| nisoldipine .....30                    | norethindrone-eth estradiol (triphasic) | SUPN .....15                     |
| nitazoxanide TABS .....21              | .....32                                 | NOVOLOG FLEXPEN RELION           |
| nitrofurantoin ..... 21                | norgestimate-ethinyl estradiol          | SOPN ..... 15                    |
| nitrofurantoin macrocrystal 50 MG,     | (triphasic) .....32                     | NOVOLOG FLEXPEN SOPN .....15     |
| 100 MG .....21                         | norgestimate-ethinyl estradiol .....32  | NOVOLOG MIX 70/30 FLEXPEN        |
| nitrofurantoin monohyd macro ....21    | norgestrel & ethinyl estradiol 30       | SUPN .....15                     |
| nitroglycerin (intra-anal) ..... 7     | MCG-0.3 MG .....32                      | NOVOLOG MIX 70/30 RELION         |
| nitroglycerin OINT .....8              | NORMOSOL-M IN D5W ..... 51              | SUSP .....15                     |
| nitroglycerin PT24 .....8              | NORMOSOL-R PH 7.4 .....51               | NOVOLOG MIX 70/30 SUSP .....15   |
| NITROGLYCERIN SOLN IV ..... 8          | NORPRAMIN TABS 10 MG, 25 MG             | NOVOLOG PENFILL SOCT .....15     |
| nitroglycerin SUBL .....8              | (desipramine hcl) .....13               | NOVOLOG RELION SOLN IJ ..... 16  |
| NIVA-PLUS TABS ..... 53                | nortriptyline hcl CAPS .....13          | NOVOLOG SOLN IJ ..... 16         |
| nizatidine CAPS .....60                | nortriptyline hcl SOLN .....13          | NP THYROID TABS .....59          |
| NORDITROPIN FLEXPEN SOPN .42           | NORVIR PACK .....28                     | NUBEQA ..... 24                  |
| norelgestromin-ethinyl estradiol ...32 | NOVA MAX PLUS KETONE TEST               | NUVAXOVID COVID-19 VACCINE       |
| norethin acet & estrad-fe CAPS ... 32  | 40                                      | SUSY 5 MCG/0.5ML .....62         |
|                                        | NOVAVAX COVID-19 VACCINE                | nystatin (mouth-throat) .....52  |
|                                        | SUSY .....62                            |                                  |
|                                        | NOVOLIN 70/30 FLEXPEN RELION            |                                  |

|                                                           |    |                                         |    |                                                                                                       |    |
|-----------------------------------------------------------|----|-----------------------------------------|----|-------------------------------------------------------------------------------------------------------|----|
| nystatin (topical) CREA .....                             | 35 | OMNIFLEX DIAPHRAGM .....                | 48 | OPILL .....                                                                                           | 32 |
| nystatin (topical) OINT .....                             | 35 | OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT ..... | 49 | OPSUMIT 10 MG (macitentan) .....                                                                      | 30 |
| nystatin (topical) POWD EX .....                          | 35 | OMNIPOD 5 DEXG7G6 PODS GEN 5 MISC ..... | 49 | OPVEE NA .....                                                                                        | 16 |
| nystatin TABS .....                                       | 17 | OMNIPOD 5 LIBRE INTRO KIT ...           | 49 | ORLISSA .....                                                                                         | 42 |
| nystatin-triamcinolone CREA .....                         | 35 | OMNIPOD 5 LIBRE PODS MISC .             | 49 | ORLADEYO .....                                                                                        | 45 |
| nystatin-triamcinolone OINT .....                         | 35 | OMNIPOD CLASSIC PODS (GEN 3) MISC ..... | 49 | orphenadrine citrate TB12 .....                                                                       | 54 |
| octreotide acetate SOLN .....                             | 43 | OMNIPOD DASH INTRO (GEN 4) KIT .....    | 49 | oseltamivir phosphate CAPS .....                                                                      | 29 |
| ODEFSEY .....                                             | 28 | OMNIPOD DASH PDM (GEN 4) KIT .          | 49 | oseltamivir phosphate SUSR .....                                                                      | 29 |
| ofloxacin (ophth) .....                                   | 55 | OMNIPOD DASH PODS (GEN 4) MISC .....    | 49 | OSPHERA .....                                                                                         | 42 |
| ofloxacin (otic) .....                                    | 56 | OMNIPOD POD PALS .....                  | 49 | OTEZLA TABS .....                                                                                     | 4  |
| ofloxacin 300 MG, 400 MG .....                            | 44 | ondansetron hcl SOLN IJ 4 MG/2ML .      | 17 | OTEZLA TBPK .....                                                                                     | 4  |
| olanzapine SOLR .....                                     | 26 | ondansetron hcl SOLN PO 4 MG/5ML .....  | 17 | OTEZLA XR TB24 PO 75 MG .....                                                                         | 4  |
| olanzapine TABS 2.5 MG, 5 MG ..                           | 26 | ondansetron hcl SOSY .....              | 17 | OTEZLA/OTEZLA XR INITIATION PK TBPK .....                                                             | 4  |
| olanzapine TABS 7.5 MG, 10 MG, 15 MG, 20 MG .....         | 26 | ondansetron hcl TABS 24 MG .....        | 17 | OTREXUP SOAJ 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML ..... | 2  |
| olanzapine TBDP 20 MG .....                               | 26 | ondansetron hcl TABS 4 MG .....         | 17 | oxacillin sodium IV 10 GM .....                                                                       | 57 |
| olanzapine TBDP 5 MG, 10 MG, 15 MG .....                  | 26 | ondansetron hcl TABS 8 MG .....         | 17 | oxaprozin TABS .....                                                                                  | 4  |
| olmesartan medoxomil .....                                | 19 | ondansetron TBDP 4 MG .....             | 17 | oxazepam CAPS .....                                                                                   | 8  |
| olmesartan medoxomil-amlodipine-hydrochlorothiazide ..... | 20 | ondansetron TBDP 8 MG .....             | 17 | oxcarbazepine SUSP .....                                                                              | 12 |
| olmesartan medoxomil-hydrochlorothiazide .....            | 20 | ONE STEP PREGNANCY .....                | 40 | oxcarbazepine TABS 150 MG, 300 MG .....                                                               | 12 |
| olopatadine hcl (nasal) .....                             | 54 | ONE VITE WOMENS PLUS TABS 53            |    | oxcarbazepine TABS 600 MG .....                                                                       | 12 |
| olopatadine hcl 0.1 % .....                               | 56 | ONE VITE WOMENS TABS .....              | 53 | oxiconazole nitrate CREA .....                                                                        | 35 |
| olopatadine hcl 0.2 % .....                               | 56 | ONE-STEP PREGNANCY .....                | 40 | OXISTAT LOTN .....                                                                                    | 35 |
| omega-3-acid ethyl esters .....                           | 18 | ONETOUCH DELICA SAFETY LANCING .....    | 49 | oxybutynin chloride SOLN .....                                                                        | 60 |
| omeprazole CPDR .....                                     | 60 |                                         |    | oxybutynin chloride TABS 5 MG ...                                                                     | 60 |
| omeprazole magnesium CPDR ....                            | 60 |                                         |    | oxybutynin chloride TB24 .....                                                                        | 60 |
| omeprazole TBEC .....                                     | 60 |                                         |    | oxycodone hcl TABS .....                                                                              | 6  |
| omeprazole-sodium bicarbonate CAPS 1100 MG-20 MG .....    | 60 |                                         |    | oxycodone w/ acetaminophen TABS                                                                       |    |

|                                                                  |    |                                                                 |    |                                                        |    |
|------------------------------------------------------------------|----|-----------------------------------------------------------------|----|--------------------------------------------------------|----|
| 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG .....                   | 7  | pazopanib hcl .....                                             | 24 | perampanel TABS 6 MG .....                             | 11 |
| oxycodone w/ acetaminophen TABS 325 MG-2.5 MG .....              | 7  | PEDIARIX SUSY .....                                             | 59 | perampanel TABS 8 MG, 10 MG, 12 MG .....               | 11 |
| oxymorphone hcl TABS .....                                       | 6  | pediatric multivitamins w/fl CHEW ..                            | 53 | perindopril erbumine 2 MG, 8 MG ..                     | 19 |
| oxymorphone hcl TB12 40 MG .....                                 | 6  | PEDVAXHIB SUSP 7.5 MCG/0.5ML ..                                 | 61 | perindopril erbumine 4 MG .....                        | 19 |
| oxymorphone hcl TB12 5 MG, 7.5 MG, 10 MG, 15 MG, 20 MG, 30 MG .. | 6  | peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid .....   | 47 | PERIOMED CONC 0.63 % .....                             | 53 |
| OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN .....                         | 15 | peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR 236 GM .. | 47 | permethrin CREA .....                                  | 39 |
| OZEMPIC (1 MG/DOSE) SOPN 4 MG/3ML .....                          | 15 | peg 3350-potassium chloride-sod bicarbonate-sod chloride .....  | 47 | permethrin LIQD EX .....                               | 39 |
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| timolol maleate TABS .....29                             | topiramate TABS 50 MG .....12                                  | TRESIBA SOLN .....16                                             |
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| tiotropium bromide CAPS IN 18 MCG<br>.....9              | toremifene citrate .....24                                     | tretinoin CREA 0.025 %, 0.05 %, 0.1<br>% .....34                 |
| TIVICAY PD TBSO .....28                                  | torsemide TABS .....41                                         | tretinoin GEL 0.01 %, 0.025 % ....34                             |
| TIVICAY TABS 50 MG .....28                               | tramadol hcl TABS 50 MG .....6                                 | tretinoin microsphere 0.1 % .....34                              |
| tizanidine hcl CAPS .....54                              | tramadol hcl TB24 .....6                                       | TREXALL TABS 5 MG, 7.5 MG, 10<br>MG, 15 MG .....23               |
| tizanidine hcl TABS .....54                              | tramadol-acetaminophen .....7                                  | triamcinolone acetonide (mouth) ..53                             |
| tobramycin (ophth) SOLN .....55                          | trandolapril 1 MG, 2 MG .....19                                | triamcinolone acetonide (nasal)<br>AERO .....54                  |
| tobramycin NEBU .....2                                   | trandolapril 4 MG .....19                                      | triamcinolone acetonide (topical)<br>CREA 0.025 % .....38        |
| tobramycin-dexamethasone SUSP<br>55                      | trandolapril-verapamil hcl 180 MG-2<br>MG, 240 MG-1 MG .....20 | triamcinolone acetonide (topical)<br>CREA 0.1 % .....38          |
| TODAY SPONGE MISC .....63                                | trandolapril-verapamil hcl 240 MG-2<br>MG, 240 MG-4 MG .....20 | triamcinolone acetonide (topical)<br>CREA 0.5 % .....38          |
| tofacitinib citrate SOLN 1 MG/ML ...2                    | tranexamic acid SOLN 1000<br>MG/10ML .....46                   | triamcinolone acetonide (topical)<br>LOTN 0.025 % .....38        |
| tofacitinib citrate TABS 5 MG, 10 MG<br>2                | tranexamic acid TABS .....46                                   | triamcinolone acetonide (topical)<br>LOTN 0.1 % .....38          |
| tofacitinib citrate TB24 11 MG, 22<br>MG .....2          | tranylcypromine sulfate .....13                                | triamcinolone acetonide (topical)<br>OINT 0.025 %, 0.1 % .....38 |
| tolcapone .....25                                        | travoprost SOLN .....56                                        | triamcinolone acetonide (topical)<br>OINT 0.5 % .....38          |
| tolmetin sodium CAPS .....4                              | trazodone hcl TABS .....13                                     | triamcinolone acetonide SUSP 40<br>MG/ML .....33                 |
| tolmetin sodium TABS .....4                              | TRELEGY ELLIPTA .....10                                        |                                                                  |
| TOLSURA CAPS .....17                                     | TREMFYA ONE-PRESS SOPN SC<br>100 MG/ML .....36                 |                                                                  |
| tolterodine tartrate CP24 .....60                        | TREMFYA PEN SOAJ 100 MG/ML<br>36                               |                                                                  |
| tolterodine tartrate TABS .....60                        | TREMFYA PEN SOAJ SC 200<br>MG/2ML .....44                      |                                                                  |
| tolvaptan (hyponatremia) TABS PO<br>15 MG, 30 MG .....43 | TREMFYA SOLN IV .....44                                        |                                                                  |
| tolvaptan TABS .....43                                   |                                                                |                                                                  |

|                                                                 |                                                |                                                              |
|-----------------------------------------------------------------|------------------------------------------------|--------------------------------------------------------------|
| triamterene & hydrochlorothiazide<br>CAPS 25 MG-37.5 MG .....41 | tropicamide SOLN 1 % .....55                   | TRUXIMA .....23                                              |
| triamterene & hydrochlorothiazide<br>TABS .....41               | trospium chloride CP24 .....60                 | TURALIO 125 MG .....24                                       |
| triamterene CAPS .....41                                        | trospium chloride TABS .....60                 | TWINRIX SUSY .....62                                         |
| triazolam .....47                                               | TRUE COVER DEVI .....48                        | TWIRLA .....32                                               |
| TRICARE TABS .....54                                            | TRUE METRIX BLOOD GLUCOSE<br>TEST STRP .....41 | TYBLUME CHEW .....32                                         |
| trientine hcl 250 MG .....52                                    | TRUE METRIX LEVEL 3 SOLN ...50                 | TYBOST .....28                                               |
| trifluoperazine hcl TABS .....27                                | TRULANCE .....44                               | TYMLOS .....42                                               |
| trifluridine .....55                                            | TRULICITY .....15                              | UBRELVY .....50                                              |
| trihexyphenidyl hcl SOLN .....25                                | TRUMENBA 0.5 ML .....61                        | UDENYCA ONBODY SOSY .....46                                  |
| trihexyphenidyl hcl TABS .....25                                | TRUSTEX COLOR CONDOMS +<br>LUBE MISC .....48   | UDENYCA SOAJ .....46                                         |
| TRIJARDY XR 1000 MG-2.5 MG-<br>12.5 MG, 1000 MG-2.5 MG-5 MG .14 | TRUSTEX LUB/RIBBED/STUDDER<br>MISC .....48     | UDENYCA SOSY .....46                                         |
| TRIJARDY XR 1000 MG-5 MG-10<br>MG, 1000 MG-5 MG-25 MG .....14   | TRUSTEX LUB/SPERMICIDE EX ST<br>MISC .....48   | umeclidinium bromide 62.5 MCG/INH<br>.....9                  |
| trimethobenzamide hcl CAPS .....17                              | TRUSTEX LUB/SPERMICIDE XL<br>MISC .....48      | umeclidinium-vilanterol .....10                              |
| trimethoprim TABS .....20                                       | TRUSTEX LUBRICATED EX LARGE<br>MISC .....48    | ursodiol CAPS .....44                                        |
| trimipramine maleate CAPS .....13                               | TRUSTEX LUBRICATED EXTRA ST<br>MISC .....48    | ursodiol TABS .....44                                        |
| TRINTELLIX .....13                                              | TRUSTEX LUBRICATED MISC ...48                  | UVADEX .....25                                               |
| TRIUMEQ PD TBSO .....28                                         | TRUSTEX<br>LUBRICATED/SPERMICIDE MISC<br>48    | valacyclovir hcl 1 GM .....29                                |
| TRIUMEQ TABS .....28                                            | TRUSTEX NATURAL CONDOMS +<br>LUBE MISC .....48 | valacyclovir hcl 500 MG .....29                              |
| TROJAN BARESKIN DEVI .....48                                    | TRUSTEX RIA LUB/SPERMICIDE<br>MISC .....48     | valganciclovir hcl TABS .....28                              |
| TROJAN MAGNUM MISC .....48                                      | TRUSTEX RIA LUBRICATED MISC .<br>48            | valproate sodium SOLN PO 250<br>MG/5ML, 500 MG/10ML .....12  |
| TROJAN ULTRA THIN MISC .....48                                  | TRUSTEX-NONOXYNOL-<br>9/RIB/STUD MISC .....48  | valproic acid CAPS .....12                                   |
| TROJAN ULTRA<br>THIN/SPERMICIDAL MISC .....48                   |                                                | valrubicin .....24                                           |
| TROJAN-ENZ LUBRICATED MISC<br>48                                |                                                | valsartan TABS .....19                                       |
| TROJAN-ENZ/SPERMICIDAL MISC .<br>48                             |                                                | valsartan-hydrochlorothiazide .....20                        |
| tropicamide SOLN 0.5 % .....55                                  |                                                | vancomycin hcl CAPS .....21                                  |
|                                                                 |                                                | vancomycin hcl SOLR PO 25<br>MG/ML, 50 MG/ML, 250 MG/5ML .21 |
|                                                                 |                                                | VAQTA .....62                                                |
|                                                                 |                                                | VAQTA IM 25 UNIT/0.5ML, 50                                   |

|                                                         |    |                                                      |    |                                                                                        |    |
|---------------------------------------------------------|----|------------------------------------------------------|----|----------------------------------------------------------------------------------------|----|
| UNIT/ML .....                                           | 62 | VIREAD TABS 150 MG, 200 MG, 250 MG .....             | 28 | (tofacitinib citrate) .....                                                            | 2  |
| varenicline tartrate TABS .....                         | 58 | VISTOGARD .....                                      | 16 | XHANCE EXHU .....                                                                      | 54 |
| varenicline tartrate TBPK .....                         | 58 | VITAMIN D2 TABS 400 UNIT .....                       | 63 | XIFAXAN 200 MG .....                                                                   | 21 |
| VARIVAX SUSR .....                                      | 62 | VITATHELY WITH GINGER TABS 54                        |    | XIFAXAN 550 MG .....                                                                   | 20 |
| VARUBI (180 MG DOSE) TBPK ...                           | 17 | VIVITROL .....                                       | 16 | XTANDI CAPS .....                                                                      | 24 |
| VAXELIS SUSP .....                                      | 59 | VIZIMPRO .....                                       | 23 | XTANDI TABS 40 MG .....                                                                | 24 |
| VAXELIS SUSY .....                                      | 59 | VORAXAZE .....                                       | 25 | XTANDI TABS 80 MG .....                                                                | 24 |
| VAXNEUVANCE .....                                       | 61 | voriconazole TABS .....                              | 17 | XULTOPHY .....                                                                         | 14 |
| VCF VAGINAL CONTRACEPTIVE FILM .....                    | 63 | VOSEVI .....                                         | 29 | XYZAL ALLERGY 24HR CHILDRENS SOLN 2.5 MG/5ML ..                                        | 18 |
| VECAMYL .....                                           | 20 | warfarin sodium TABS .....                           | 10 | YESINTEK 130 MG/26ML .....                                                             | 44 |
| VELCADE SOLR IJ (bortezomib) ..                         | 24 | water for irrigation, sterile .....                  | 52 | YESINTEK SOLN 45 MG/0.5ML ..                                                           | 36 |
| VEMLIDY .....                                           | 29 | WESTAB PLUS TABS .....                               | 54 | YESINTEK SOSY 45 MG/0.5ML ..                                                           | 36 |
| venlafaxine hcl CP24 .....                              | 13 | WIDE-SEAL DIAPHRAGM 60 ....                          | 48 | YESINTEK SOSY 90 MG/ML .....                                                           | 36 |
| venlafaxine hcl TABS .....                              | 13 | WIDE-SEAL DIAPHRAGM 65 ....                          | 48 | YEZTUGO SOLN 463.5 MG/1.5ML 28                                                         |    |
| venlafaxine hcl TB24 .....                              | 13 | WIDE-SEAL DIAPHRAGM 70 ....                          | 49 | YEZTUGO TABS PO 300 MG .....                                                           | 28 |
| VENTAVIS IN 10 MCG/ML .....                             | 30 | WIDE-SEAL DIAPHRAGM 75 ....                          | 49 | YUFLYMA (1 PEN) AJKT .....                                                             | 3  |
| verapamil hcl CP24 100 MG, 200 MG, 300 MG .....         | 30 | WIDE-SEAL DIAPHRAGM 80 ....                          | 49 | YUFLYMA (2 PEN) AJKT .....                                                             | 3  |
| verapamil hcl CP24 120 MG, 180 MG, 240 MG, 360 MG ..... | 30 | WIDE-SEAL DIAPHRAGM 85 ....                          | 49 | YUFLYMA (2 SYRINGE) PSKT .....                                                         | 3  |
| verapamil hcl TABS .....                                | 30 | WIDE-SEAL DIAPHRAGM 90 ....                          | 49 | YUFLYMA-CD/UC/HS STARTER AJKT .....                                                    | 3  |
| verapamil hcl TBCR .....                                | 30 | WIDE-SEAL DIAPHRAGM 95 ....                          | 49 | zafirlukast .....                                                                      | 9  |
| VERZENIO .....                                          | 24 | XALKORI CAPS 250 MG .....                            | 24 | zaleplon 10 MG .....                                                                   | 47 |
| vigabatrin PACK .....                                   | 12 | XARELTO STARTER PACK TBPK 10                         |    | zaleplon 5 MG .....                                                                    | 47 |
| vigabatrin TABS .....                                   | 12 | XARELTO TABS 10 MG, 20 MG ..                         | 10 | ZALTRAP 100 MG/4ML .....                                                               | 23 |
| vilazodone hcl TABS .....                               | 13 | XARELTO TABS 15 MG .....                             | 10 | ZANOSAR .....                                                                          | 23 |
| vinorelbine tartrate 10 MG/ML .....                     | 25 | XELJANZ SOLN 1 MG/ML (tofacitinib citrate) .....     | 2  | ZARXIO .....                                                                           | 46 |
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| VIRACEPT TABS 625 MG .....                              | 28 | XELJANZ XR TB24 11 MG, 22 MG                         |    | ZENPEP CPEP 105000 UNIT-79000 UNIT-25000 UNIT, 14000 UNIT-10000 UNIT-3000 UNIT, 168000 |    |

|                                                                                                                                                                                          |    |
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| ZURNAI IJ 1.5 MG/0.5ML .....                                                                                                                                                             | 16 |
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