

2026

# 處方集

2026 年 1 月 1 日起生效



# 處方集簡介

## 處方集

Ambetter 處方集也稱為「處方藥清單」，是食品和藥物管理局 (FDA) 核准並透過處方藥福利承保之可用原廠藥和副廠藥的指南。副廠藥擁有與原廠藥同等產品相同的有效成分，應視為第一線治療方式。FDA 要求副廠藥必須與原廠藥一樣安全有效。若沒有副廠藥可用，可能會有多種原廠藥可用來治療某項病況。若處方集上的副廠藥不適合您的病況，則首選原廠藥列於層級 2，這有助於識別臨床上適當、安全且合乎成本效益之治療選項的原廠藥。

請注意，處方集不代表處方藥福利的完整承保藥物清單。並非藥物的所有劑形或單位含量都會獲得承保。此清單會定期接受審查並更新，且可能會隨時變更。我們可能會新增或移除藥物，也可能會新增其他規定，以便核准持續使用特定藥物。

特定處方藥福利計畫可能不承保某些產品或類別，儘管這些產品或類別有列於本文件中也一樣。請查看您的福利，以瞭解藥物的承保限制以及分攤費用。

藥物清單重點：

原廠藥以大寫列出，副廠藥則為小寫。

藥物根據您的福利在不同的共付額層級下獲得承保：

**層級 0** - 用於預防且《病人保護與平價照護法案》規定的藥物沒有共付額。特定口服避孕藥、維生素 D、正值生育年齡之女性用的葉酸、非處方 (OTC) 阿斯匹靈以及戒煙產品在此層級下可能可獲得承保。可能適用某些年齡限制。

**層級 1<sub>A</sub>** - 共付額最低的特定藥物，相較於用來治療類似病況的其他藥物，具有最高價值效益。特定非處方 (OTC) 藥物可能可在此層級獲得承保。

**層級 1<sub>B</sub>** - 共付額低的藥物，相較於用來治療類似病況的其他藥物，具有高價值效益。特定非處方 (OTC) 藥物可能可在此層級獲得承保。

**層級 2** - 通常更平價或首選（相較於用來治療相同病症的其他藥物）的原廠藥需支付中等共付額。

**層級 3** - 共付額高，涵蓋較高費用的原廠藥和非首選副廠藥。此層級可能也會承保未列於處方藥藥物清單但獲得承保核准的非專科藥物。

**層級 4** - 用來治療複雜慢性病症且可能需要特殊處理、儲存或臨床管理的「專科」藥物需支付最高共付額。專科層級下承保的處方藥可能需要在參與 Ambetter「專科」或「血友病」網絡的藥房領取。如需關於哪些藥房屬於「專科」或「血友病」網絡的其他資訊，請查閱 Ambetter 網站的藥房資訊部分。

## 非處方集藥物的預先授權

如欲取得非處方集藥物的預先授權，您的醫療服務提供者必須填寫預先授權表。針對緊急申請，藥房服務部將會在收到所有必要資訊後的 24 小時內透過傳真或電話回應；針對非緊急申請，除非州法律規定必須更快回應，否則將會在 72 小時內回應。若申請遭到拒絕，拒絕通知將會清楚說明拒絕預先授權申請的具體原因，或者若申請資訊不完整，說明中將會指出遺漏及完成申請所需的重要資訊。

## 處方集縮寫詞：

| 縮寫詞    | 詞語       | 意義                                                                                                          |
|--------|----------|-------------------------------------------------------------------------------------------------------------|
| AL     | 年齡限制     | 某些藥物僅為特定年齡承保。                                                                                               |
| QL     | 供藥量限制    | 某些藥物僅承保特定藥量。                                                                                                |
| PA     | 預先授權     | 醫師必須先向 Ambetter 申請核准，某些藥物才能獲得承保。                                                                            |
| ST     | 循序用藥     | 在某些情況下，您必須先嘗試特定藥物，然後 Ambetter 才會承保治療您醫療病況的其他藥物。例如，若藥物 A 和藥物 B 都能治療您的醫療病況，除非您先嘗試藥物 A，否則，Ambetter 可能不會承保藥物 B。 |
| NF     | 非處方集藥物   | 此產品不屬於承保範圍，除非醫療服務提供者申請例外處理。替代藥物列於不承保的產品旁邊                                                                   |
| RX/OTC | 處方藥和 OTC | 這些藥物同時有處方藥形式和非處方 (OTC) 形式。                                                                                  |
| SP     | 專科藥物     | 這些產品屬於專科藥物，可能有特殊領取規定。                                                                                       |
| SF     | 分批領藥     | 起初，特定藥物可能一次只提供 15 天藥量，直到您服用該藥物的情況穩定下來為止。在您服用該藥物 90 天後，此限制可能不再適用。                                            |
| D/D+/C | 不適用      | 在處方集上標有 D/D+/C 的藥物，根據某些福利設計可能適用不同的共付額。請參閱您的福利文件以瞭解詳情。                                                       |

## 鴉片類藥物：

在處方集註明「初次服用僅限 7 天藥量」的藥物，在任 28 天期間內最多可提供兩次 7 天藥量，在任 90 天期間內最多可提供共 28 天的非連續藥量。領取的所有鴉片類藥物都會累積計入此限制。若領取藥量超過這些限制，醫療服務提供者可能要提交預先授權申請。

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

| Drug Name                                                     | Drug Tier | Requirements/ Limits                        |
|---------------------------------------------------------------|-----------|---------------------------------------------|
| <i>phendimetrazine tartrate TABS</i>                          | 1B        | PA                                          |
| <i>phentermine hcl CAPS</i>                                   | 1B        | PA                                          |
| <b>Attention-Deficit/Hyperactivity Disorder (ADHD) Agents</b> |           |                                             |
| <i>atomoxetine hcl 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>methylphenidate hcl CHEW 2.5 MG</i>                        | 1B        | QL(2 EA daily)                              |
| <i>methylphenidate hcl CHEW 10 MG</i>                         | 1B        | QL(5 EA daily)                              |
| <i>methylphenidate hcl CHEW 5 MG</i>                          | 1B        | QL(6 EA daily)                              |
| <i>methylphenidate hcl CP24 30 MG</i>                         | 1B        | QL(2 EA daily); AL(At least 6 yrs old)      |
| <i>methylphenidate hcl CP24</i>                               | 1B        | QL(1 EA daily)                              |
| <i>methylphenidate hcl CP24 10 MG, 20 MG, 40 MG, 60 MG</i>    | 1B        | QL(1 EA daily); AL(At least 6 yrs old)      |

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

| Drug Name                                                                                                                                  | Drug Tier | Requirements/ Limits                                         |
|--------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------------------|
| <i>gentamicin in saline 0.8 MG/ML-0.9 %, 1 MG/ML-0.9 %, 1.2 MG/ML-0.9 %, 1.6 MG/ML-0.9 %</i>                                               | 1B        |                                                              |
| <i>gentamicin sulfate IJ 40 MG/ML</i>                                                                                                      | 1B        |                                                              |
| <i>neomycin sulfate TABS</i>                                                                                                               | 1B        |                                                              |
| <i>streptomycin sulfate SOLR</i>                                                                                                           | 3         |                                                              |
| <i>tobramycin NEBU</i>                                                                                                                     | 4         | QL(280 ML per 56 day(s) retail; 280 ML per 56 days mail); PA |
| <b>ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions</b>                                         |           |                                                              |
| Antirheumatic - Enzyme Inhibitors                                                                                                          |           |                                                              |
| RINVOQ LQ SOLN                                                                                                                             | 4         | QL(12 ML daily); PA                                          |
| RINVOQ TB24                                                                                                                                | 4         | QL(1 EA daily); PA                                           |
| XELJANZ XR TB24                                                                                                                            | 4         | QL(1 EA daily); PA                                           |
| XELJANZ SOLN                                                                                                                               | 4         | QL(20 ML daily); PA                                          |
| XELJANZ TABS 10 MG                                                                                                                         | 4         | QL(2 EA daily); PA                                           |
| XELJANZ TABS 5 MG                                                                                                                          | 4         | QL(2 EA daily); SP; PA                                       |
| Antirheumatic Antimetabolites                                                                                                              |           |                                                              |
| OTREXUP SOAJ 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML                               | 3         | PA                                                           |
| RASUVO SOAJ 7.5 MG/0.15ML, 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML | 3         | PA                                                           |
| Anti-TNF-alpha - Monoclonal Antibodies                                                                                                     |           |                                                              |

| Drug Name                                       | Drug Tier | Requirements/ Limits                                                                           | Drug Name                           | Drug Tier | Requirements/ Limits                                                                           |
|-------------------------------------------------|-----------|------------------------------------------------------------------------------------------------|-------------------------------------|-----------|------------------------------------------------------------------------------------------------|
| ADALIMUMAB-AATY (1 PEN) AJKT 80 MG/0.8ML        | 4         | QL(0.143 EA daily); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA | HUMIRA-PED<40KG CROHNS STARTER PSKT | 4         | 1 package(s) per 180 day(s) retail; 1 package(s) per 180 day(s) mail; PA                       |
| ADALIMUMAB-AATY (1 PEN) AJKT 40 MG/0.4ML        | 4         | QL(0.143 EA daily); PA                                                                         | HUMIRA-PED>=40KG CROHNS START PSKT  | 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                                                                         | HUMIRA-PED>=40KG UC STARTER AJKT    | 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                                                                         | 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 CD/UC/HS START AJKT 80 MG/0.8ML | 4         | QL(0.143 EA daily); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA | HUMIRA-PSORIASIS/UEIT STARTER AJKT  | 4         | 1 package(s) per 180 day(s) retail; 1 package(s) per 180 day(s) mail; PA                       |
| ADALIMUMAB-ADAZ SOAJ                            | 4         | QL(0.143 ML 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-ADAZ SOSY                            | 4         | QL(0.143 ML daily); PA                                                                         | SIMLANDI (1 PEN) AJKT               | 4         | QL(0.143 EA daily); PA                                                                         |
| ADALIMUMAB-ADBM (2 PEN) AJKT                    | 4         | QL(0.143 EA daily); PA                                                                         | SIMLANDI (1 SYRINGE) PSKT           | 4         | QL(0.143 EA daily); PA                                                                         |
| ADALIMUMAB-ADBM (2 SYRINGE) PSKT                | 4         | QL(0.143 EA daily); PA                                                                         | SIMLANDI (2 PEN) AJKT               | 4         | QL(0.143 EA daily); PA                                                                         |
| ADALIMUMAB-ADBM(CD/UC/HS STRT) AJKT             | 4         | QL(0.143 EA daily); PA                                                                         | SIMLANDI (2 SYRINGE) PSKT           | 4         | QL(0.143 EA daily); PA                                                                         |
| ADALIMUMAB-ADBM(PS/UV STARTER) AJKT             | 4         | QL(0.143 EA daily); PA                                                                         | SIMPONI ARIA SOLN                   | 4         | PA                                                                                             |
| HUMIRA (2 PEN) AJKT                             | 4         | QL(0.143 EA daily); PA                                                                         | YUFLYMA (1 PEN) AJKT 80 MG/0.8ML    | 4         | QL(0.143 EA daily); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA |
| HUMIRA (2 PEN) AJKT 80 MG/0.8ML                 | 4         | QL(0.072 EA daily); PA                                                                         | YUFLYMA (1 PEN) AJKT 40 MG/0.4ML    | 4         | QL(0.143 EA daily); PA                                                                         |
| HUMIRA (2 SYRINGE) PSKT                         | 4         | QL(0.143 EA daily); PA                                                                         |                                     |           |                                                                                                |
| HUMIRA-CD/UC/HS STARTER AJKT                    | 4         | 1 package(s) per 180 day(s) retail; 1 package(s) per 180 day(s) mail; PA                       |                                     |           |                                                                                                |

| Drug Name                                      | Drug Tier | Requirements/ Limits                                                                           | Drug Name                                     | Drug Tier | Requirements/ Limits                                                                                              |
|------------------------------------------------|-----------|------------------------------------------------------------------------------------------------|-----------------------------------------------|-----------|-------------------------------------------------------------------------------------------------------------------|
| YUFLYMA (2 PEN) AJKT                           | 4         | QL(0.143 EA daily); PA                                                                         | <i>diclofenac potassium TABS 50 MG</i>        | 1B        |                                                                                                                   |
| YUFLYMA (2 SYRINGE) PSKT                       | 4         | QL(0.143 EA daily); PA                                                                         | <i>diclofenac sodium TB24</i>                 | 1B        |                                                                                                                   |
| YUFLYMA-CD/UC/HS STARTER AJKT                  | 4         | QL(0.143 EA daily); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA | <i>diclofenac sodium TBEC</i>                 | 1B        |                                                                                                                   |
| Gold Compounds                                 |           |                                                                                                | <i>diclofenac w/ misoprostol TBEC</i>         | 1B        |                                                                                                                   |
| AURANOFIN 3 MG                                 | 3         | QL(3 EA daily)                                                                                 | <i>etodolac CAPS</i>                          | 1B        |                                                                                                                   |
| RIDAURA                                        | 3         | QL(3 EA daily)                                                                                 | <i>etodolac TABS</i>                          | 1B        |                                                                                                                   |
| Interleukin-1 Blockers                         |           |                                                                                                | <i>fenoprofen calcium TABS</i>                | 1B        | QL(4 EA daily); ST                                                                                                |
| ARCALYST                                       | 4         | QL(0.286 EA daily); SP; PA                                                                     | <i>flurbiprofen TABS</i>                      | 1B        |                                                                                                                   |
| Interleukin-6 Receptor Inhibitors              |           |                                                                                                | <i>ibuprofen SUSP 100 MG/5ML, 200 MG/10ML</i> | 1B        | RX/OTC                                                                                                            |
| ACTEMRA ACTPEN SOAJ                            | 4         | QL(3.6 ML per 28 day(s) retail; 4 ML per 28 days mail); SP; PA                                 | <i>ibuprofen TABS 800 MG</i>                  | 1B        |                                                                                                                   |
| ACTEMRA SOLN 80 MG/4ML                         | 4         | QL(20 ML per 28 day(s) retail; 20 ML per 28 days mail); SP; PA                                 | <i>ibuprofen TABS 400 MG, 600 MG</i>          | 1A        |                                                                                                                   |
| ACTEMRA SOLN 200 MG/10ML, 400 MG/20ML          | 4         | QL(40 ML per 28 day(s) retail; 40 ML per 28 days mail); SP; PA                                 | <i>indomethacin CAPS 25 MG, 50 MG</i>         | 1B        |                                                                                                                   |
| ACTEMRA SOSY                                   | 4         | QL(3.6 ML per 28 day(s) retail; 4 ML per 28 days mail); SP; PA                                 | <i>indomethacin CPCR</i>                      | 1B        |                                                                                                                   |
| KEVZARA SOAJ                                   | 4         | QL(0.082 ML daily); PA                                                                         | <i>ketoprofen CAPS 50 MG</i>                  | 1B        |                                                                                                                   |
| KEVZARA SOSY                                   | 4         | QL(0.082 ML daily); PA                                                                         | <i>ketorolac tromethamine TABS</i>            | 1B        | QL(20 EA per fill retail; 20 per fill mail); 1 max fill(s) per 30 day(s) retail; 1 max fill(s) per 30 day(s) mail |
| Nonsteroidal Anti-inflammatory Agents (NSAIDs) |           |                                                                                                | <i>meclofenamate sodium CAPS</i>              | 1B        |                                                                                                                   |
| <i>celecoxib</i>                               | 1B        | QL(2 EA daily)                                                                                 | <i>mefenamic acid CAPS</i>                    | 1B        | Must try ibuprofen. ; QL(5 EA daily); ST                                                                          |
|                                                |           |                                                                                                | <i>meloxicam TABS</i>                         | 1A        | QL(1 EA daily)                                                                                                    |
|                                                |           |                                                                                                | <i>nabumetone</i>                             | 1B        |                                                                                                                   |
|                                                |           |                                                                                                | <i>naproxen sodium TABS 550 MG</i>            | 1B        |                                                                                                                   |
|                                                |           |                                                                                                | <i>naproxen SUSP</i>                          | 1B        | PA                                                                                                                |
|                                                |           |                                                                                                | <i>naproxen TABS</i>                          | 1B        |                                                                                                                   |
|                                                |           |                                                                                                | <i>naproxen TBEC 500 MG</i>                   | 1B        | QL(3 EA daily)                                                                                                    |
|                                                |           |                                                                                                | <i>oxaprozin TABS</i>                         | 1B        |                                                                                                                   |
|                                                |           |                                                                                                | <i>piroxicam CAPS</i>                         | 1B        |                                                                                                                   |

| Drug Name                                                                   | Drug Tier | Requirements/ Limits                                                       |
|-----------------------------------------------------------------------------|-----------|----------------------------------------------------------------------------|
| <i>sulindac TABS</i>                                                        | 1B        |                                                                            |
| <i>tolmetin sodium CAPS</i>                                                 | 1B        |                                                                            |
| <i>tolmetin sodium TABS 600 MG</i>                                          | 1B        |                                                                            |
| Phosphodiesterase 4 (PDE4) Inhibitors                                       |           |                                                                            |
| OTEZLA XR TB24 PO 75 MG                                                     | 4         | QL(1 EA daily); PA                                                         |
| OTEZLA/OTEZLA XR INITIATION PK TBPk                                         | 4         | 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA |
| OTEZLA TABS                                                                 | 4         | QL(2 EA daily); PA                                                         |
| OTEZLA TBPk                                                                 | 4         | 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA |
| OTEZLA TBPk                                                                 | 4         | 1 package(s) per 180 day(s) retail; PA                                     |
| Pyrimidine Synthesis Inhibitors                                             |           |                                                                            |
| <i>leflunomide</i>                                                          | 1B        | QL(1 EA daily)                                                             |
| Soluble Tumor Necrosis Factor Receptor Agents                               |           |                                                                            |
| ENBREL MINI SOCT                                                            | 4         | QL(0.146 ML daily); PA                                                     |
| ENBREL SURECLICK SOAJ                                                       | 4         | QL(0.146 ML daily); PA                                                     |
| ENBREL SOLN                                                                 | 4         | QL(0.146 ML daily); PA                                                     |
| ENBREL SOSY 25 MG/0.5ML                                                     | 4         | QL(0.146 ML daily); PA                                                     |
| ENBREL SOSY 50 MG/ML                                                        | 4         | QL(0.286 ML daily); SP; PA                                                 |
| ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions |           |                                                                            |
| Analgesic Combinations                                                      |           |                                                                            |
| <i>butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-325 MG</i>            | 1B        |                                                                            |

| Drug Name                                                                   | Drug Tier | Requirements/ Limits                       |
|-----------------------------------------------------------------------------|-----------|--------------------------------------------|
| <i>butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-300 MG</i>            | 1B        | QL(6 EA daily)                             |
| <i>butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG</i>            | 1B        | QL(6 EA daily)                             |
| <i>butalbital-acetaminophen TABS 50 MG-325 MG</i>                           | 1B        | QL(6 EA daily)                             |
| <i>butalbital-aspirin-caffeine CAPS</i>                                     | 1B        | QL(4 EA daily)                             |
| Salicylates                                                                 |           |                                            |
| <i>aspirin CHEW</i>                                                         | 0         | AL(At least 45 yrs old - Up to 79 yrs old) |
| <i>aspirin TABS 325 MG</i>                                                  | 0         | AL(At least 45 yrs old - Up to 79 yrs old) |
| <i>aspirin TBEC 81 MG</i>                                                   | 0         | AL(At least 45 yrs old - Up to 79 yrs old) |
| <i>aspirin TBEC 325 MG</i>                                                  | 1A        |                                            |
| <i>diflunisal TABS</i>                                                      | 1B        |                                            |
| <i>salsalate</i>                                                            | 1B        |                                            |
| ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions      |           |                                            |
| Opioid Agonists                                                             |           |                                            |
| <i>codeine sulfate TABS 30 MG</i>                                           | 1B        | New starts limited to 7 day supply         |
| CODEINE SULFATE TABS                                                        | 1B        | New starts limited to 7 day supply         |
| <i>fentanyl citrate LPOP</i>                                                | 1B        | QL(4 EA daily); PA                         |
| <i>fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR</i> | 1B        | QL(0.34 EA daily)                          |
| <i>hydrocodone bitartrate CP12</i>                                          | 3         | QL(2 EA daily); PA                         |
| <i>hydrocodone bitartrate T24A</i>                                          | 3         | QL(2 EA daily); PA                         |

| Drug Name                                                         | Drug Tier | Requirements/ Limits                                           | Drug Name                                                                     | Drug Tier | Requirements/ Limits                                 |
|-------------------------------------------------------------------|-----------|----------------------------------------------------------------|-------------------------------------------------------------------------------|-----------|------------------------------------------------------|
| <i>hydromorphone hcl LIQD</i>                                     | 1B        | New starts limited to 7 day supply                             | <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>hydromorphone hcl SOLN IJ 10 MG/ML, 50 MG/5ML, 500 MG/50ML</i> | 1B        |                                                                | <i>morphine sulfate SOLN PO 10 MG/5ML</i>                                     | 1B        | New starts limited to 7 day supply; QL(100 ML daily) |
| <i>hydromorphone hcl TABS</i>                                     | 1B        | New starts limited to 7 day supply; QL(8 EA daily)             | <i>morphine sulfate SOLN IJ 0.5 MG/ML, 1 MG/ML</i>                            | 1B        |                                                      |
| <i>hydromorphone hcl TB24 8 MG, 12 MG, 16 MG</i>                  | 1B        | QL(2 EA daily); PA                                             | <i>morphine sulfate SOLN PO 20 MG/5ML</i>                                     | 1B        | New starts limited to 7 day supply; QL(50 ML daily)  |
| <i>hydromorphone hcl TB24 32 MG</i>                               | 1B        | QL(1 EA daily); PA                                             | <i>morphine sulfate TABS</i>                                                  | 1B        | New starts limited to 7 day supply; QL(6 EA daily)   |
| <i>levorphanol tartrate TABS 2 MG</i>                             | 1B        | New starts limited to 7 day supply                             | <i>morphine sulfate TBCR</i>                                                  | 1B        | QL(2 EA daily)                                       |
| <i>meperidine hcl SOLN PO 50 MG/5ML</i>                           | 1B        | New starts limited to 7 day supply; QL(500 ML per fill retail) | <i>oxycodone hcl T12A 10 MG, 20 MG, 40 MG, 80 MG</i>                          | 3         | QL(2 EA daily); PA                                   |
| <i>meperidine hcl SOLN IJ 25 MG/ML, 50 MG/ML, 100 MG/ML</i>       | 1B        |                                                                | <i>oxycodone hcl TABS</i>                                                     | 1B        | New starts limited to 7 day supply; QL(12 EA daily)  |
| <i>meperidine hcl TABS 50 MG</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>methadone hcl CONC</i>                                         | 1B        | QL(10 ML daily)                                                | <i>oxymorphone hcl TB12 40 MG</i>                                             | 1B        | QL(4 EA daily); PA                                   |
| <i>methadone hcl SOLN PO 10 MG/5ML</i>                            | 1B        | QL(50 ML daily)                                                | <i>oxymorphone hcl TB12 5 MG, 7.5 MG, 10 MG, 15 MG, 20 MG, 30 MG</i>          | 1B        | QL(2 EA daily); PA                                   |
| <i>methadone hcl SOLN PO 5 MG/5ML</i>                             | 1B        | QL(100 ML daily)                                               | SUBSYS LIQD 800 MCG                                                           | 3         | QL(8 EA daily); PA                                   |
| <i>methadone hcl SOLN IJ 10 MG/ML</i>                             | 1B        |                                                                | <i>tramadol hcl TABS 50 MG</i>                                                | 1A        | New starts limited to 7 day supply; QL(8 EA daily)   |
| METHADONE HCL SOLN IJ ( <i>methadone hcl</i> )                    | 1B        |                                                                | <i>tramadol hcl TB24</i>                                                      | 1B        | QL(1 EA daily)                                       |
| <i>methadone hcl TABS 10 MG</i>                                   | 1B        | QL(10 EA daily)                                                | Opioid Combinations                                                           |           |                                                      |
| <i>methadone hcl TABS 5 MG</i>                                    | 1B        | QL(4 EA daily)                                                 | <i>acetaminophen w/ codeine SOLN</i>                                          | 1A        | New starts limited to 7 day supply; QL(75 ML daily)  |
| <i>methadone hcl TBSO</i>                                         | 1B        | QL(2 EA daily)                                                 |                                                                               |           |                                                      |

| Drug Name                                                                                                   | Drug Tier | Requirements/ Limits                                 | Drug Name                                                                                 | Drug Tier | Requirements/ Limits                                |
|-------------------------------------------------------------------------------------------------------------|-----------|------------------------------------------------------|-------------------------------------------------------------------------------------------|-----------|-----------------------------------------------------|
| <i>acetaminophen w/ codeine TABS 15 MG-300 MG</i>                                                           | 1B        | New starts limited to 7 day supply; QL(13 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) |
| <i>acetaminophen w/ codeine TABS 30 MG-300 MG</i>                                                           | 1A        | New starts limited to 7 day supply; QL(12 EA daily)  | <i>hydrocodone-ibuprofen 10 MG-200 MG, 5 MG-200 MG</i>                                    | 1B        | PA                                                  |
| <i>acetaminophen w/ codeine TABS 60 MG-300 MG</i>                                                           | 1B        | New starts limited to 7 day supply; QL(6 EA daily)   | <i>hydrocodone-ibuprofen 7.5 MG-200 MG</i>                                                | 1B        | New starts limited to 7 day supply; QL(5 EA daily)  |
| <i>acetaminophen-caff-dihydrocod CAPS 30 MG-320.5 MG-16 MG</i>                                              | 3         | New starts limited to 7 day supply; 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>acetaminophen-caff-dihydrocod CAPS 30 MG-320.5 MG-16 MG</i>                                              | 1B        | New starts limited to 7 day supply                   | <i>oxycodone w/ acetaminophen TABS 325 MG-2.5 MG</i>                                      | 1B        | New starts limited to 7 day supply; QL(13 EA daily) |
| <i>butalbital-acetaminophen-cafeine w/ codeine 30 MG-40 MG-50 MG-325 MG</i>                                 | 1B        | New starts limited to 7 day supply; QL(6 EA daily)   | <i>tramadol-acetaminophen</i>                                                             | 1B        | New starts limited to 7 day supply; QL(8 EA daily)  |
| <i>butalbital-acetaminophen-cafeine w/ codeine 30 MG-40 MG-50 MG-300 MG</i>                                 | 1B        | New starts limited to 7 day supply                   | <b>Opioid Partial Agonists</b>                                                            |           |                                                     |
| <i>butalbital-aspirin-cafeine w/cod</i>                                                                     | 1B        | New starts limited to 7 day supply; QL(6 EA daily)   | <i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG</i>                        | 1B        | QL(2 EA daily)                                      |
| <i>hydrocodone-acetaminophen SOLN 325 MG/15ML-10 MG/15ML</i>                                                | 1B        | New starts limited to 7 day supply                   | <i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG</i> | 1B        | QL(3 EA daily)                                      |
| <i>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>buprenorphine hcl-naloxone hcl dihydrate SUBL</i>                                      | 1B        | QL(3 EA daily)                                      |
| <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>buprenorphine hcl SOLN</i>                                                             | 1B        |                                                     |
| <i>hydrocodone-acetaminophen TABS 325 MG-2.5 MG</i>                                                         | 1B        | New starts limited to 7 day supply                   | <i>buprenorphine hcl SUBL</i>                                                             | 1B        | QL(3 EA daily)                                      |
|                                                                                                             |           |                                                      | <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                  |

| Drug Name                                                                                | Drug Tier | Requirements/ Limits                                                                                                        |
|------------------------------------------------------------------------------------------|-----------|-----------------------------------------------------------------------------------------------------------------------------|
| <b>ANDROGENS-ANABOLIC - Drugs to Regulate Hormones</b>                                   |           |                                                                                                                             |
| Androgens                                                                                |           |                                                                                                                             |
| ANDRODERM PT24 2 MG/24HR, 4 MG/24HR                                                      | 2         | QL(1 EA daily); PA                                                                                                          |
| <i>danazol CAPS</i>                                                                      | 1B        |                                                                                                                             |
| <i>methyltestosterone TABS</i>                                                           | 1B        |                                                                                                                             |
| <i>testosterone cypionate SOLN IM</i>                                                    | 1B        |                                                                                                                             |
| TESTOSTERONE CYPIONATE SOLN IJ 200 MG/ML                                                 | 1B        |                                                                                                                             |
| <i>testosterone enanthate SOLN IM</i>                                                    | 1B        |                                                                                                                             |
| <b>ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching</b> |           |                                                                                                                             |
| Intrarectal Steroids                                                                     |           |                                                                                                                             |
| <i>budesonide (intrarectal)</i>                                                          | 4         | QL(3.2 GM daily); PA                                                                                                        |
| <i>hydrocortisone (intrarectal)</i>                                                      | 1B        |                                                                                                                             |
| Rectal Steroids                                                                          |           |                                                                                                                             |
| <i>hydrocortisone (rectal) EX</i>                                                        | 1B        |                                                                                                                             |
| <i>hydrocortisone acetate (rectal)</i>                                                   | 1B        |                                                                                                                             |
| Vasodilating Agents                                                                      |           |                                                                                                                             |
| <i>nitroglycerin (intra-anal)</i>                                                        | 1B        | QL(2 GM daily)                                                                                                              |
| <b>ANTHELMINTICS - Drugs to Treat Worm Infections</b>                                    |           |                                                                                                                             |
| Anthelmintics                                                                            |           |                                                                                                                             |
| <i>albendazole</i>                                                                       | 1B        | PA                                                                                                                          |
| EMVERM CHEW                                                                              | 2         | QL(2 EA daily; 6 EA per fill retail; 6 per fill mail); 1 max fill(s) per 60 day(s) retail; 1 max fill(s) per 60 day(s) mail |

| Drug Name                                                  | Drug Tier | Requirements/ Limits                                                                                            |
|------------------------------------------------------------|-----------|-----------------------------------------------------------------------------------------------------------------|
| <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 1000 MG</i>                             | 1B        | QL(2 EA daily)                                                                                                  |
| <i>ranolazine TB12 500 MG</i>                              | 1B        | QL(3 EA daily)                                                                                                  |
| Nitrates                                                   |           |                                                                                                                 |
| <i>isosorbide dinitrate TABS 5 MG, 10 MG, 20 MG, 30 MG</i> | 1B        |                                                                                                                 |
| <i>isosorbide mononitrate TABS</i>                         | 1B        |                                                                                                                 |
| <i>isosorbide mononitrate TB24</i>                         | 1A        |                                                                                                                 |
| NITRO-BID OINT                                             | 3         |                                                                                                                 |
| <i>nitroglycerin CPCR</i>                                  | 1B        | QL(4 EA daily)                                                                                                  |
| <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 5 MG</i>                                  | 1A        |                                                                                                                 |
| <i>buspirone hcl 7.5 MG, 10 MG, 15 MG, 30 MG</i>           | 1B        |                                                                                                                 |
| <i>hydroxyzine hcl SOLN 50 MG/ML</i>                       | 1B        |                                                                                                                 |
| <i>hydroxyzine hcl SYRP</i>                                | 1B        |                                                                                                                 |
| <i>hydroxyzine hcl TABS</i>                                | 1B        |                                                                                                                 |
| <i>hydroxyzine pamoate CAPS</i>                            | 1B        |                                                                                                                 |
| <i>meprobamate</i>                                         | 1B        |                                                                                                                 |

| Drug Name                                               | Drug Tier | Requirements/ Limits |
|---------------------------------------------------------|-----------|----------------------|
| Benzodiazepines                                         |           |                      |
| <i>alprazolam TABS 2 MG</i>                             | 1B        | QL(4 EA daily)       |
| <i>alprazolam TABS 0.25 MG, 0.5 MG, 1 MG</i>            | 1A        | QL(4 EA daily)       |
| <i>alprazolam TB24</i>                                  | 1B        |                      |
| <i>alprazolam TBDP</i>                                  | 1B        |                      |
| <i>chlordiazepoxide hcl CAPS</i>                        | 1B        |                      |
| <i>clorazepate dipotassium TABS</i>                     | 1B        |                      |
| <i>diazepam CONC</i>                                    | 1B        |                      |
| <i>diazepam SOLN PO 5 MG/5ML</i>                        | 1B        |                      |
| <i>diazepam TABS</i>                                    | 1A        | QL(4 EA daily)       |
| <i>lorazepam CONC</i>                                   | 1B        |                      |
| <i>lorazepam TABS 1 MG</i>                              | 1A        | QL(4 EA daily)       |
| <i>lorazepam TABS 0.5 MG, 2 MG</i>                      | 1A        | QL(3 EA daily)       |
| <i>oxazepam CAPS</i>                                    | 1B        |                      |
| ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms |           |                      |
| Antiarrhythmics Type I-A                                |           |                      |
| <i>disopyramide phosphate CAPS</i>                      | 1B        |                      |
| <i>procainamide hcl SOLN 500 MG/ML</i>                  | 1B        |                      |
| <i>quinidine sulfate TABS</i>                           | 1B        |                      |
| Antiarrhythmics Type I-B                                |           |                      |
| <i>mexiletine hcl</i>                                   | 1B        |                      |
| Antiarrhythmics Type I-C                                |           |                      |
| <i>flecainide acetate</i>                               | 1B        |                      |
| <i>propafenone hcl CP12</i>                             | 1B        |                      |
| <i>propafenone hcl TABS</i>                             | 1B        |                      |
| Antiarrhythmics Type III                                |           |                      |
| <i>amiodarone hcl SOLN 150 MG/3ML</i>                   | 1B        |                      |
| <i>amiodarone hcl TABS</i>                              | 1B        |                      |

| Drug Name                                                                | Drug Tier | Requirements/ Limits   |
|--------------------------------------------------------------------------|-----------|------------------------|
| <i>dofetilide</i>                                                        | 1B        |                        |
| ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions |           |                        |
| 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        | C; QL(8 ML daily)      |
| Bronchodilators - Anticholinergics                                       |           |                        |
| ATROVENT HFA                                                             | 3         | QL(0.44 GM daily)      |
| INCRUSE ELLIPTA                                                          | 2         | C; QL(1 EA daily)      |
| <i>ipratropium bromide SOLN 0.02 %</i>                                   | 1B        | C; QL(15 ML daily)     |
| SPIRIVA RESPIMAT AERS IN                                                 | 2         | C; QL(0.14 GM daily)   |
| <i>tiotropium bromide CAPS IN 18 MCG</i>                                 | 1B        | C; QL(1 EA daily)      |
| Leukotriene Modulators                                                   |           |                        |
| <i>montelukast sodium CHEW</i>                                           | 1B        | C; QL(1 EA daily)      |
| <i>montelukast sodium PACK</i>                                           | 1B        | C; QL(1 EA daily)      |
| <i>montelukast sodium TABS</i>                                           | 1B        | C; QL(1 EA daily)      |
| <i>zafirlukast</i>                                                       | 1B        | C; QL(2 EA daily)      |
| <i>zileuton TB12</i>                                                     | 3         | QL(4 EA daily); PA     |
| Selective Phosphodiesterase 4 (PDE4) Inhibitors                          |           |                        |
| <i>roflumilast</i>                                                       | 1B        | QL(1 EA daily)         |
| Steroid Inhalants                                                        |           |                        |
| ALVESCO                                                                  | 3         | PA                     |

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

| Drug Name                                               | Drug Tier | Requirements/Limits                                          |
|---------------------------------------------------------|-----------|--------------------------------------------------------------|
| Direct Factor Xa Inhibitors                             |           |                                                              |
| ELIQUIS DVT/PE STARTER PACK TBPB                        | 2         | QL(2.47 EA daily); 1 max fill(s) per 180 day(s) retail       |
| ELIQUIS TABS                                            | 2         | QL(2 EA daily)                                               |
| <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 TBPB                               | 2         | 1 max fill(s) per 365 day(s) retail                          |
| XARELTO SUSR 1 MG/ML ( <i>rivaroxaban</i> )             | 2         | QL(900 ML per 30 day(s) retail; 900 ML per 30 days mail)     |
| XARELTO TABS 15 MG                                      | 2         | QL(2 EA daily)                                               |
| XARELTO TABS 10 MG, 20 MG                               | 2         | QL(1 EA daily)                                               |
| Heparins And Heparinoid-Like Agents                     |           |                                                              |
| <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); SP                                         |
| <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; 30 Day(s) limit); SP                        |
| <i>enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML</i> | 4         | QL(1.6 ML daily)                                             |
| <i>enoxaparin sodium SOSY 60 MG/0.6ML</i>               | 4         | QL(1.2 ML daily; 30 Day(s) limit); SP                        |
| <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); SP |

| 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); SP |
| <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); SP |
| <i>fondaparinux sodium 10 MG/0.8ML</i>                                             | 4         | QL(7.2 ML per 180 day(s) retail; 7 ML per 180 days mail); SP |
| FRAGMIN SOSY                                                                       | 4         | SP; PA                                                       |
| HEPARIN (PORCINE) IN NACL SOLN IV 0.45 %-12500 UNIT/250ML                          | 1B        |                                                              |
| <i>heparin sodium (porcine) SOLN IJ 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML</i> | 1B        |                                                              |
| Thrombin Inhibitors                                                                |           |                                                              |
| <i>dabigatran etexilate mesylate CAPS</i>                                          | 1B        |                                                              |
| ANTICONVULSANTS - Drugs to Treat Seizures                                          |           |                                                              |
| AMPA Glutamate Receptor Antagonists                                                |           |                                                              |
| <i>perampanel TABS 2 MG</i>                                                        | 1B        | QL(6 EA daily); PA                                           |
| <i>perampanel TABS 8 MG, 10 MG, 12 MG</i>                                          | 1B        | QL(1 EA daily); PA                                           |
| <i>perampanel TABS 6 MG</i>                                                        | 1B        | QL(2 EA daily); PA                                           |
| <i>perampanel TABS 4 MG</i>                                                        | 1B        | QL(3 EA daily); PA                                           |
| Anticonvulsants - Benzodiazepines                                                  |           |                                                              |
| <i>clobazam SUSP</i>                                                               | 1B        | QL(16 ML daily); PA                                          |
| <i>clobazam TABS</i>                                                               | 1B        | QL(2 EA daily); PA                                           |
| <i>clonazepam TABS</i>                                                             | 1A        |                                                              |

| Drug Name                                | Drug Tier | Requirements/ Limits                                               | Drug Name                                                          | Drug Tier | Requirements/ Limits |
|------------------------------------------|-----------|--------------------------------------------------------------------|--------------------------------------------------------------------|-----------|----------------------|
| <i>diazepam (anticonvulsant) GEL</i>     | 3         | 5 package(s) per 30 day(s) retail; 5 package(s) per 30 day(s) mail | DIACOMIT PACK 500 MG                                               | 4         | QL(6 EA daily); PA   |
| NAYZILAM                                 | 3         | QL(10 EA per 30 day(s) retail); PA                                 | DIACOMIT PACK 250 MG                                               | 4         | QL(12 EA daily); PA  |
| VALTOCO 10 MG DOSE LIQD                  | 4         | QL(10 EA per 30 day(s) retail); PA                                 | EPIDIOLEX                                                          | 3         | PA                   |
| VALTOCO 15 MG DOSE LQPK 7.5 MG/0.1ML     | 4         | QL(10 EA per 30 day(s) retail); PA                                 | <i>eslicarbazepine acetate</i> 200 MG, 400 MG, 600 MG, 800 MG      | 1B        | QL(2 EA daily); ST   |
| VALTOCO 20 MG DOSE LQPK 10 MG/0.1ML      | 4         | QL(10 EA per 30 day(s) retail); PA                                 | <i>gabapentin CAPS</i>                                             | 1B        |                      |
| VALTOCO 5 MG DOSE LIQD                   | 4         | QL(10 EA per 30 day(s) retail); PA                                 | <i>gabapentin SOLN</i>                                             | 1B        | QL(60 ML daily)      |
| Anticonvulsants - Misc.                  |           |                                                                    | <i>gabapentin TABS</i> 600 MG, 800 MG                              | 1B        |                      |
| BANZEL TABS 400 MG ( <i>rufinamide</i> ) | 2         | QL(8 EA daily); PA                                                 | <i>lacosamide SOLN PO</i> 10 MG/ML, 50 MG/5ML, 100 MG/10ML         | 1B        | QL(40 ML daily)      |
| BANZEL TABS 200 MG ( <i>rufinamide</i> ) | 2         | QL(2 EA daily); PA                                                 | <i>lacosamide TABS</i>                                             | 1B        | QL(2 EA daily)       |
| BRIVIACT SOLN PO 10 MG/ML                | 3         | QL(20 ML daily); PA                                                | <i>lamotrigine CHEW</i> 25 MG                                      | 1B        | QL(20 EA daily)      |
| <i>carbamazepine CHEW</i> 100 MG         | 1B        |                                                                    | <i>lamotrigine CHEW</i> 5 MG                                       | 1B        | QL(100 EA daily)     |
| <i>carbamazepine CP12</i> 200 MG         | 1B        | QL(6 EA daily)                                                     | <i>lamotrigine TABS</i>                                            | 1B        |                      |
| <i>carbamazepine CP12</i> 300 MG         | 1B        | QL(4 EA daily)                                                     | <i>lamotrigine TBDP</i>                                            | 1B        | QL(1 EA daily)       |
| <i>carbamazepine CP12</i> 100 MG         | 1B        |                                                                    | <i>levetiracetam SOLN IV</i> 500 MG/5ML                            | 1B        | QL(30 ML daily)      |
| <i>carbamazepine SUSP</i>                | 1B        |                                                                    | <i>levetiracetam TABS</i> 250 MG, 750 MG                           | 1B        | QL(4 EA daily)       |
| <i>carbamazepine TABS</i>                | 1B        |                                                                    | <i>levetiracetam TABS</i> 1000 MG                                  | 1B        | QL(3 EA daily)       |
| <i>carbamazepine TB12</i> 100 MG, 400 MG | 1B        | QL(4 EA daily)                                                     | <i>levetiracetam TABS</i> 500 MG                                   | 1B        | QL(6 EA daily)       |
| <i>carbamazepine TB12</i> 200 MG         | 1B        | QL(6 EA daily)                                                     | <i>levetiracetam TB24</i>                                          | 1B        | QL(4 EA daily)       |
| DIACOMIT CAPS 250 MG                     | 4         | QL(12 EA daily); PA                                                | <i>oxcarbazepine SUSP</i>                                          | 1B        | QL(40 ML daily)      |
| DIACOMIT CAPS 500 MG                     | 4         | QL(6 EA daily); PA                                                 | <i>oxcarbazepine TABS</i> 150 MG, 300 MG                           | 1B        | QL(3 EA daily)       |
|                                          |           |                                                                    | <i>oxcarbazepine TABS</i> 600 MG                                   | 1B        | QL(4 EA daily)       |
|                                          |           |                                                                    | <i>pregabalin CAPS</i> 225 MG, 300 MG                              | 1B        | QL(2 EA daily); ST   |
|                                          |           |                                                                    | <i>pregabalin CAPS</i> 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG | 1B        | QL(3 EA daily); ST   |

| Drug Name                                     | Drug Tier | Requirements/ Limits   | Drug Name                                               | Drug Tier | Requirements/ Limits |
|-----------------------------------------------|-----------|------------------------|---------------------------------------------------------|-----------|----------------------|
| <i>pregabalin SOLN</i>                        | 1B        | QL(30 ML daily); ST    | DILANTIN SUSP ( <i>phenytoin</i> )                      | 2         |                      |
| <i>primidone 50 MG, 250 MG</i>                | 1B        |                        | <i>fosphenytoin sodium</i>                              | 1B        |                      |
| <i>rufinamide SUSP</i>                        | 1B        | QL(80 ML daily); PA    | <i>phenytoin sodium extended 100 MG, 200 MG, 300 MG</i> | 1B        |                      |
| <i>rufinamide TABS 200 MG</i>                 | 1B        | QL(2 EA daily); PA     | <i>phenytoin sodium SOLN</i>                            | 1B        |                      |
| <i>rufinamide TABS 400 MG</i>                 | 1B        | QL(8 EA daily); PA     | <i>phenytoin CHEW</i>                                   | 1B        |                      |
| TEGRETOL SUSP ( <i>carbamazepine</i> )        | 2         |                        | <i>phenytoin SUSP</i>                                   | 1B        |                      |
| TEGRETOL TABS ( <i>carbamazepine</i> )        | 2         |                        | Succinimides                                            |           |                      |
| <i>topiramate CPSP 15 MG</i>                  | 1B        | QL(6 EA daily)         | <i>ethosuximide CAPS</i>                                | 1B        | QL(6 EA daily)       |
| <i>topiramate CPSP 25 MG</i>                  | 1B        | QL(8 EA daily)         | <i>ethosuximide SOLN</i>                                | 1B        | QL(30 ML daily)      |
| <i>topiramate CS24</i>                        | 3         | PA                     | <i>methsuximide</i>                                     | 1B        | QL(4 EA daily)       |
| <i>topiramate TABS 50 MG</i>                  | 1B        | QL(6 EA daily)         | ZARONTIN CAPS ( <i>ethosuximide</i> )                   | 2         | QL(6 EA daily)       |
| <i>topiramate TABS 200 MG</i>                 | 1B        | QL(2 EA daily)         | Valproic Acid                                           |           |                      |
| <i>topiramate TABS 25 MG, 100 MG</i>          | 1B        | QL(4 EA daily)         | <i>divalproex sodium TB24</i>                           | 1B        |                      |
| <i>zonisamide CAPS</i>                        | 1B        | QL(6 EA daily)         | <i>divalproex sodium TBEC</i>                           | 1B        |                      |
| Carbamates                                    |           |                        | <i>valproate sodium SOLN PO 250 MG/5ML, 500 MG/10ML</i> | 1B        |                      |
| <i>felbamate SUSP</i>                         | 1B        | QL(30 ML daily)        | <i>valproic acid CAPS</i>                               | 1B        |                      |
| <i>felbamate TABS 600 MG</i>                  | 1B        | QL(6 EA daily)         | ANTIDEPRESSANTS - Drugs to Treat Depression             |           |                      |
| <i>felbamate TABS 400 MG</i>                  | 1B        | QL(9 EA daily)         | Alpha-2 Receptor Antagonists (Tetracyclics)             |           |                      |
| GABA Modulators                               |           |                        | <i>mirtazapine TABS</i>                                 | 1B        |                      |
| <i>tiagabine hcl</i>                          | 1B        |                        | <i>mirtazapine TBDP</i>                                 | 1B        |                      |
| <i>vigabatrin PACK</i>                        | 4         | QL(6 EA daily); SP; PA | Antidepressants - Misc.                                 |           |                      |
| <i>vigabatrin TABS</i>                        | 4         | QL(6 EA daily); SP; PA | <i>bupropion hcl TABS</i>                               | 1B        | D+/C                 |
| Hydantoins                                    |           |                        | <i>bupropion hcl TB12</i>                               | 1B        | D+/C                 |
| DILANTIN ( <i>phenytoin sodium extended</i> ) | 2         |                        | <i>bupropion hcl TB24 150 MG, 300 MG</i>                | 1B        |                      |
| DILANTIN                                      | 2         |                        | Monoamine Oxidase Inhibitors (MAOIs)                    |           |                      |
| DILANTIN INFATABS CHEW ( <i>phenytoin</i> )   | 2         |                        | EMSAM                                                   | 3         | QL(1 EA daily)       |
| DILANTIN-125 SUSP ( <i>phenytoin</i> )        | 2         |                        | MARPLAN                                                 | 2         | QL(6 EA daily)       |
|                                               |           |                        | <i>phenelzine sulfate</i>                               | 1B        |                      |
|                                               |           |                        | <i>tranylcypromine sulfate</i>                          | 1B        |                      |

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| Drug Name                                                   | Drug Tier | Requirements/ Limits                                                 |
|-------------------------------------------------------------|-----------|----------------------------------------------------------------------|
| <b>N-Methyl-D-aspartic acid (NMDA) Receptor Antagonists</b> |           |                                                                      |
| SPRAVATO (56 MG DOSE)                                       | 4         | PA                                                                   |
| SPRAVATO (84 MG DOSE)                                       | 4         | PA                                                                   |
| <b>Selective Serotonin Reuptake Inhibitors (SSRIs)</b>      |           |                                                                      |
| <i>citalopram hydrobromide SOLN</i>                         | 1A        |                                                                      |
| <i>citalopram hydrobromide TABS</i>                         | 1A        | D/C                                                                  |
| <i>escitalopram oxalate SOLN</i>                            | 1B        |                                                                      |
| <i>escitalopram oxalate TABS</i>                            | 1B        | D+/C                                                                 |
| <i>fluoxetine hcl CAPS</i>                                  | 1A        | D/C                                                                  |
| <i>fluoxetine hcl CPDR</i>                                  | 1A        |                                                                      |
| <i>fluoxetine hcl SOLN</i>                                  | 1B        |                                                                      |
| <i>fluoxetine hcl TABS</i>                                  | 1B        |                                                                      |
| <i>fluvoxamine maleate TABS</i>                             | 1B        | D+/C                                                                 |
| <i>paroxetine hcl SUSP</i>                                  | 1B        |                                                                      |
| <i>paroxetine hcl TABS</i>                                  | 1B        | D/C                                                                  |
| <i>paroxetine hcl TB24</i>                                  | 1B        |                                                                      |
| <i>sertraline hcl CONC</i>                                  | 1B        |                                                                      |
| <i>sertraline hcl TABS</i>                                  | 1B        | D/C                                                                  |
| <b>Serotonin Modulators</b>                                 |           |                                                                      |
| <i>nefazodone hcl</i>                                       | 1B        |                                                                      |
| <i>trazodone hcl TABS</i>                                   | 1B        |                                                                      |
| TRINTELLIX                                                  | 3         | QL(1 EA daily); PA                                                   |
| VIIBRYD STARTER PACK KIT                                    | 3         | 1 package(s) per 180 day(s) retail; 1 package(s) per 180 day(s) mail |
| <i>vilazodone hcl TABS</i>                                  | 1B        |                                                                      |
| <b>Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)</b> |           |                                                                      |

| Drug Name                                                            | Drug Tier | Requirements/ Limits |
|----------------------------------------------------------------------|-----------|----------------------|
| <i>desvenlafaxine succinate</i>                                      | 1B        |                      |
| <i>duloxetine hcl CPEP</i>                                           | 1B        | D/C                  |
| FETZIMA TITRATION C4PK                                               | 3         | PA                   |
| FETZIMA CP24                                                         | 3         | QL(1 EA daily); PA   |
| <i>venlafaxine hcl CP24</i>                                          | 1B        | D+/C                 |
| <i>venlafaxine hcl TABS</i>                                          | 1B        | D/C                  |
| <i>venlafaxine hcl TB24</i>                                          | 1B        |                      |
| <b>Tricyclic Agents</b>                                              |           |                      |
| <i>amitriptyline hcl TABS</i>                                        | 1A        | D/C                  |
| <i>amoxapine</i>                                                     | 1B        |                      |
| <i>clomipramine hcl</i>                                              | 1B        |                      |
| <i>desipramine hcl TABS</i>                                          | 1B        |                      |
| <i>doxepin hcl CAPS</i>                                              | 1B        |                      |
| <i>doxepin hcl CONC</i>                                              | 1B        |                      |
| <i>imipramine hcl TABS</i>                                           | 1B        | D+/C                 |
| <i>imipramine pamoate</i>                                            | 1B        |                      |
| <i>nortriptyline hcl CAPS</i>                                        | 1B        |                      |
| <i>nortriptyline hcl SOLN</i>                                        | 1B        |                      |
| <i>protriptyline hcl</i>                                             | 1B        |                      |
| <i>trimipramine maleate CAPS</i>                                     | 1B        |                      |
| <b>ANTIDIABETICS - Drugs to Regulate Blood Sugar</b>                 |           |                      |
| <b>Alpha-Glucosidase Inhibitors</b>                                  |           |                      |
| <i>acarbose</i>                                                      | 1B        | QL(3 EA daily)       |
| <i>miglitol</i>                                                      | 1B        | QL(3 EA daily)       |
| <b>Antidiabetic Combinations</b>                                     |           |                      |
| <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 propanediol-metformin hcl 1000 MG-10 MG</i>         | 2         | QL(1 EA daily)       |

| Drug Name                                                     | Drug Tier | Requirements/ Limits | Drug Name                                                    | Drug Tier | Requirements/ Limits   |
|---------------------------------------------------------------|-----------|----------------------|--------------------------------------------------------------|-----------|------------------------|
| <i>dapagliflozin propanediol-metformin hcl 1000 MG-5 MG</i>   | 2         | QL(2 EA daily)       | XIGDUO XR 1000 MG-10 MG, 500 MG-10 MG, 500 MG-5 MG           | 2         | QL(1 EA daily)         |
| <i>glipizide-metformin hcl 500 MG-5 MG</i>                    | 1B        | D+; QL(4 EA daily)   | XIGDUO XR ( <i>dapagliflozin propanediol-metformin hcl</i> ) | 2         | QL(1 EA daily)         |
| <i>glipizide-metformin hcl 250 MG-2.5 MG, 500 MG-2.5 MG</i>   | 1B        | D+; QL(2 EA daily)   | XIGDUO XR ( <i>dapagliflozin propanediol-metformin hcl</i> ) | 2         | QL(2 EA daily)         |
| <i>glyburide-metformin 250 MG-1.25 MG</i>                     | 1B        | D+; QL(2 EA daily)   | XIGDUO XR 1000 MG-2.5 MG, 1000 MG-5 MG                       | 2         | QL(2 EA daily)         |
| <i>glyburide-metformin 500 MG-2.5 MG, 500 MG-5 MG</i>         | 1B        | D+; QL(4 EA daily)   | XULTOPHY                                                     | 2         | QL(0.5 ML daily); PA   |
| GLYXAMBI                                                      | 2         | QL(1 EA daily)       | Biguanides                                                   |           |                        |
| JANUMET XR TB24 1000 MG-100 MG                                | 2         | QL(1 EA daily)       | <i>metformin hcl TABS 500 MG</i>                             | 1A        | D+; QL(5 EA daily)     |
| JANUMET XR TB24 1000 MG-50 MG, 500 MG-50 MG                   | 2         | QL(2 EA daily)       | <i>metformin hcl TABS 850 MG</i>                             | 0         | QL(3 EA daily)         |
| JANUMET TABS                                                  | 2         | QL(2 EA daily)       | <i>metformin hcl TABS 1000 MG</i>                            | 1A        | D+; QL(2.5 EA daily)   |
| <i>pioglitazone hcl-glimepiride</i>                           | 1B        | QL(1 EA daily)       | <i>metformin hcl TB24 750 MG</i>                             | 1B        | D+; QL(3 EA daily)     |
| <i>pioglitazone hcl-metformin hcl TABS</i>                    | 1B        | QL(2 EA daily)       | <i>metformin hcl TB24 500 MG</i>                             | 1B        | D+; QL(4 EA daily)     |
| <i>saxagliptin-metformin hcl 1000 MG-5 MG, 500 MG-5 MG</i>    | 1B        | QL(1 EA daily)       | Diabetic Other                                               |           |                        |
| <i>saxagliptin-metformin hcl 1000 MG-2.5 MG</i>               | 1B        | QL(2 EA daily)       | <i>diazoxide</i>                                             | 3         |                        |
| SOLIQUA                                                       | 2         | QL(0.5 ML daily); PA | <i>glucagon SOLR IJ 1 MG</i>                                 | 1B        | D+; QL(0.035 EA daily) |
| SYNJARDY XR TB24 1000 MG-10 MG, 1000 MG-12.5 MG, 1000 MG-5 MG | 2         | QL(2 EA daily)       | Dipeptidyl Peptidase-4 (DPP-4) Inhibitors                    |           |                        |
| SYNJARDY XR TB24 1000 MG-25 MG                                | 2         | QL(1 EA daily)       | <i>alogliptin benzoate</i>                                   | 1B        | QL(1 EA daily)         |
| SYNJARDY TABS                                                 | 2         | QL(2 EA daily)       | JANUVIA                                                      | 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)       | <i>saxagliptin hcl</i>                                       | 1B        | QL(1 EA daily)         |
| TRIJARDY XR 1000 MG-5 MG-10 MG, 1000 MG-5 MG-25 MG            | 2         | QL(1 EA daily)       | Incretin Mimetic Agents                                      |           |                        |
|                                                               |           |                      | <i>liraglutide</i>                                           | 1B        | QL(0.3 ML daily); PA   |
|                                                               |           |                      | OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN                           | 2         | QL(0.108 ML daily); PA |
|                                                               |           |                      | OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN                           | 2         | QL(0.054 ML daily); PA |
|                                                               |           |                      | OZEMPIC (1 MG/DOSE) SOPN 4 MG/3ML                            | 2         | QL(0.108 ML daily); PA |

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| Drug Name                              | Drug Tier | Requirements/ Limits   | Drug Name                                                | Drug Tier | Requirements/ Limits |
|----------------------------------------|-----------|------------------------|----------------------------------------------------------|-----------|----------------------|
| OZEMPIC (2 MG/DOSE) SOPN               | 2         | QL(0.108 ML daily); PA | NOVOLOG PENFILL SOCT                                     | 1B        | D                    |
| RYBELSUS TABS                          | 2         | QL(1 EA daily); PA     | NOVOLOG SOLN IJ                                          | 1B        | D                    |
| TRULICITY                              | 2         | QL(0.143 ML daily); PA | REZVOGLAR KWIKPEN                                        | 3         | PA                   |
| Insulin                                |           |                        | TRESIBA FLEXTOUCH SOPN                                   | 2         | D                    |
| APIDRA SOLOSTAR SOPN                   | 3         | PA                     | TRESIBA SOLN                                             | 2         | D                    |
| APIDRA SOLN                            | 3         | PA                     | Insulin Sensitizing Agents                               |           |                      |
| HUMULIN R U-500 (CONCENTRATED) SOLN SC | 2         | D; QL(1.34 ML daily)   | <i>pioglitazone hcl</i>                                  | 1B        | D+; QL(1 EA daily)   |
| HUMULIN R U-500 KWIKPEN SOPN SC        | 2         | D; QL(1.34 ML daily)   | Meglitinide Analogues                                    |           |                      |
| INSULIN GLARGINE-YFGN SOLN             | 2         |                        | <i>nateglinide</i>                                       | 1B        | QL(3 EA daily)       |
| INSULIN GLARGINE-YFGN SOPN             | 2         |                        | <i>repaglinide 2 MG</i>                                  | 1B        | QL(8 EA daily)       |
| INSULIN LISPRO (1 UNIT DIAL) SOPN      | 1B        |                        | <i>repaglinide 0.5 MG, 1 MG</i>                          | 1B        | QL(4 EA daily)       |
| INSULIN LISPRO JUNIOR KWIKPEN SOPN     | 1B        |                        | Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors       |           |                      |
| INSULIN LISPRO PROT & LISPRO SUPN      | 1B        |                        | <i>dapagliflozin propanediol</i>                         | 2         | QL(1 EA daily)       |
| INSULIN LISPRO SOLN IJ                 | 1B        | D                      | FARXIGA ( <i>dapagliflozin propanediol</i> )             | 2         | QL(1 EA daily)       |
| NOVOLIN 70/30 FLEXPEN SUPN             | 2         | D                      | JARDIANCE                                                | 2         | QL(1 EA daily)       |
| NOVOLIN 70/30 SUSP                     | 2         | D                      | Sulfonylureas                                            |           |                      |
| NOVOLIN N FLEXPEN SUPN                 | 2         | D                      | <i>glimepiride 4 MG</i>                                  | 1A        | D+; QL(2 EA daily)   |
| NOVOLIN N SUSP                         | 2         | D                      | <i>glimepiride 1 MG, 2 MG</i>                            | 1A        | D+; QL(4 EA daily)   |
| NOVOLIN R FLEXPEN SOPN IJ              | 2         | D                      | <i>glipizide TABS 5 MG, 10 MG</i>                        | 1A        | D+; QL(4 EA daily)   |
| NOVOLIN R SOLN IJ                      | 2         | D                      | <i>glipizide TB24</i>                                    | 1A        | D+; QL(2 EA daily)   |
| NOVOLOG FLEXPEN SOPN                   | 1B        | D                      | <i>glyburide micronized 1.5 MG, 3 MG, 6 MG</i>           | 1B        | D+; QL(4 EA daily)   |
| NOVOLOG MIX 70/30 FLEXPEN SUPN         | 1B        | D                      | <i>glyburide TABS</i>                                    | 1A        | D+; QL(4 EA daily)   |
| NOVOLOG MIX 70/30 SUSP                 | 1B        | D                      | ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea |           |                      |
|                                        |           |                        | Antiperistaltic Agents                                   |           |                      |
|                                        |           |                        | <i>diphenoxylate w/ atropine LIQD</i>                    | 1B        |                      |

| Drug Name                                               | Drug Tier | Requirements/ Limits                                                 |
|---------------------------------------------------------|-----------|----------------------------------------------------------------------|
| <i>diphenoxylate w/ atropine TABS</i>                   | 1B        |                                                                      |
| <i>loperamide hcl CAPS</i>                              | 1B        | RX/OTC                                                               |
| MOTOFEN                                                 | 3         |                                                                      |
| <b>ANTIDOTES AND SPECIFIC ANTAGONISTS</b>               |           |                                                                      |
| Antidotes - Chelating Agents                            |           |                                                                      |
| CHEMET                                                  | 3         |                                                                      |
| <i>deferasirox PACK</i>                                 | 4         | PA                                                                   |
| <i>deferasirox TABS</i>                                 | 4         | SP; PA                                                               |
| <i>deferasirox TBSO</i>                                 | 4         | SP; PA                                                               |
| Antidotes and Specific Antagonists                      |           |                                                                      |
| VISTOGARD                                               | 4         | PA                                                                   |
| Opioid Antagonists                                      |           |                                                                      |
| <i>naloxone hcl LIQD</i>                                | 1B        | QL(2 EA per fill retail); 2 max fill(s) per 30 day(s) retail; RX/OTC |
| <i>naloxone hcl SOLN 0.4 MG/ML, 4 MG/10ML</i>           | 1B        |                                                                      |
| <i>naltrexone hcl</i>                                   | 1B        |                                                                      |
| <b>ANTIEMETICS - Drugs to Treat Nausea and Vomiting</b> |           |                                                                      |
| 5-HT3 Receptor Antagonists                              |           |                                                                      |
| ANZEMET TABS 50 MG                                      | 3         | QL(0.167 EA daily); PA                                               |
| <i>granisetron hcl SOLN IV 1 MG/ML</i>                  | 1B        |                                                                      |
| <i>granisetron hcl TABS</i>                             | 1B        | QL(0.34 EA daily)                                                    |
| <i>ondansetron hcl SOLN IJ 4 MG/2ML</i>                 | 1B        |                                                                      |
| <i>ondansetron hcl SOLN PO 4 MG/5ML</i>                 | 1B        | QL(3.34 ML daily)                                                    |
| <i>ondansetron hcl SOSY</i>                             | 1B        |                                                                      |
| <i>ondansetron hcl TABS 8 MG</i>                        | 1B        | QL(3 EA daily; 45 EA per fill retail; 45 per fill mail)              |

| Drug Name                                             | Drug Tier | Requirements/ Limits                                                                       |
|-------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------|
| <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 TBDP 8 MG</i>                          | 1B        |                                                                                            |
| <i>ondansetron TBDP 4 MG</i>                          | 1B        | QL(1 EA daily)                                                                             |
| <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                           |           |                                                                                            |
| AKYNZEO                                               | 3         | PA                                                                                         |
| <i>doxylamine-pyridoxine TBEC</i>                     | 1B        | QL(4 EA daily); 3 max fill(s) per 365 day(s) retail; 3 max fill(s) per 365 day(s) mail; PA |
| <i>dronabinol CAPS</i>                                | 1B        |                                                                                            |
| Substance P/Neurokinin 1 (NK1) Receptor Antagonists   |           |                                                                                            |
| <i>aprepitant CAPS 40 MG, 125 MG</i>                  | 1B        | QL(0.067 EA daily)                                                                         |
| <i>aprepitant CAPS 80 MG</i>                          | 1B        | QL(0.134 EA daily)                                                                         |
| <i>aprepitant CAPS</i>                                | 1B        | PA                                                                                         |
| VARUBI (180 MG DOSE) TBPk                             | 3         | PA                                                                                         |
| <b>ANTIFUNGALS - Drugs to Treat Fungal Infections</b> |           |                                                                                            |
| Antifungals                                           |           |                                                                                            |
| <i>amphotericin b IV</i>                              | 3         |                                                                                            |
| <i>flucytosine</i>                                    | 1B        |                                                                                            |

| Drug Name                                                           | Drug Tier | Requirements/ Limits   |
|---------------------------------------------------------------------|-----------|------------------------|
| <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)         |
| <b>Imidazole-Related Antifungals</b>                                |           |                        |
| CRESEMBA CAPS 186 MG                                                | 3         | PA                     |
| <i>fluconazole SUSP</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)        |
| TOLSURA CAPS                                                        | 4         | PA                     |
| <i>voriconazole TABS</i>                                            | 1B        | QL(4 EA daily)         |
| <b>ANTI HISTAMINES - Drugs to Treat Allergies</b>                   |           |                        |
| <b>Antihistamines - Ethanolamines</b>                               |           |                        |
| <i>carbinoxamine maleate SOLN</i>                                   | 1B        |                        |
| <i>carbinoxamine maleate TABS 4 MG</i>                              | 1B        |                        |
| <i>clemastine fumarate SYRP</i>                                     | 1B        |                        |
| <i>clemastine fumarate TABS 2.68 MG</i>                             | 1B        |                        |
| <i>diphenhydramine hcl CAPS 50 MG</i>                               | 1A        |                        |
| <i>diphenhydramine hcl ELIX 12.5 MG/5ML</i>                         | 1B        |                        |
| <i>diphenhydramine hcl LIQD 12.5 MG/5ML, 25 MG/10ML, 50 MG/20ML</i> | 1B        | QL(20 ML daily)        |
| <b>Antihistamines - Non-Sedating</b>                                |           |                        |
| <i>cetirizine hcl TABS</i>                                          | 1A        | QL(1 EA daily)         |

| Drug Name                                                    | Drug Tier | Requirements/ Limits    |
|--------------------------------------------------------------|-----------|-------------------------|
| <i>desloratadine TABS</i>                                    | 1B        | QL(1 EA daily)          |
| <i>desloratadine TBDP 2.5 MG</i>                             | 1B        | QL(1 EA daily)          |
| <i>levocetirizine dihydrochloride SOLN</i>                   | 1B        | QL(10 ML daily); RX/OTC |
| <i>levocetirizine dihydrochloride TABS</i>                   | 1B        | QL(1 EA daily); RX/OTC  |
| <i>loratadine CAPS</i>                                       | 1B        |                         |
| <i>loratadine CHEW</i>                                       | 1B        |                         |
| <i>loratadine SOLN</i>                                       | 1B        |                         |
| <i>loratadine TABS</i>                                       | 1A        |                         |
| <i>loratadine TBDP</i>                                       | 1B        |                         |
| QUZYTIR SOLN IV                                              | 3         | PA                      |
| <b>Antihistamines - Phenothiazines</b>                       |           |                         |
| <i>promethazine hcl SUPP 12.5 MG, 25 MG</i>                  | 1B        | QL(6 EA daily)          |
| <i>promethazine hcl SUPP 50 MG</i>                           | 1B        |                         |
| <i>promethazine hcl TABS</i>                                 | 1B        |                         |
| <b>Antihistamines - Piperidines</b>                          |           |                         |
| <i>cyproheptadine hcl SYRP</i>                               | 1B        |                         |
| <i>cyproheptadine hcl TABS</i>                               | 1B        |                         |
| <b>ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol</b> |           |                         |
| <b>Antihyperlipidemics - Combinations</b>                    |           |                         |
| <i>ezetimibe-simvastatin</i>                                 | 1B        | QL(1 EA daily)          |
| <b>Antihyperlipidemics - Misc.</b>                           |           |                         |
| <i>icosapent ethyl 1 GM</i>                                  | 1B        | QL(4 EA daily); PA      |
| <i>omega-3-acid ethyl esters</i>                             | 1B        | D+; QL(4 EA daily)      |
| <b>Bile Acid Sequestrants</b>                                |           |                         |
| <i>cholestyramine light PACK</i>                             | 1B        | QL(6 EA daily)          |
| <i>cholestyramine light POWD</i>                             | 1B        | QL(24 GM daily)         |
| <i>cholestyramine PACK</i>                                   | 1B        | QL(6 EA daily)          |

| Drug Name                                            | Drug Tier | Requirements/ Limits   |
|------------------------------------------------------|-----------|------------------------|
| <i>cholestyramine POWD</i>                           | 1B        | QL(25.2 GM daily)      |
| <i>colesevelam hcl PACK</i>                          | 1B        | QL(1 EA daily); PA     |
| <i>colesevelam hcl TABS</i>                          | 1B        | QL(7 EA daily)         |
| <i>colestipol hcl GRAN</i>                           | 1B        | QL(6 GM daily)         |
| <i>colestipol hcl PACK</i>                           | 1B        | QL(6 EA daily)         |
| <i>colestipol hcl TABS</i>                           | 1B        | QL(16 EA daily)        |
| Fibric Acid Derivatives                              |           |                        |
| <i>choline fenofibrate</i>                           | 1B        | D+; QL(1 EA daily)     |
| <i>fenofibrate micronized 43 MG, 130 MG</i>          | 1B        | QL(1 EA daily)         |
| <i>fenofibrate micronized 67 MG, 134 MG, 200 MG</i>  | 1B        | D+; QL(1 EA daily)     |
| <i>fenofibrate TABS 48 MG, 54 MG, 145 MG, 160 MG</i> | 1B        | D+; QL(1 EA daily)     |
| <i>gemfibrozil TABS</i>                              | 1B        | D+; QL(2 EA daily)     |
| HMG CoA Reductase Inhibitors                         |           |                        |
| <i>atorvastatin calcium TABS</i>                     | 1A        | D+; QL(1 EA daily)     |
| <i>fluvastatin sodium CAPS 40 MG</i>                 | 1B        | QL(2 EA daily)         |
| <i>fluvastatin sodium CAPS 20 MG</i>                 | 1B        | QL(1 EA daily)         |
| <i>lovastatin TABS 10 MG, 20 MG</i>                  | 1A        | D+; QL(1 EA daily); PV |
| <i>lovastatin TABS 40 MG</i>                         | 1A        | D+; QL(2 EA daily); PV |
| <i>pravastatin sodium</i>                            | 1B        | D+; QL(1 EA daily)     |
| <i>rosuvastatin calcium TABS</i>                     | 1B        | QL(1 EA daily)         |
| <i>simvastatin TABS</i>                              | 1A        | D+; QL(1 EA daily)     |
| Intestinal Cholesterol Absorption Inhibitors         |           |                        |
| <i>ezetimibe</i>                                     | 1B        | D+; QL(1 EA daily)     |
| Nicotinic Acid Derivatives                           |           |                        |

| Drug Name                                                       | Drug Tier | Requirements/ Limits    |
|-----------------------------------------------------------------|-----------|-------------------------|
| <i>niacin (antihyperlipidemic) TBCR</i>                         | 1B        | QL(2 EA daily)          |
| Proprotein Convertase Subtilisin/Kexin Type 9 Inhibitors        |           |                         |
| REPATHA PUSHTRONEX SYSTEM SOCT                                  | 4         | QL(0.25 ML daily); PA   |
| REPATHA SURECLICK SOAJ                                          | 4         | QL(0.0714 ML daily); PA |
| REPATHA SOSY                                                    | 4         | QL(0.0714 ML daily); PA |
| ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure          |           |                         |
| ACE Inhibitors                                                  |           |                         |
| <i>benazepril hcl</i>                                           | 1A        | D+                      |
| <i>captopril 25 MG, 50 MG, 100 MG</i>                           | 1B        | QL(3 EA daily)          |
| <i>captopril 12.5 MG</i>                                        | 1B        |                         |
| <i>enalapril maleate TABS</i>                                   | 1A        | D+                      |
| <i>fosinopril sodium</i>                                        | 1B        | D+                      |
| <i>lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG</i> | 1A        | D+                      |
| <i>moexipril hcl</i>                                            | 1B        | QL(2 EA daily)          |
| <i>perindopril erbumine 2 MG, 8 MG</i>                          | 1B        | QL(2 EA daily)          |
| <i>perindopril erbumine 4 MG</i>                                | 1B        |                         |
| <i>quinapril hcl 20 MG, 40 MG</i>                               | 1B        |                         |
| <i>quinapril hcl 5 MG, 10 MG</i>                                | 1B        | QL(2 EA daily)          |
| <i>ramipril CAPS</i>                                            | 1B        | D+                      |
| <i>trandolapril 1 MG, 2 MG</i>                                  | 1B        | D+; QL(1 EA daily)      |
| <i>trandolapril 4 MG</i>                                        | 1B        | D+; QL(2 EA daily)      |
| Agents for Pheochromocytoma                                     |           |                         |
| <i>phenoxybenzamine hcl</i>                                     | 3         | PA                      |
| Angiotensin II Receptor Antagonists                             |           |                         |
| <i>candesartan cilexetil</i>                                    | 1B        | QL(1 EA daily)          |

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

| Drug Name                                                                  | Drug Tier | Requirements/ Limits                                                                        |
|----------------------------------------------------------------------------|-----------|---------------------------------------------------------------------------------------------|
| <i>trandolapril-verapamil hcl</i> 180 MG-2 MG, 240 MG-1 MG                 | 3         |                                                                                             |
| <i>trandolapril-verapamil hcl</i> 240 MG-2 MG, 240 MG-4 MG                 | 3         | QL(1 EA daily)                                                                              |
| <i>valsartan-hydrochlorothiazide</i>                                       | 1B        | QL(1 EA daily)                                                                              |
| Antihypertensives - Misc.                                                  |           |                                                                                             |
| VECAMYL                                                                    | 3         | PA                                                                                          |
| Direct Renin Inhibitors                                                    |           |                                                                                             |
| <i>aliskiren fumarate</i>                                                  | 1B        | QL(1 EA daily)                                                                              |
| Selective Aldosterone Receptor Antagonists (SARAs)                         |           |                                                                                             |
| <i>eplerenone</i>                                                          | 1B        |                                                                                             |
| Vasodilators                                                               |           |                                                                                             |
| <i>hydralazine hcl</i> SOLN                                                | 1B        |                                                                                             |
| <i>hydralazine hcl</i> TABS                                                | 1B        | D+                                                                                          |
| <i>minoxidil</i> 2.5 MG, 10 MG                                             | 1B        | D+                                                                                          |
| <b>ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections</b> |           |                                                                                             |
| Anti-infective Agents - Misc.                                              |           |                                                                                             |
| <i>metronidazole</i> TABS 250 MG, 500 MG                                   | 1B        |                                                                                             |
| <i>pentamidine isethionate</i> IN                                          | 1B        |                                                                                             |
| <i>tinidazole</i>                                                          | 1B        |                                                                                             |
| <i>trimethoprim</i> TABS                                                   | 1B        |                                                                                             |
| 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 |
| XIFAXAN 550 MG                                                             | 3         | QL(3 EA daily); AL(At least 12 yrs old); PA                                                 |
| Anti-infective Misc. - Combinations                                        |           |                                                                                             |

| Drug Name                                                                                        | Drug Tier | Requirements/ Limits                  |
|--------------------------------------------------------------------------------------------------|-----------|---------------------------------------|
| <i>sulfamethoxazole-trimethoprim</i> SOLN                                                        | 1B        |                                       |
| <i>sulfamethoxazole-trimethoprim</i> SUSP                                                        | 1B        |                                       |
| <i>sulfamethoxazole-trimethoprim</i> TABS                                                        | 1A        |                                       |
| Antiprotozoal Agents                                                                             |           |                                       |
| ALINIA SUSR                                                                                      | 2         | PA                                    |
| <i>atovaquone</i>                                                                                | 1B        |                                       |
| <i>nitazoxanide</i> TABS                                                                         | 1B        | PA                                    |
| Carbapenems                                                                                      |           |                                       |
| <i>ertapenem sodium</i> IJ                                                                       | 1B        |                                       |
| Chloramphenicols                                                                                 |           |                                       |
| <i>chloramphenicol sodium succinate</i>                                                          | 4         | SP; PA                                |
| Cyclic Lipopeptides                                                                              |           |                                       |
| <i>daptomycin</i> 500 MG                                                                         | 1B        |                                       |
| Glycopeptides                                                                                    |           |                                       |
| <i>vancomycin hcl</i> CAPS                                                                       | 1B        | QL(4 EA daily; 40 EA per fill retail) |
| <i>vancomycin hcl</i> SOLR PO 25 MG/ML, 50 MG/ML, 250 MG/5ML                                     | 1B        | QL(300 ML per fill retail)            |
| Leprostatics                                                                                     |           |                                       |
| <i>dapsone</i>                                                                                   | 1B        |                                       |
| Lincosamides                                                                                     |           |                                       |
| <i>clindamycin hcl</i>                                                                           | 1B        |                                       |
| <i>clindamycin palmitate hydrochloride</i>                                                       | 1B        |                                       |
| <i>clindamycin phosphate</i> SOLN IJ 9 GM/60ML, 300 MG/2ML, 600 MG/4ML, 900 MG/6ML, 9000 MG/60ML | 1B        |                                       |
| <i>lincomycin hcl</i>                                                                            | 1B        |                                       |
| Monobactams                                                                                      |           |                                       |

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| Drug Name                                                            | Drug Tier | Requirements/ Limits                                                                                                                                                                 | Drug Name                                                                            | Drug Tier | Requirements/ Limits                                                                                                                                    |
|----------------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>aztreonam 1 GM</i>                                                | 1B        |                                                                                                                                                                                      | <b>Antimalarials</b>                                                                 |           |                                                                                                                                                         |
| CAYSTON                                                              | 4         | QL(3 ML daily); PA                                                                                                                                                                   | <i>chloroquine phosphate TABS 500 MG</i>                                             | 1B        |                                                                                                                                                         |
| <b>Oxazolidinones</b>                                                |           |                                                                                                                                                                                      | <i>chloroquine phosphate TABS 250 MG</i>                                             | 1B        | QL(3 EA daily)                                                                                                                                          |
| <i>linezolid SUSR</i>                                                | 1B        |                                                                                                                                                                                      | <i>hydroxychloroquine sulfate 400 MG</i>                                             | 1B        | QL(1 EA daily)                                                                                                                                          |
| <i>linezolid TABS</i>                                                | 1B        | QL(2 EA daily); PA                                                                                                                                                                   | <i>hydroxychloroquine sulfate 100 MG</i>                                             | 1B        | QL(4 EA daily)                                                                                                                                          |
| <b>Urinary Anti-infectives</b>                                       |           |                                                                                                                                                                                      | <i>hydroxychloroquine sulfate 200 MG</i>                                             | 1B        | QL(3 EA daily)                                                                                                                                          |
| <i>fosfomycin tromethamine</i>                                       | 1B        |                                                                                                                                                                                      | KRINTAFEL                                                                            | 3         | QL(2 EA per 30 day(s) retail)                                                                                                                           |
| <i>methenamine hippurate</i>                                         | 1B        |                                                                                                                                                                                      | <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>nitrofurantoin</i>                                                | 1B        |                                                                                                                                                                                      | <i>primaquine phosphate TABS</i>                                                     | 3         |                                                                                                                                                         |
| <i>nitrofurantoin macrocrystal 50 MG, 100 MG</i>                     | 1B        |                                                                                                                                                                                      | <i>pyrimethamine</i>                                                                 | 1B        | QL(3 EA daily); PA                                                                                                                                      |
| <i>nitrofurantoin monohyd macro</i>                                  | 1B        |                                                                                                                                                                                      | <i>quinine sulfate CAPS 324 MG</i>                                                   | 1B        | PA                                                                                                                                                      |
| <b>ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)</b> |           |                                                                                                                                                                                      | <b>ANTIMYASTHENIC/CHOLINERGIC AGENTS</b>                                             |           |                                                                                                                                                         |
| <b>Antimalarial Combinations</b>                                     |           |                                                                                                                                                                                      | <b>Antimyasthenic/Cholinergic Agents</b>                                             |           |                                                                                                                                                         |
| <i>atovaquone-proguanil hcl</i>                                      | 1B        | Covered for malaria treatment only. Limit 1 fill every 180 days; QL(12 EA per fill retail; 12 per fill mail); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail | <i>neostigmine methylsulfate SOSY</i>                                                | 3         | PA                                                                                                                                                      |
| 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 | <i>pyridostigmine bromide SOLN PO</i>                                                | 1B        |                                                                                                                                                         |
|                                                                      |           |                                                                                                                                                                                      | <i>pyridostigmine bromide TABS 60 MG</i>                                             | 1B        |                                                                                                                                                         |
|                                                                      |           |                                                                                                                                                                                      | <i>pyridostigmine bromide TBCR</i>                                                   | 1B        |                                                                                                                                                         |
|                                                                      |           |                                                                                                                                                                                      | <b>ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)</b> |           |                                                                                                                                                         |

| Drug Name                                                        | Drug Tier | Requirements/ Limits | Drug Name                                              | Drug Tier | Requirements/ Limits   |
|------------------------------------------------------------------|-----------|----------------------|--------------------------------------------------------|-----------|------------------------|
| Antimycobacterial Agents                                         |           |                      | TEMODAR SOLR                                           | 4         |                        |
| <i>cycloserine</i>                                               | 1B        | QL(4 EA daily)       | <i>temozolomide CAPS</i>                               | 4         | SP; PA                 |
| <i>ethambutol hcl TABS</i>                                       | 1B        |                      | <i>thiotepa 15 MG</i>                                  | 4         | SP; PA                 |
| <i>isoniazid SOLN</i>                                            | 1B        |                      | ZANOSAR                                                | 4         | SP; PA                 |
| <i>isoniazid SYRP</i>                                            | 1B        |                      | Antimetabolites                                        |           |                        |
| <i>isoniazid TABS</i>                                            | 1A        |                      | <i>azacitidine SUSR</i>                                | 4         | SP; PA                 |
| PRIFTIN                                                          | 3         |                      | <i>capecitabine</i>                                    | 4         | SP; PA                 |
| <i>pyrazinamide</i>                                              | 1B        |                      | <i>clofarabine</i>                                     | 4         | SP; PA                 |
| <i>rifabutin</i>                                                 | 1B        | PA                   | <i>decitabine</i>                                      | 4         | SP; PA                 |
| <i>rifampin CAPS</i>                                             | 1B        |                      | <i>floxuridine</i>                                     | 4         | SP; PA                 |
| <i>rifampin SOLR</i>                                             | 1B        |                      | <i>fludarabine phosphate SOLN</i>                      | 4         | SP; PA                 |
| SIRTURO                                                          | 3         | PA                   | <i>fludarabine phosphate SOLR</i>                      | 4         | SP; PA                 |
| ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer |           |                      | <i>fluorouracil 500 MG/10ML</i>                        | 4         | SP; PA                 |
| Alkylating Agents                                                |           |                      | <i>gemcitabine hcl SOLR 2 GM, 200 MG</i>               | 4         | SP; PA                 |
| <i>busulfan SOLN</i>                                             | 4         | SP; PA               | <i>mercaptopurine TABS</i>                             | 1B        |                        |
| <i>carmustine</i>                                                | 4         | SP; PA               | <i>methotrexate sodium SOLN 50 MG/2ML, 250 MG/10ML</i> | 1B        |                        |
| <i>cisplatin SOLN 100 MG/100ML</i>                               | 4         | SP; PA               | <i>methotrexate sodium SOLR</i>                        | 1B        | SP                     |
| <i>cyclophosphamide CAPS</i>                                     | 1B        | PA                   | <i>methotrexate sodium TABS 2.5 MG</i>                 | 1B        | SP                     |
| <i>cyclophosphamide SOLR IJ</i>                                  | 4         |                      | <i>nelarabine</i>                                      | 4         | SP; PA                 |
| GLEOSTINE 10 MG ( <i>lomustine</i> )                             | 4         | SP; PA               | <i>pemetrexed disodium SOLR 500 MG</i>                 | 4         | SP; PA                 |
| GLEOSTINE 40 MG, 100 MG ( <i>lomustine</i> )                     | 4         | PA                   | <i>pralatrexate 20 MG/ML</i>                           | 4         | SP; PA                 |
| <i>ifosfamide SOLN 1 GM/20ML</i>                                 | 4         | SP; PA               | TABLOID                                                | 4         | SP; PA                 |
| <i>ifosfamide SOLR</i>                                           | 4         | SP; PA               | TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG                | 4         | SP; PA                 |
| LEUKERAN                                                         | 4         | SP; PA               | Antineoplastic - Angiogenesis Inhibitors               |           |                        |
| <i>lomustine 10 MG</i>                                           | 4         | SP; PA               | INLYTA                                                 | 4         | QL(2 EA daily); SP; PA |
| <i>lomustine 40 MG, 100 MG</i>                                   | 4         | PA                   | LENVIMA (10 MG DAILY DOSE)                             | 4         | QL(1 EA daily); PA     |
| <i>melphalan</i>                                                 | 1B        |                      | LENVIMA (12 MG DAILY DOSE)                             | 4         | QL(3 EA daily); PA     |
| <i>melphalan hcl IV</i>                                          | 1B        |                      |                                                        |           |                        |
| MYLERAN TABS                                                     | 4         | SP; PA               |                                                        |           |                        |
| <i>oxaliplatin SOLN 50 MG/10ML, 100 MG/20ML</i>                  | 4         | SP; PA               |                                                        |           |                        |

| Drug Name                         | Drug Tier | Requirements/ Limits   | Drug Name                                    | Drug Tier | Requirements/ Limits        |
|-----------------------------------|-----------|------------------------|----------------------------------------------|-----------|-----------------------------|
| LENVIMA (14 MG DAILY DOSE)        | 4         | QL(2 EA daily); PA     | VIZIMPRO                                     | 4         | QL(1 EA daily); PA          |
| LENVIMA (18 MG DAILY DOSE)        | 4         | QL(3 EA daily); PA     | Antineoplastic - Hedgehog Pathway Inhibitors |           |                             |
| LENVIMA (20 MG DAILY DOSE)        | 4         | QL(2 EA daily); PA     | DAURISMO                                     | 4         | PA                          |
| LENVIMA (24 MG DAILY DOSE)        | 4         | QL(3 EA daily); PA     | ERIVEDGE                                     | 4         | QL(1 EA daily); SP; PA      |
| LENVIMA (4 MG DAILY DOSE)         | 4         | QL(1 EA daily); PA     | ODOMZO                                       | 4         | QL(1 EA daily); PA          |
| LENVIMA (8 MG DAILY DOSE)         | 4         | QL(2 EA daily); PA     | Antineoplastic - Hormonal and Related Agents |           |                             |
| MVASI                             | 4         | PA                     | <i>abiraterone acetate 500 MG</i>            | 4         | QL(2 EA daily); PA          |
| ZALTRAP 100 MG/4ML                | 4         | SP; PA                 | <i>abiraterone acetate 250 MG</i>            | 4         | QL(4 EA daily); SP; PA      |
| ZIRABEV                           | 4         | PA                     | <i>anastrozole</i>                           | 1B        | QL(1 EA daily)              |
| Antineoplastic - Antibodies       |           |                        | <i>bicalutamide</i>                          | 1B        | QL(1 EA daily); SP          |
| ARZERRA                           | 4         | SP; PA                 | ELIGARD SC 22.5 MG, 30 MG, 45 MG             | 4         | SP; PA                      |
| LOQTORZI                          | 4         | PA                     | ELIGARD KIT SC 7.5 MG                        | 4         | QL(0.0089 EA daily); SP; PA |
| RUXIENCE                          | 4         | PA                     | EMCYT                                        | 4         | SP; PA                      |
| TRUXIMA                           | 4         | PA                     | ERLEADA 240 MG                               | 4         | QL(1 EA daily); PA          |
| YERVOY                            | 4         | SP; PA                 | ERLEADA 60 MG                                | 4         | QL(4 EA daily); PA          |
| Antineoplastic - Anti-HER2 Agents |           |                        | <i>exemestane</i>                            | 4         | QL(1 EA daily); SP          |
| KANJINTI                          | 4         | PA                     | FIRMAGON 80 MG                               | 4         | QL(0.143 EA daily); SP; PA  |
| OGIVRI                            | 4         | PA                     | FIRMAGON (240 MG DOSE)                       | 4         | QL(0.143 EA daily); SP; PA  |
| TRAZIMERA                         | 4         | PA                     | <i>fulvestrant SOSY</i>                      | 4         | QL(0.357 ML daily); SP; PA  |
| TUKYSA                            | 4         | PA                     | <i>letrozole</i>                             | 1B        |                             |
| Antineoplastic - EGFR Inhibitors  |           |                        | <i>leuprolide acetate KIT IJ 1 MG/0.2ML</i>  | 4         | SP; PA                      |
| ERBITUX                           | 4         | SP; PA                 | LUPRON DEPOT (1-MONTH) KIT IM                | 4         | QL(0.0358 EA daily); SP; PA |
| <i>erlotinib hcl</i>              | 4         | QL(1 EA daily); SP; PA | LUPRON DEPOT (3-MONTH) KIT IM                | 4         | SP; PA                      |
| <i>gefitinib</i>                  | 4         | QL(2 EA daily); PA     | LUPRON DEPOT (4-MONTH) IM                    | 4         | QL(0.1339 EA daily); SP; PA |
| GILOTRIF                          | 4         | QL(1 EA daily); PA     |                                              |           |                             |
| TAGRISSE 40 MG                    | 4         | QL(2 EA daily); PA     |                                              |           |                             |
| TAGRISSE 80 MG                    | 4         | QL(1 EA daily); PA     |                                              |           |                             |
| VECTIBIX 100 MG/5ML               | 4         | SP; PA                 |                                              |           |                             |

| Drug Name                                  | Drug Tier | Requirements/ Limits        | Drug Name                        | Drug Tier | Requirements/ Limits   |
|--------------------------------------------|-----------|-----------------------------|----------------------------------|-----------|------------------------|
| LUPRON DEPOT (6-MONTH) IM                  | 4         | QL(0.0089 EA daily); SP; PA | <i>valrubicin</i>                | 4         | SP; PA                 |
| LYSODREN                                   | 4         | SP; PA                      | Antineoplastic Combinations      |           |                        |
| <i>megestrol acetate SUSP</i>              | 1B        |                             | KISQALI FEMARA (200 MG DOSE)     | 4         | QL(2 EA daily); PA     |
| <i>megestrol acetate TABS</i>              | 1B        |                             | KISQALI FEMARA (400 MG DOSE)     | 4         | QL(2.5 EA daily); PA   |
| <i>nilutamide</i>                          | 1B        | QL(2 EA daily)              | KISQALI FEMARA (600 MG DOSE)     | 4         | QL(3.25 EA daily); PA  |
| NUBEQA                                     | 4         | QL(4 EA daily); PA          | Antineoplastic Enzyme Inhibitors |           |                        |
| ORGOVYX                                    | 4         | PA                          | ALECENSA                         | 4         | QL(8 EA daily); PA     |
| <i>tamoxifen citrate TABS</i>              | 0         |                             | <i>bortezomib SOLR IJ</i>        | 4         | SP; PA                 |
| <i>toremifene citrate</i>                  | 1B        |                             | BORTEZOMIB SOLR IV 3.5 MG        | 4         | PA                     |
| TRELSTAR MIXJECT                           | 4         | SP; PA                      | CABOMETYX TABS                   | 4         | QL(1 EA daily); PA     |
| VABRINTY SC 22.5 MG, 30 MG, 45 MG          | 4         | SP; PA                      | CAPRELSA                         | 4         | QL(1 EA daily); SP; PA |
| XTANDI CAPS                                | 4         | QL(4 EA daily); SP; PA      | COMETRIQ (100 MG DAILY DOSE) KIT | 4         | QL(2 EA daily); SP; PA |
| XTANDI TABS 40 MG                          | 4         | QL(4 EA daily); PA          | COMETRIQ (140 MG DAILY DOSE) KIT | 4         | QL(4 EA daily); SP; PA |
| XTANDI TABS 80 MG                          | 4         | QL(2 EA daily); PA          | COMETRIQ (60 MG DAILY DOSE) KIT  | 4         | QL(3 EA daily); SP; PA |
| YONSA                                      | 4         | QL(4 EA daily); PA          | <i>dasatinib</i>                 | 4         | QL(1 EA daily); SP; PA |
| ZOLADEX 3.6 MG                             | 4         | QL(0.0357 EA daily); SP; PA | <i>everolimus TABS</i>           | 4         | QL(1 EA daily); SP; PA |
| ZOLADEX 10.8 MG                            | 4         | QL(0.0119 EA daily); SP; PA | IBRANCE CAPS                     | 4         | QL(1 EA daily); PA     |
| Antineoplastic - Immunomodulators          |           |                             | IBRANCE TABS                     | 4         | QL(1 EA daily); PA     |
| POMALYST                                   | 4         | QL(1 EA daily); PA          | ICLUSIG                          | 4         | QL(1 EA daily); PA     |
| Antineoplastic Antibiotics                 |           |                             | <i>imatinib mesylate TABS</i>    | 4         | QL(2 EA daily); SP; PA |
| <i>bleomycin sulfate 15 UNIT</i>           | 4         | SP; PA                      | JAKAFI                           | 4         | QL(2 EA daily); SP; PA |
| <i>dactinomycin</i>                        | 4         | SP; PA                      | KISQALI (200 MG DOSE)            | 4         | QL(2 EA daily); PA     |
| <i>doxorubicin hcl SOLR 10 MG, 50 MG</i>   | 4         | SP; PA                      | KISQALI (400 MG DOSE)            | 4         | QL(2 EA daily); PA     |
| <i>idarubicin hcl 20 MG/20ML</i>           | 4         | PA                          | KISQALI (600 MG DOSE)            | 4         | QL(2.5 EA daily); PA   |
| <i>idarubicin hcl 5 MG/5ML, 10 MG/10ML</i> | 4         | SP; PA                      |                                  |           |                        |
| <i>mitomycin SOLR IV 20 MG</i>             | 4         | SP; PA                      |                                  |           |                        |
| <i>mitoxantrone hcl 25 MG/12.5ML</i>       | 4         | SP; PA                      |                                  |           |                        |

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| Drug Name                                     | Drug Tier | Requirements/ Limits       | Drug Name                                      | Drug Tier | Requirements/ Limits   |
|-----------------------------------------------|-----------|----------------------------|------------------------------------------------|-----------|------------------------|
| KYPROLIS                                      | 4         | PA                         | TURALIO 125 MG                                 | 4         | PA                     |
| <i>lapatinib ditosylate</i>                   | 4         | QL(6 EA daily); SP; PA     | VERZENIO                                       | 4         | QL(2 EA daily); PA     |
| LORBRENA                                      | 4         | QL(1 EA daily); PA         | VITRAKVI CAPS                                  | 4         | PA                     |
| LUMAKRAS 120 MG, 240 MG                       | 3         | QL(2 EA daily); PA         | VITRAKVI SOLN                                  | 4         | PA                     |
| LUMAKRAS 320 MG                               | 3         | QL(3 EA daily); PA         | XALKORI CAPS                                   | 4         | QL(2 EA daily); SP; PA |
| LYNPARZA TABS                                 | 4         | QL(4 EA daily); PA         | XOSPATA                                        | 4         | PA                     |
| MEKINIST SOLR                                 | 4         | QL(40 ML daily); PA        | ZEJULA TABS                                    | 4         | QL(1 EA daily); PA     |
| MEKINIST TABS 2 MG                            | 4         | QL(1 EA daily); PA         | ZELBORAF                                       | 4         | QL(8 EA daily); SP; PA |
| MEKINIST TABS 0.5 MG                          | 4         | QL(3 EA daily); PA         | ZOLINZA                                        | 4         | QL(4 EA daily); SP; PA |
| <i>pazopanib hcl</i>                          | 4         | QL(4 EA daily); SP; PA     | ZYDELIG                                        | 4         | QL(2 EA daily); PA     |
| PIQRAY (200 MG DAILY DOSE)                    | 4         | QL(1 EA daily); PA         | Antineoplastics Misc.                          |           |                        |
| PIQRAY (250 MG DAILY DOSE)                    | 4         | QL(2 EA daily); PA         | ACTIMMUNE 100 MCG/0.5ML                        | 4         | SP; PA                 |
| PIQRAY (300 MG DAILY DOSE)                    | 4         | QL(2 EA daily); PA         | <i>arsenic trioxide 10 MG/10ML</i>             | 4         | SP; PA                 |
| <i>romidepsin SOLR</i>                        | 4         | SP; PA                     | <i>bexarotene</i>                              | 4         | SP; PA                 |
| ROZLYTREK CAPS                                | 4         | PA                         | <i>hydroxyurea</i>                             | 1B        |                        |
| RUBRACA                                       | 4         | QL(4 EA daily); PA         | MATULANE                                       | 4         | SP; PA                 |
| <i>sorafenib tosylate</i>                     | 4         | QL(4 EA daily); SP; PA     | NIPENT                                         | 4         | SP; PA                 |
| STIVARGA                                      | 4         | QL(4 EA daily); SP; PA     | PHOTOFRIN                                      | 4         | SP; PA                 |
| <i>sunitinib malate 12.5 MG, 25 MG, 50 MG</i> | 4         | QL(1 EA daily); SP; PA     | PROLEUKIN                                      | 4         | SP; PA                 |
| <i>sunitinib malate 37.5 MG</i>               | 4         | QL(1 EA daily); PA         | SYNRIBO                                        | 4         | SP; PA                 |
| TAFINLAR CAPS                                 | 4         | QL(4 EA daily); PA         | <i>tretinoin (chemotherapy)</i>                | 1B        |                        |
| TAFINLAR TBSO                                 | 4         | QL(30 EA daily); PA        | UVADEX                                         | 4         | SP; PA                 |
| TALZENNA                                      | 4         | QL(1 EA daily); PA         | Chemotherapy Rescue/Antidote/Protective Agents |           |                        |
| TAZVERIK                                      | 4         | PA                         | <i>leucovorin calcium SOLR</i>                 | 1B        |                        |
| <i>temsirolimus</i>                           | 4         | QL(0.143 ML daily); SP; PA | <i>leucovorin calcium TABS</i>                 | 1B        |                        |
|                                               |           |                            | VORAXAZE                                       | 4         | SP; PA                 |
|                                               |           |                            | Mitotic Inhibitors                             |           |                        |
|                                               |           |                            | <i>docetaxel CONC 20 MG/ML</i>                 | 4         | SP; PA                 |
|                                               |           |                            | <i>eribulin mesylate</i>                       | 4         | SP; PA                 |
|                                               |           |                            | ETOPOPHOS                                      | 4         | SP; PA                 |

| Drug Name                                                                            | Drug Tier | Requirements/ Limits |
|--------------------------------------------------------------------------------------|-----------|----------------------|
| <i>etoposide CAPS</i>                                                                | 4         | SP; PA               |
| <i>etoposide SOLN 1 GM/50ML, 100 MG/5ML, 500 MG/25ML</i>                             | 4         | PA                   |
| <i>IXEMPRA KIT 15 MG</i>                                                             | 4         | SP; PA               |
| <i>paclitaxel 100 MG/16.7ML, 150 MG/25ML</i>                                         | 4         | SP; PA               |
| <i>paclitaxel protein-bound particles</i>                                            | 4         | SP; PA               |
| <i>vincristine sulfate</i>                                                           | 4         | SP; PA               |
| <i>vinorelbine tartrate 10 MG/ML</i>                                                 | 4         | SP; PA               |
| Topoisomerase I Inhibitors                                                           |           |                      |
| <i>HYCAMTIN CAPS</i>                                                                 | 4         | SP; PA               |
| <i>irinotecan hcl 40 MG/2ML, 100 MG/5ML</i>                                          | 4         | SP; PA               |
| <i>topotecan hcl SOLN</i>                                                            | 4         |                      |
| <i>topotecan hcl SOLR</i>                                                            | 4         |                      |
| <b>ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease</b> |           |                      |
| Antiparkinson Adjunctive Therapy                                                     |           |                      |
| <i>carbidopa</i>                                                                     | 1B        |                      |
| Antiparkinson Anticholinergics                                                       |           |                      |
| <i>benztropine mesylate TABS</i>                                                     | 1B        |                      |
| <i>trihexyphenidyl hcl SOLN</i>                                                      | 1B        |                      |
| <i>trihexyphenidyl hcl TABS</i>                                                      | 1B        |                      |
| 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                   |

| Drug Name                                                                      | Drug Tier | Requirements/ Limits |
|--------------------------------------------------------------------------------|-----------|----------------------|
| <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        |                      |
| <i>NEUPRO</i>                                                                  | 2         |                      |
| <i>pramipexole dihydrochloride TABS 0.125 MG</i>                               | 1B        | QL(4 EA daily)       |
| <i>pramipexole dihydrochloride TABS 0.25 MG, 0.5 MG, 0.75 MG, 1 MG, 1.5 MG</i> | 1B        |                      |
| <i>ropinirole hydrochloride TABS</i>                                           | 1B        |                      |
| <i>ropinirole hydrochloride TB24 2 MG, 4 MG, 6 MG</i>                          | 1B        | QL(1 EA daily); ST   |
| <i>ropinirole hydrochloride TB24 8 MG, 12 MG</i>                               | 1B        | QL(2 EA daily); ST   |
| 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>         |           |                      |
| 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.                                                         |           |                      |
| <i>EQUETRO 200 MG</i>                                                          | 3         | QL(8 EA daily); ST   |

| Drug Name                                         | Drug Tier | Requirements/ Limits                    |
|---------------------------------------------------|-----------|-----------------------------------------|
| EQUETRO 100 MG                                    | 3         | QL(2 EA daily); ST                      |
| EQUETRO 300 MG                                    | 3         | QL(4 EA daily); ST                      |
| <i>lurasidone hcl 80 MG</i>                       | 1B        | QL(2 EA daily)                          |
| <i>lurasidone hcl 20 MG, 40 MG, 60 MG, 120 MG</i> | 1B        | QL(1 EA daily)                          |
| <i>ziprasidone hcl</i>                            | 1B        | QL(2 EA daily); AL(At least 18 yrs old) |
| Benzisoxazoles                                    |           |                                         |
| FANAPT                                            | 2         | QL(2 EA daily); PA                      |
| FANAPT TITRATION PACK A                           | 2         | PA                                      |
| <i>paliperidone</i>                               | 1B        |                                         |
| PERSERIS PRSY                                     | 2         | QL(0.072 EA daily); PA                  |
| <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</i>                           | 1B        |                                         |
| 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</i>                             | 1B        |                                         |
| <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>clozapine TBDP 25 MG</i>                       | 1B        | QL(3 EA daily)                          |
| <i>loxapine succinate</i>                         | 1B        |                                         |

| Drug Name                                                                    | Drug Tier | Requirements/ Limits                    |
|------------------------------------------------------------------------------|-----------|-----------------------------------------|
| <i>olanzapine SOLR</i>                                                       | 1B        | QL(0.215 EA daily)                      |
| <i>olanzapine TABS 2.5 MG, 5 MG</i>                                          | 1B        | QL(4 EA daily)                          |
| <i>olanzapine TABS 7.5 MG, 10 MG, 15 MG, 20 MG</i>                           | 1B        | QL(2 EA daily)                          |
| <i>olanzapine TBDP 5 MG, 10 MG, 15 MG</i>                                    | 1B        | QL(2 EA daily)                          |
| <i>olanzapine TBDP 20 MG</i>                                                 | 1B        | QL(1 EA daily)                          |
| <i>quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 200 MG, 300 MG, 400 MG</i> | 1B        | AL(At least 10 yrs old)                 |
| <i>quetiapine fumarate TB24</i>                                              | 1B        |                                         |
| Phenothiazines                                                               |           |                                         |
| <i>chlorpromazine hcl SOLN</i>                                               | 3         |                                         |
| <i>chlorpromazine hcl TABS</i>                                               | 1B        |                                         |
| <i>fluphenazine hcl CONC</i>                                                 | 1B        |                                         |
| <i>fluphenazine hcl ELIX</i>                                                 | 1B        |                                         |
| <i>fluphenazine hcl SOLN</i>                                                 | 1B        |                                         |
| <i>fluphenazine hcl TABS</i>                                                 | 1B        |                                         |
| <i>perphenazine TABS</i>                                                     | 1B        |                                         |
| <i>prochlorperazine</i>                                                      | 1B        |                                         |
| <i>prochlorperazine maleate TABS</i>                                         | 1B        |                                         |
| <i>thioridazine hcl</i>                                                      | 1B        |                                         |
| <i>trifluoperazine hcl TABS</i>                                              | 1B        |                                         |
| Quinolinone Derivatives                                                      |           |                                         |
| <i>aripiprazole SOLN PO</i>                                                  | 1B        | QL(30 ML daily); AL(At least 6 yrs old) |
| <i>aripiprazole TABS</i>                                                     | 1B        | QL(1 EA daily); AL(At least 6 yrs old)  |
| REXULTI                                                                      | 3         | PA                                      |
| Thioxanthenes                                                                |           |                                         |
| <i>thiothixene</i>                                                           | 1B        |                                         |
| ANTIVIRALS - Drugs to Treat Viral Infections                                 |           |                                         |
| Antiretrovirals                                                              |           |                                         |

| Drug Name                                                                                       | Drug Tier | Requirements/ Limits | Drug Name                                                        | Drug Tier | Requirements/ Limits |
|-------------------------------------------------------------------------------------------------|-----------|----------------------|------------------------------------------------------------------|-----------|----------------------|
| <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)      | EMTRIVA SOLN                                                     | 3         | QL(24 ML daily)      |
| <i>abacavir sulfate TABS</i>                                                                    | 1B        | QL(2 EA daily)       | <i>etravirine 200 MG</i>                                         | 1B        | QL(2 EA daily)       |
| APTIVUS CAPS                                                                                    | 3         | QL(4 EA daily)       | <i>etravirine 100 MG</i>                                         | 1B        | QL(4 EA daily)       |
| <i>atazanavir sulfate CAPS 150 MG, 300 MG</i>                                                   | 1B        | QL(1 EA daily)       | EVOTAZ                                                           | 3         | QL(1 EA daily)       |
| <i>atazanavir sulfate CAPS 200 MG</i>                                                           | 1B        | QL(2 EA daily)       | <i>fosamprenavir calcium TABS</i>                                | 1B        | QL(4 EA daily)       |
| BIKTARVY                                                                                        | 3         | QL(1 EA daily)       | FUZEON SOLR                                                      | 4         | SP; PA               |
| CABENUVA                                                                                        | 3         |                      | GENVOYA                                                          | 3         | QL(1 EA daily)       |
| CIMDUO                                                                                          | 3         | QL(1 EA daily); ST   | INTELENCE 25 MG                                                  | 3         | QL(8 EA daily)       |
| COMPLERA 200 MG-300 MG-25 MG ( <i>emtricitabine-rilpivirine-tenofovir disoproxil fumarate</i> ) | 3         | QL(1 EA daily)       | ISENTRESS HD TABS                                                | 3         | QL(2 EA daily)       |
| <i>darunavir TABS</i>                                                                           | 1B        |                      | ISENTRESS CHEW                                                   | 3         | QL(6 EA daily)       |
| DELSTRIGO                                                                                       | 3         | QL(1 EA daily)       | ISENTRESS TABS                                                   | 3         | QL(2 EA daily)       |
| DESCOVY 200 MG-25 MG                                                                            | 3         |                      | JULUCA                                                           | 3         | QL(1 EA daily)       |
| DOVATO                                                                                          | 3         | QL(1 EA daily)       | KALETRA SOLN                                                     | 2         | QL(12.5 ML daily)    |
| EDURANT                                                                                         | 3         | QL(1 EA daily)       | <i>lamivudine SOLN</i>                                           | 1B        | QL(30 ML daily)      |
| <i>efavirenz CAPS 200 MG</i>                                                                    | 1B        | QL(2 EA daily)       | <i>lamivudine TABS 150 MG</i>                                    | 1B        | QL(2 EA daily)       |
| <i>efavirenz CAPS 50 MG</i>                                                                     | 1B        | QL(3 EA daily)       | <i>lamivudine TABS 300 MG</i>                                    | 1B        | QL(1 EA daily)       |
| <i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>                                    | 1B        | QL(1 EA daily)       | <i>lamivudine-zidovudine</i>                                     | 1B        | QL(2 EA daily)       |
| <i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>                                       | 1B        | QL(1 EA daily)       | LEXIVA SUSP                                                      | 3         | QL(56 ML daily)      |
| <i>efavirenz TABS</i>                                                                           | 1B        | QL(1 EA daily)       | <i>lopinavir-ritonavir SOLN</i>                                  | 1B        | QL(12.5 ML daily)    |
| <i>emtricitabine CAPS</i>                                                                       | 1B        | QL(1 EA daily)       | <i>lopinavir-ritonavir TABS</i>                                  | 1B        | QL(4 EA daily)       |
| <i>emtricitabine-rilpivirine-tenofovir disoproxil fumarate</i>                                  | 1B        | QL(1 EA daily)       | <i>maraviroc TABS 150 MG</i>                                     | 1B        | QL(2 EA daily)       |
| <i>emtricitabine-tenofovir disoproxil fumarate 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG</i>  | 1B        | QL(1 EA daily)       | <i>maraviroc TABS 300 MG</i>                                     | 1B        | QL(4 EA daily)       |
|                                                                                                 |           |                      | <i>nevirapine SUSP</i>                                           | 1B        | QL(40 ML daily)      |
|                                                                                                 |           |                      | <i>nevirapine TABS</i>                                           | 1B        | QL(2 EA daily)       |
|                                                                                                 |           |                      | <i>nevirapine TB24 400 MG</i>                                    | 1B        | QL(1 EA daily)       |
|                                                                                                 |           |                      | NORVIR CAPS                                                      | 2         | QL(12 EA daily)      |
|                                                                                                 |           |                      | NORVIR PACK                                                      | 3         | QL(12 EA daily)      |
|                                                                                                 |           |                      | ODEFSEY                                                          | 3         | QL(1 EA daily)       |
|                                                                                                 |           |                      | PIFELTRO                                                         | 3         | QL(1 EA daily)       |

| Drug Name                                 | Drug Tier | Requirements/ Limits |
|-------------------------------------------|-----------|----------------------|
| PREZCOBIX                                 | 3         | QL(1 EA daily)       |
| PREZISTA SUSP                             | 3         | QL(12 ML daily)      |
| PREZISTA TABS 75 MG, 150 MG               | 3         | QL(2 EA daily)       |
| RETROVIR SOLN                             | 3         |                      |
| <i>ritonavir TABS</i>                     | 1B        | QL(12 EA daily)      |
| SELZENTRY SOLN                            | 3         | QL(30 ML daily)      |
| SELZENTRY TABS 25 MG, 75 MG               | 3         | QL(2 EA daily)       |
| STRIBILD                                  | 3         | QL(1 EA daily)       |
| SYMTUZA                                   | 3         |                      |
| <i>tenofovir disoproxil fumarate TABS</i> | 1B        |                      |
| TIVICAY PD TBSO                           | 3         |                      |
| TIVICAY TABS                              | 3         | QL(2 EA daily)       |
| TRIUMEQ PD TBSO                           | 3         |                      |
| TRIUMEQ TABS                              | 3         | QL(1 EA daily)       |
| TYBOST                                    | 3         | QL(1 EA daily)       |
| VIRACEPT TABS 250 MG                      | 3         | QL(10 EA daily)      |
| VIRACEPT TABS 625 MG                      | 3         | QL(4 EA daily)       |
| VIREAD POWD                               | 3         | QL(7.5 GM daily)     |
| VIREAD TABS 150 MG, 200 MG, 250 MG        | 3         | QL(1 EA daily)       |
| <i>zidovudine CAPS</i>                    | 1B        | QL(6 EA daily)       |
| <i>zidovudine SYRP</i>                    | 1B        | QL(60 ML daily)      |
| <i>zidovudine TABS</i>                    | 1B        | QL(2 EA daily)       |
| CMV Agents                                |           |                      |
| <i>cidofovir</i>                          | 3         |                      |
| <i>ganciclovir sodium SOLR</i>            | 1B        |                      |
| <i>valganciclovir hcl TABS</i>            | 1B        | QL(4 EA daily); PA   |
| Hepatitis Agents                          |           |                      |
| <i>adefovir dipivoxil</i>                 | 4         | QL(1 EA daily); SP   |
| <i>entecavir TABS</i>                     | 4         | QL(1 EA daily); SP   |

| Drug Name                                  | Drug Tier | Requirements/ Limits                                                                                                                           |
|--------------------------------------------|-----------|------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>lamivudine (hbv) TABS</i>               | 1B        | QL(3 EA daily); SP                                                                                                                             |
| PEGASYS SOLN                               | 4         | QL(0.0714 ML daily); SP; PA                                                                                                                    |
| PEGASYS SOSY                               | 4         | QL(0.072 ML daily); PA                                                                                                                         |
| <i>ribavirin (hepatitis c) CAPS</i>        | 1B        | QL(7 EA daily)                                                                                                                                 |
| <i>ribavirin (hepatitis c) TABS 200 MG</i> | 1B        | QL(7 EA daily)                                                                                                                                 |
| SOFOSBUVIR-VELPATASVIR TABS                | 1B        | QL(1 EA daily); PA                                                                                                                             |
| SOVALDI TABS 200 MG                        | 3         | QL(1 EA daily); PA                                                                                                                             |
| SOVALDI TABS 400 MG                        | 3         | QL(1 EA daily); SP; PA                                                                                                                         |
| VOSEVI                                     | 4         | QL(1 EA daily); PA                                                                                                                             |
| Herpes Agents                              |           |                                                                                                                                                |
| <i>acyclovir CAPS</i>                      | 1A        | QL(5 EA daily; 50 EA per fill retail; 50 per fill mail)                                                                                        |
| <i>acyclovir SUSP</i>                      | 1B        | QL(13.34 ML daily)                                                                                                                             |
| <i>acyclovir TABS PO</i>                   | 1B        | QL(5 EA daily)                                                                                                                                 |
| <i>famciclovir 125 MG, 250 MG</i>          | 1B        | QL(3 EA daily)                                                                                                                                 |
| <i>famciclovir 500 MG</i>                  | 1B        | QL(4 EA daily)                                                                                                                                 |
| <i>valacyclovir hcl 500 MG</i>             | 1B        | QL(2 EA daily)                                                                                                                                 |
| <i>valacyclovir hcl 1 GM</i>               | 1B        | QL(4 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 |

| Drug Name                                                 | Drug Tier | Requirements/ Limits                                                                        |
|-----------------------------------------------------------|-----------|---------------------------------------------------------------------------------------------|
| <i>oseltamivir phosphate</i> SUSR                         | 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</i> TABS                     | 1B        | QL(2 EA daily)                                                                              |
| <b>BETA BLOCKERS - Drugs to Treat High Blood Pressure</b> |           |                                                                                             |
| <b>Alpha-Beta Blockers</b>                                |           |                                                                                             |
| <i>carvedilol</i>                                         | 1A        | D+                                                                                          |
| <i>carvedilol phosphate</i>                               | 3         | QL(1 EA daily)                                                                              |
| <i>labetalol hcl</i> SOLN                                 | 1B        |                                                                                             |
| <i>labetalol hcl</i> TABS 100 MG, 200 MG                  | 1B        | D+                                                                                          |
| <i>labetalol hcl</i> TABS 300 MG                          | 1B        | D+; QL(8 EA daily)                                                                          |
| <b>Beta Blockers Cardio-Selective</b>                     |           |                                                                                             |
| <i>acebutolol hcl</i> CAPS                                | 1B        |                                                                                             |
| <i>atenolol</i> TABS                                      | 1A        | D+                                                                                          |
| <i>betaxolol hcl</i>                                      | 1B        |                                                                                             |
| <i>bisoprolol fumarate</i>                                | 1B        | D+                                                                                          |
| <i>metoprolol succinate</i> TB24 200 MG                   | 1B        | D+; QL(2 EA daily)                                                                          |
| <i>metoprolol succinate</i> TB24 25 MG, 50 MG, 100 MG     | 1B        | D+                                                                                          |
| <i>metoprolol tartrate</i> SOLN IV 5 MG/5ML               | 1B        |                                                                                             |
| <i>metoprolol tartrate</i> TABS 25 MG, 50 MG, 100 MG      | 1A        | D+                                                                                          |
| <i>nebivolol hcl</i> 2.5 MG, 5 MG, 10 MG                  | 3         | QL(1 EA daily)                                                                              |
| <i>nebivolol hcl</i> 20 MG                                | 3         | QL(2 EA daily)                                                                              |
| <b>Beta Blockers Non-Selective</b>                        |           |                                                                                             |
| HEMANGEOL SOLN PO                                         | 4         | QL(75 ML daily); PA                                                                         |

| Drug Name                                                                          | Drug Tier | Requirements/ Limits |
|------------------------------------------------------------------------------------|-----------|----------------------|
| <i>nadolol</i> TABS 80 MG                                                          | 1B        |                      |
| <i>nadolol</i> TABS 20 MG                                                          | 1B        | QL(3 EA daily)       |
| <i>nadolol</i> TABS 40 MG                                                          | 1B        | QL(6 EA daily)       |
| <i>pindolol</i> TABS                                                               | 1B        |                      |
| <i>propranolol hcl</i> CP24                                                        | 1B        | QL(2 EA daily)       |
| <i>propranolol hcl</i> SOLN PO 20 MG/5ML, 40 MG/5ML                                | 1B        |                      |
| <i>propranolol hcl</i> TABS                                                        | 1B        |                      |
| <i>sotalol hcl</i> (afib/af)l                                                      | 1B        |                      |
| <i>sotalol hcl</i> TABS 240 MG                                                     | 1B        |                      |
| <i>sotalol hcl</i> TABS 80 MG, 120 MG, 160 MG                                      | 1B        | QL(2 EA daily)       |
| <i>timolol maleate</i> TABS                                                        | 1B        |                      |
| <b>CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure</b>               |           |                      |
| <b>Calcium Channel Blockers</b>                                                    |           |                      |
| <i>amlodipine besylate</i> TABS                                                    | 1B        | D+                   |
| <i>diltiazem hcl</i> coated beads CP24 120 MG, 300 MG, 360 MG                      | 1B        |                      |
| <i>diltiazem hcl</i> coated beads CP24 180 MG, 240 MG                              | 1B        | QL(2 EA daily)       |
| <i>diltiazem hcl</i> extended release beads 420 MG                                 | 1B        |                      |
| <i>diltiazem hcl</i> extended release beads 120 MG, 180 MG, 240 MG, 300 MG, 360 MG | 1B        | D+                   |
| <i>diltiazem hcl</i> CP12                                                          | 1B        | QL(2 EA daily)       |
| <i>diltiazem hcl</i> CP24                                                          | 1B        | D+                   |
| <i>diltiazem hcl</i> SOLN 50 MG/10ML                                               | 1B        |                      |
| DILTIAZEM HCL SOLR                                                                 | 1B        |                      |
| <i>diltiazem hcl</i> TABS                                                          | 1B        | D+                   |
| <i>diltiazem hcl</i> TB24                                                          | 1B        |                      |
| <i>felodipine</i>                                                                  | 1B        | D+                   |
| <i>isradipine</i> CAPS                                                             | 1B        |                      |
| <i>nicardipine hcl</i> CAPS                                                        | 1B        |                      |

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| Drug Name                                                                              | Drug Tier | Requirements/ Limits |
|----------------------------------------------------------------------------------------|-----------|----------------------|
| <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 60 MG</i>                                                           | 1B        | D+; QL(2 EA daily)   |
| <i>nifedipine TB24 90 MG</i>                                                           | 1B        | D+; QL(1 EA daily)   |
| <i>nifedipine TB24</i>                                                                 | 1B        |                      |
| <i>nifedipine TB24 30 MG</i>                                                           | 1B        | D+                   |
| <i>nimodipine CAPS</i>                                                                 | 1B        |                      |
| <i>nisoldipine</i>                                                                     | 1B        |                      |
| <i>verapamil hcl CP24 120 MG, 180 MG, 240 MG, 360 MG</i>                               | 1B        | QL(1 EA daily)       |
| <i>verapamil hcl CP24 100 MG, 200 MG, 300 MG</i>                                       | 1B        |                      |
| <i>verapamil hcl TABS</i>                                                              | 1B        | D+                   |
| <i>verapamil hcl TBCR</i>                                                              | 1B        | D+                   |
| <b>CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm</b>           |           |                      |
| Cardiac Glycosides                                                                     |           |                      |
| <i>digoxin SOLN PO 0.05 MG/ML</i>                                                      | 1B        |                      |
| <i>digoxin TABS 62.5 MCG, 125 MCG, 250 MCG</i>                                         | 1B        |                      |
| <i>LANOXIN SOLN IJ (digoxin)</i>                                                       | 2         |                      |
| <i>LANOXIN TABS 62.5 MCG, 125 MCG, 250 MCG (digoxin)</i>                               | 2         |                      |
| <b>CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions</b> |           |                      |
| Cardiovascular Agents Misc. - Combinations                                             |           |                      |
| <i>amlodipine besylate-atorvastatin calcium</i>                                        | 1B        | QL(1 EA daily)       |
| <i>isosorbide dinitrate-hydralazine hcl</i>                                            | 1B        |                      |
| <i>sacubitril-valsartan TABS</i>                                                       | 1B        | QL(2 EA daily)       |
| Impotence Agents                                                                       |           |                      |

| Drug Name                                                | Drug Tier | Requirements/ Limits         |
|----------------------------------------------------------|-----------|------------------------------|
| <i>avanafil</i>                                          | 1B        | QL(0.134 EA daily)           |
| <i>sildenafil citrate</i>                                | 1B        | QL(0.1334 EA daily); PA      |
| <i>tadalafil 5 MG</i>                                    | 1B        | BPH Only; QL(1 EA daily); PA |
| Prostaglandin Vasodilators                               |           |                              |
| <i>epoprostenol sodium</i>                               | 4         | PA                           |
| <i>ORENITRAM TBCR</i>                                    | 4         | PA                           |
| <i>treprostinil SOLN IJ</i>                              | 4         | SP; PA                       |
| <i>TYVASO REFILL KIT SOLN IN</i>                         | 4         | PA                           |
| <i>TYVASO STARTER KIT SOLN IN</i>                        | 4         | PA                           |
| <i>TYVASO SOLN IN</i>                                    | 4         | PA                           |
| Pulmonary Hypertension - Endothelin Receptor Antagonists |           |                              |
| <i>ambrisentan</i>                                       | 4         | QL(1 EA daily); SP; PA       |
| <i>bosentan TABS 125 MG</i>                              | 4         | QL(2 EA daily); SP; PA       |
| <i>bosentan TABS 62.5 MG</i>                             | 4         | QL(2 EA daily); PA           |
| <i>bosentan TBSO 32 MG</i>                               | 4         | QL(2 EA daily); SP; PA       |
| <i>TRACLEER TBSO 32 MG (bosentan)</i>                    | 4         | QL(2 EA daily); SP; PA       |
| Pulmonary Hypertension - Phosphodiesterase Inhibitors    |           |                              |
| <i>sildenafil citrate (pulmonary hypertension) SOLN</i>  | 4         | QL(37.5 ML daily); SP; 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); SP; PA       |
| <i>tadalafil (pulmonary hypertension) TABS</i>           | 4         | QL(2 EA daily); SP; PA       |
| Pulmonary Hypertension - Prostacyclin Receptor           |           |                              |

| Drug Name                                                                      | Drug Tier | Requirements/ Limits                    |
|--------------------------------------------------------------------------------|-----------|-----------------------------------------|
| <b>Agonist</b>                                                                 |           |                                         |
| UPTRAVI TITRATION TBPK                                                         | 4         | 1 max fill(s) per 180 day(s) retail; PA |
| UPTRAVI TABS 200 MCG                                                           | 4         | PA                                      |
| UPTRAVI TABS 400 MCG, 600 MCG, 800 MCG, 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG | 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</i> TABS                                                     | 3         | QL(2 EA daily); PA                      |
| <b>CEPHALOSPORINS - Drugs to Treat Bacterial Infections</b>                    |           |                                         |
| <b>Cephalosporins - 1st Generation</b>                                         |           |                                         |
| <i>cefadroxil</i> CAPS                                                         | 1B        |                                         |
| <i>cefadroxil</i> SUSR                                                         | 1B        |                                         |
| <i>cefadroxil</i> TABS                                                         | 1B        |                                         |
| <i>cefazolin sodium</i> SOLR IJ 1 GM, 10 GM, 500 MG                            | 1B        |                                         |
| <i>cephalexin</i> CAPS                                                         | 1B        |                                         |
| <i>cephalexin</i> SUSR                                                         | 1B        |                                         |
| <b>Cephalosporins - 2nd Generation</b>                                         |           |                                         |
| <i>cefaclor</i> CAPS                                                           | 1B        |                                         |
| <i>cefaclor</i> SUSR 250 MG/5ML                                                | 1B        |                                         |
| <i>cefotetan disodium</i> IJ 1 GM, 2 GM                                        | 1B        |                                         |
| <i>cefoxitin sodium</i> IV 1 GM, 2 GM                                          | 1B        |                                         |
| <i>cefprozil</i> SUSR                                                          | 1B        |                                         |
| <i>cefprozil</i> TABS                                                          | 1B        |                                         |
| <i>cefuroxime axetil</i> TABS                                                  | 1B        |                                         |

| Drug Name                                                  | Drug Tier | Requirements/ Limits |
|------------------------------------------------------------|-----------|----------------------|
| <i>cefuroxime sodium</i> IJ 750 MG                         | 1B        |                      |
| <b>Cephalosporins - 3rd Generation</b>                     |           |                      |
| <i>cefdinir</i> CAPS                                       | 1B        |                      |
| <i>cefdinir</i> SUSR                                       | 1B        |                      |
| <i>cefixime</i> CAPS                                       | 1B        |                      |
| <i>cefixime</i> SUSR                                       | 1B        | ST                   |
| <i>cefpodoxime proxetil</i> SUSR                           | 1B        |                      |
| <i>cefpodoxime proxetil</i> TABS                           | 1B        |                      |
| <i>ceftazidime</i> IJ 1 GM, 6 GM                           | 1B        |                      |
| <b>Cephalosporins - 4th Generation</b>                     |           |                      |
| <i>cefepime hcl</i> SOLR IV 2 GM                           | 1B        |                      |
| <b>Cephalosporins - 5th Generation</b>                     |           |                      |
| TEFLARO                                                    | 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         |                      |
| FEMLYV TBDP                                                | 0         |                      |
| <i>levonorgestrel &amp; eth estradiol</i> TABS             | 0         |                      |
| <i>levonorgestrel-eth estradiol (triphasic)</i>            | 0         |                      |

| Drug Name                                                                        | Drug Tier | Requirements/ Limits                                 |
|----------------------------------------------------------------------------------|-----------|------------------------------------------------------|
| <i>levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG</i>                 | 0         |                                                      |
| <i>levonorgestrel-ethinyl estradiol (continuous)</i>                             | 0         |                                                      |
| <i>levonorgestrel-ethinyl estradiol-iron</i>                                     | 0         |                                                      |
| LO LOESTRIN FE TABS                                                              | 0         |                                                      |
| NATAZIA                                                                          | 0         |                                                      |
| NEXTSTELLIS                                                                      | 0         |                                                      |
| <i>norethin acet &amp; estrad-fe CAPS</i>                                        | 0         |                                                      |
| <i>norethin acet &amp; estrad-fe CHEW</i>                                        | 0         |                                                      |
| <i>norethin acet &amp; estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG</i> | 0         |                                                      |
| <i>norethindrone &amp; eth estradiol</i>                                         | 0         |                                                      |
| <i>norethindrone &amp; ethinyl estradiol-fe</i>                                  | 0         |                                                      |
| <i>norethindrone acet &amp; eth estra TABS</i>                                   | 0         |                                                      |
| <i>norethindrone acetate-ethinyl estradiol-fe</i>                                | 0         |                                                      |
| <i>norethindrone-eth estradiol (triphasic)</i>                                   | 0         |                                                      |
| <i>norgestimate-ethinyl estradiol</i>                                            | 0         |                                                      |
| <i>norgestimate-ethinyl estradiol (triphasic)</i>                                | 0         |                                                      |
| <i>norgestrel &amp; ethinyl estradiol 30 MCG-0.3 MG</i>                          | 0         |                                                      |
| TYBLUME CHEW                                                                     | 0         |                                                      |
| Combination Contraceptives - Transdermal                                         |           |                                                      |
| <i>norelgestromin-ethinyl estradiol</i>                                          | 0         |                                                      |
| TWIRLA                                                                           | 0         | QL(3 EA per 28 day(s) retail; 9 EA per 84 days mail) |

| Drug Name                                                                     | Drug Tier | Requirements/ Limits                            |
|-------------------------------------------------------------------------------|-----------|-------------------------------------------------|
| Combination Contraceptives - Vaginal                                          |           |                                                 |
| ANNOVERA                                                                      | 0         |                                                 |
| <i>etonogestrel-ethinyl estradiol</i>                                         | 0         | QL(0.05 EA daily)                               |
| Copper Contraceptives - IUD                                                   |           |                                                 |
| MIUDELLA INTRAUTERINE COPPER                                                  | 0         |                                                 |
| PARAGARD INTRAUTERINE COPPER                                                  | 0         |                                                 |
| Emergency Contraceptives                                                      |           |                                                 |
| ELLA                                                                          | 0         |                                                 |
| <i>levonorgestrel (emergency oc) 1.5 MG</i>                                   | 0         |                                                 |
| Progestin Contraceptives - Implants                                           |           |                                                 |
| NEXPLANON                                                                     | 0         |                                                 |
| Progestin Contraceptives - Injectable                                         |           |                                                 |
| DEPO-SUBQ PROVERA 104 SUSY SC                                                 | 0         |                                                 |
| <i>medroxyprogesterone acetate (contraceptive) SUSP IM</i>                    | 0         | QL(1 ML per 90 day(s) retail)                   |
| <i>medroxyprogesterone acetate (contraceptive) SUSP IM</i>                    | 0         | QL(90 Day(s) limit ; 1 ML per 90 day(s) retail) |
| Progestin Contraceptives - IUD                                                |           |                                                 |
| KYLEENA                                                                       | 0         |                                                 |
| LILETTA (52 MG)                                                               | 0         |                                                 |
| MIRENA (52 MG)                                                                | 0         |                                                 |
| SKYLA                                                                         | 0         |                                                 |
| Progestin Contraceptives - Oral                                               |           |                                                 |
| <i>norethindrone (contraceptive)</i>                                          | 0         |                                                 |
| OPILL                                                                         | 0         |                                                 |
| SLYND                                                                         | 0         | QL(1 EA daily)                                  |
| CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions |           |                                                 |

| Drug Name                                                                           | Drug Tier | Requirements/ Limits               |
|-------------------------------------------------------------------------------------|-----------|------------------------------------|
| <b>Glucocorticosteroids</b>                                                         |           |                                    |
| <i>budesonide CPEP</i>                                                              | 1B        | QL(3 EA daily)                     |
| <i>deflazacort TABS</i>                                                             | 4         | PA                                 |
| DEPO-MEDROL SUSP                                                                    | 3         |                                    |
| DEXAMETHASONE INTENSOL CONC                                                         | 1B        |                                    |
| <i>dexamethasone ELIX</i>                                                           | 1B        |                                    |
| <i>dexamethasone SOLN</i>                                                           | 1B        |                                    |
| <i>dexamethasone TABS 0.5 MG, 0.75 MG</i>                                           | 1A        |                                    |
| <i>dexamethasone TABS 1 MG, 1.5 MG, 2 MG, 4 MG, 6 MG</i>                            | 1B        |                                    |
| <i>hydrocortisone sod succinate 100 MG</i>                                          | 1B        | 2 max fill(s) per 30 day(s) retail |
| <i>hydrocortisone TABS</i>                                                          | 1B        |                                    |
| MEDROL TABS                                                                         | 3         |                                    |
| <i>methylprednisolone acetate SUSP</i>                                              | 1B        |                                    |
| <i>methylprednisolone sod succ 40 MG, 125 MG, 500 MG, 1000 MG</i>                   | 1B        |                                    |
| <i>methylprednisolone TABS</i>                                                      | 1B        |                                    |
| <i>methylprednisolone TBPK</i>                                                      | 1B        |                                    |
| <i>prednisolone sodium phosphate SOLN 5 MG/5ML, 10 MG/5ML, 15 MG/5ML, 25 MG/5ML</i> | 1B        |                                    |
| <i>prednisolone sodium phosphate TBDP</i>                                           | 3         |                                    |
| <i>prednisolone SOLN</i>                                                            | 1B        |                                    |
| <i>prednisolone TABS</i>                                                            | 1B        |                                    |
| <i>prednisone SOLN</i>                                                              | 1B        |                                    |
| <i>prednisone TABS 1 MG, 5 MG</i>                                                   | 1B        |                                    |
| <i>prednisone TABS 2.5 MG, 10 MG, 20 MG, 50 MG</i>                                  | 1A        |                                    |
| <i>prednisone TBPK</i>                                                              | 1B        |                                    |
| SOLU-CORTEF 250 MG                                                                  | 3         |                                    |

| Drug Name                                                                   | Drug Tier | Requirements/ Limits               |
|-----------------------------------------------------------------------------|-----------|------------------------------------|
| SOLU-CORTEF 500 MG, 1000 MG                                                 | 3         | 2 max fill(s) per 30 day(s) retail |
| SOLU-MEDROL 2 GM                                                            | 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> |           |                                    |
| <b>Antitussives</b>                                                         |           |                                    |
| <i>benzonatate 150 MG</i>                                                   | 1B        | QL(4 EA daily)                     |
| <i>benzonatate 200 MG</i>                                                   | 1B        | QL(3 EA daily)                     |
| <i>benzonatate 100 MG</i>                                                   | 1B        | QL(6 EA daily)                     |
| <b>Cough/Cold/Allergy Combinations</b>                                      |           |                                    |
| <i>hydrocodone polistirex-chlorpheniramine polistirex SUER</i>              | 1B        |                                    |
| <b>Misc. Respiratory Inhalants</b>                                          |           |                                    |
| HYPERSAL NEBU                                                               | 1B        |                                    |
| NEBUSAL NEBU                                                                | 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); ST        |
| <i>adapalene CREA</i>                                                       | 1B        | AL(At least 12 yrs old)            |
| <i>adapalene GEL</i>                                                        | 1B        | AL(At least 12 yrs old); RX/OTC    |
| BENZEPRO CREAMY WASH LIQD                                                   | 2         | AL(At least 12 yrs old)            |

| Drug Name                                                   | Drug Tier | Requirements/ Limits                    |
|-------------------------------------------------------------|-----------|-----------------------------------------|
| BENZEPRO FOAM 5.3 %                                         | 2         | AL(At least 12 yrs old)                 |
| <i>benzoyl peroxide-erythromycin GEL</i>                    | 1B        | AL(At least 12 yrs old); PA             |
| <i>benzoyl peroxide FOAM 5.3 %, 9.8 %</i>                   | 1B        | AL(At least 12 yrs old)                 |
| <i>benzoyl peroxide GEL 5 %</i>                             | 1B        | QL(3 GM daily); AL(At least 12 yrs old) |
| <i>benzoyl peroxide GEL 10 %</i>                            | 1B        | AL(At least 12 yrs old)                 |
| <i>benzoyl peroxide LIQD 4 %, 10 %</i>                      | 1B        | AL(At least 12 yrs old)                 |
| <i>clindamycin phosphate (topical) FOAM</i>                 | 1B        | AL(At least 12 yrs old); PA             |
| <i>clindamycin phosphate (topical) GEL</i>                  | 1B        | QL(8 ML daily)                          |
| <i>clindamycin phosphate (topical) LOTN</i>                 | 1B        | AL(At least 12 yrs old)                 |
| <i>clindamycin phosphate (topical) SOLN</i>                 | 1B        | QL(4 ML daily); AL(At least 12 yrs old) |
| <i>clindamycin phosphate (topical) SWAB</i>                 | 1B        | AL(At least 12 yrs old)                 |
| <i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i> | 1B        | AL(At least 12 yrs old); PA             |
| <i>clindamycin phosphate-benzoyl peroxide GEL 5 %-1 %</i>   | 1B        | AL(At least 12 yrs old); PA             |
| <i>clindamycin phosphate-tretinoin</i>                      | 1B        | AL(At least 12 yrs old); ST             |
| DIFFERIN LOTN                                               | 2         | AL(At least 12 yrs old); ST             |
| <i>erythromycin (acne aid) PADS</i>                         | 1B        | AL(At least 12 yrs old)                 |
| <i>erythromycin (acne aid) SOLN</i>                         | 1B        | AL(At least 12 yrs old)                 |
| <i>isotretinoin 10 MG, 20 MG, 30 MG, 40 MG</i>              | 3         | AL(At least 12 yrs old); PA             |
| PR BENZOYL PEROXIDE WASH LIQD                               | 2         | AL(At least 12 yrs old)                 |

| Drug Name                                            | Drug Tier | Requirements/ Limits                                           |
|------------------------------------------------------|-----------|----------------------------------------------------------------|
| <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); ST                                    |
| <i>sulfacetamide sodium w/ sulfur LIQD 10 %-5 %</i>  | 1B        | AL(At least 12 yrs old)                                        |
| <i>tretinoin microsphere 0.1 %</i>                   | 1B        | QL(3 GM daily); AL(At least 12 yrs old - Up to 30 yrs old); PA |
| <i>tretinoin CREA 0.025 %, 0.05 %, 0.1 %</i>         | 1B        | QL(3 GM daily); AL(At least 12 yrs old - Up to 30 yrs old)     |
| <i>tretinoin GEL 0.01 %, 0.025 %</i>                 | 1B        | QL(3 GM daily); AL(At least 12 yrs old - Up to 30 yrs old)     |
| Agents for External Genital and Perianal Warts       |           |                                                                |
| VEREGEN                                              | 3         | QL(1 GM daily)                                                 |
| Antibiotics - Topical                                |           |                                                                |
| ALTABAX                                              | 2         | QL(15 GM per 30 day(s) retail; 15 GM per 30 days mail)         |
| <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)                                                 |

| Drug Name                                 | Drug Tier | Requirements/ Limits                                                                   |
|-------------------------------------------|-----------|----------------------------------------------------------------------------------------|
| <i>ciclopirox olamine CREA</i>            | 1B        | QL(90 GM per fill retail); 1 max fill(s) per 30 day(s) retail                          |
| <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        |                                                                                        |
| <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)                                                                        |

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

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| Drug Name                         | Drug Tier | Requirements/ Limits                                                                                                                                 | Drug Name                           | Drug Tier | Requirements/ Limits                                     |
|-----------------------------------|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-----------|----------------------------------------------------------|
| <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 | SKYRIZI SOSY                        | 4         | QL(0.025 ML daily); PA                                   |
| <b>Antipsoriatics</b>             |           |                                                                                                                                                      | STELARA SOLN 45 MG/0.5ML            | 4         | QL(0.012 ML daily); PA                                   |
| <i>acitretin 25 MG</i>            | 1B        | QL(2 EA daily)                                                                                                                                       | STELARA SOSY 45 MG/0.5ML            | 4         | QL(0.012 ML daily); PA                                   |
| <i>acitretin 10 MG, 17.5 MG</i>   | 1B        | QL(1 EA daily)                                                                                                                                       | STELARA SOSY 90 MG/ML               | 4         | QL(0.018 ML daily); PA                                   |
| <i>calcipotriene CREA</i>         | 1B        | QL(4 GM daily); PA                                                                                                                                   | STEQEYMA 45 MG/0.5ML                | 4         | QL(0.012 ML daily); PA                                   |
| <i>calcipotriene OINT</i>         | 1B        | QL(4 GM daily); PA                                                                                                                                   | STEQEYMA 90 MG/ML                   | 4         | QL(0.018 ML daily); PA                                   |
| <i>calcipotriene SOLN</i>         | 1B        | QL(4 ML daily); PA                                                                                                                                   | <i>tazarotene CREA 0.1 %</i>        | 1B        | QL(1 GM daily)                                           |
| <i>calcitriol (topical)</i>       | 1B        | QL(3.34 GM daily)                                                                                                                                    | TREMFYA ONE-PRESS SOPN SC 100 MG/ML | 4         | QL(0.018 ML daily); PA                                   |
| COSENTYX (300 MG DOSE) SOSY       | 4         | QL(0.072 ML daily); PA                                                                                                                               | TREMFYA PEN SOAJ 100 MG/ML          | 4         | QL(0.018 ML daily); PA                                   |
| COSENTYX SENSOREADY (300 MG) SOAJ | 4         | QL(0.072 ML daily); PA                                                                                                                               | TREMFYA SOSY 100 MG/ML              | 4         | QL(0.018 ML daily); PA                                   |
| COSENTYX SENSOREADY PEN SOAJ      | 4         | QL(0.072 ML daily); PA                                                                                                                               | YESINTEK SOLN 45 MG/0.5ML           | 4         | QL(0.012 ML daily); PA                                   |
| COSENTYX UNOREADY SOAJ            | 4         | QL(0.072 ML daily); PA                                                                                                                               | YESINTEK SOSY 90 MG/ML              | 4         | QL(0.018 ML daily); PA                                   |
| COSENTYX SOSY 150 MG/ML           | 4         | QL(0.036 ML daily); PA                                                                                                                               | YESINTEK SOSY 45 MG/0.5ML           | 4         | QL(0.012 ML daily); PA                                   |
| COSENTYX SOSY 75 MG/0.5ML         | 4         | QL(0.18 ML daily); PA                                                                                                                                | <b>Antiseborrheic Products</b>      |           |                                                          |
| <i>methoxsalen rapid</i>          | 1B        | QL(4 EA daily)                                                                                                                                       | <i>selenium sulfide LOTN 2.5 %</i>  | 1B        |                                                          |
| PYZCHIVA 45 MG/0.5ML              | 4         | QL(0.012 ML daily); PA                                                                                                                               | <b>Antivirals - Topical</b>         |           |                                                          |
| PYZCHIVA SC 45 MG/0.5ML           | 4         | QL(0.012 ML daily); PA                                                                                                                               | <i>acyclovir topical CREA</i>       | 1B        | 1 package(s) per fill retail; 1 package(s) per fill mail |
| PYZCHIVA 90 MG/ML                 | 4         | QL(0.018 ML daily); PA                                                                                                                               | <i>acyclovir topical OINT</i>       | 1B        | 1 package(s) per fill retail; 1 package(s) per fill mail |
| SKYRIZI PEN SOAJ                  | 4         | QL(0.025 ML daily); PA                                                                                                                               | <i>penciclovir</i>                  | 3         | QL(0.18 GM daily)                                        |
|                                   |           |                                                                                                                                                      | <b>Burn Products</b>                |           |                                                          |
|                                   |           |                                                                                                                                                      | <i>mafenide acetate PACK</i>        | 3         |                                                          |
|                                   |           |                                                                                                                                                      | <i>silver sulfadiazine</i>          | 1B        | QL(20 GM daily)                                          |

| Drug Name                                        | Drug Tier | Requirements/ Limits                                                                                              | Drug Name                                            | Drug Tier | Requirements/ Limits                                               |
|--------------------------------------------------|-----------|-------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|-----------|--------------------------------------------------------------------|
| SULFAMYLLON CREA                                 | 3         |                                                                                                                   | <i>calcipotriene-betamethasone dipropionate OINT</i> | 1B        | ST                                                                 |
| Corticosteroids - Topical                        |           |                                                                                                                   | <i>calcipotriene-betamethasone dipropionate SUSP</i> | 1B        | ST                                                                 |
| <i>alclometasone dipropionate CREA</i>           | 1B        | QL(2 GM daily)                                                                                                    | <i>clobetasol propionate emollient base 0.05 %</i>   | 1B        | QL(1 GM daily); PA                                                 |
| <i>alclometasone dipropionate OINT</i>           | 1B        | QL(3 GM daily)                                                                                                    | <i>clobetasol propionate CREA 0.05 %</i>             | 1B        | QL(3 GM daily); PA                                                 |
| <i>amcinonide CREA</i>                           | 1B        | QL(60 GM per fill retail; 60 per fill mail); 1 max fill(s) per 30 day(s) retail; 1 max fill(s) per 30 day(s) mail | <i>clobetasol propionate FOAM</i>                    | 1B        | QL(3 GM daily); ST                                                 |
| <i>amcinonide LOTN</i>                           | 3         |                                                                                                                   | <i>clobetasol propionate GEL 0.05 %</i>              | 1B        | QL(2 GM daily); ST                                                 |
| <i>amcinonide OINT</i>                           | 3         |                                                                                                                   | <i>clobetasol propionate OINT 0.05 %</i>             | 1B        | QL(1 GM daily); PA                                                 |
| <i>betamethasone dipropionate (topical) CREA</i> | 1B        | QL(3 GM daily)                                                                                                    | <i>clobetasol propionate SOLN 0.05 %</i>             | 1B        | QL(3.34 ML daily); PA                                              |
| <i>betamethasone dipropionate (topical) LOTN</i> | 1B        |                                                                                                                   | <i>clocortolone pivalate</i>                         | 3         | QL(3 GM daily)                                                     |
| <i>betamethasone dipropionate (topical) OINT</i> | 1B        | QL(3 GM daily)                                                                                                    | CORDRAN TAPE                                         | 3         | 1 package(s) per 30 day(s) retail; 3 package(s) per 90 day(s) mail |
| <i>betamethasone dipropionate augmented CREA</i> | 1B        | QL(3.5 GM daily)                                                                                                  | <i>desonide CREA</i>                                 | 1B        | QL(4 GM daily)                                                     |
| <i>betamethasone dipropionate augmented LOTN</i> | 1B        | QL(5 ML daily)                                                                                                    | <i>desonide LOTN</i>                                 | 1B        | QL(4 ML daily)                                                     |
| <i>betamethasone dipropionate augmented OINT</i> | 1B        | QL(3.5 GM daily)                                                                                                  | <i>desonide OINT</i>                                 | 1B        | QL(3 GM daily)                                                     |
| <i>betamethasone valerate CREA</i>               | 1B        | QL(2.5 GM daily)                                                                                                  | <i>desoximetasone CREA 0.25 %</i>                    | 1B        | QL(4 GM daily)                                                     |
| <i>betamethasone valerate FOAM</i>               | 1B        | QL(1.67 GM daily)                                                                                                 | <i>desoximetasone GEL</i>                            | 1B        | QL(3 GM daily)                                                     |
| <i>betamethasone valerate LOTN</i>               | 1B        | QL(5 ML daily)                                                                                                    | <i>desoximetasone OINT 0.25 %</i>                    | 1B        | QL(4 GM daily)                                                     |
| <i>betamethasone valerate OINT</i>               | 1B        | QL(3 GM daily)                                                                                                    | <i>diflorasone diacetate CREA</i>                    | 1B        | PA                                                                 |
|                                                  |           |                                                                                                                   | <i>diflorasone diacetate OINT</i>                    | 1B        | PA                                                                 |
|                                                  |           |                                                                                                                   | <i>fluocinolone acetonide CREA 0.01 %</i>            | 1B        |                                                                    |
|                                                  |           |                                                                                                                   | <i>fluocinolone acetonide CREA 0.025 %</i>           | 1B        | QL(4 GM daily)                                                     |
|                                                  |           |                                                                                                                   | <i>fluocinolone acetonide OIL</i>                    | 1B        | QL(8 ML daily)                                                     |

| Drug Name                                       | Drug Tier | Requirements/ Limits       | Drug Name                                                    | Drug Tier | Requirements/ Limits      |
|-------------------------------------------------|-----------|----------------------------|--------------------------------------------------------------|-----------|---------------------------|
| <i>fluocinolone acetonide OINT</i>              | 1B        | QL(4 GM daily)             | <i>hydrocortisone valerate OINT</i>                          | 1B        |                           |
| <i>fluocinolone acetonide SOLN</i>              | 1B        | QL(4 ML daily)             | <i>mometasone furoate CREA</i>                               | 1B        | QL(3 GM daily)            |
| <i>fluocinonide emulsified base</i>             | 1B        | QL(2 GM daily)             | <i>mometasone furoate OINT</i>                               | 1B        | QL(4 GM daily)            |
| <i>fluocinonide CREA 0.1 %</i>                  | 1B        | QL(4 GM daily)             | <i>mometasone furoate SOLN</i>                               | 1B        | QL(5 ML daily)            |
| <i>fluocinonide CREA 0.05 %</i>                 | 1B        | QL(2 GM daily)             | <i>triamcinolone acetonide (topical) CREA 0.1 %</i>          | 1B        | QL(3.34 GM daily)         |
| <i>fluocinonide GEL</i>                         | 1B        |                            | <i>triamcinolone acetonide (topical) CREA 0.025 %</i>        | 1B        | QL(15.15 GM daily)        |
| <i>fluocinonide OINT</i>                        | 1B        | QL(2 GM daily)             | <i>triamcinolone acetonide (topical) CREA 0.5 %</i>          | 1B        | QL(5 GM daily)            |
| <i>fluocinonide SOLN</i>                        | 1B        | QL(2 ML daily)             | <i>triamcinolone acetonide (topical) LOTN 0.025 %</i>        | 1B        |                           |
| <i>flurandrenolide CREA</i>                     | 2         | QL(2 GM daily)             | <i>triamcinolone acetonide (topical) LOTN 0.1 %</i>          | 1B        | QL(6 ML daily)            |
| <i>flurandrenolide LOTN</i>                     | 2         | QL(2 ML daily)             | <i>triamcinolone acetonide (topical) OINT 0.5 %</i>          | 1B        | QL(6 GM daily)            |
| <i>fluticasone propionate CREA 0.05 %</i>       | 1B        | QL(4 GM daily)             | <i>triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %</i> | 1B        | QL(15.15 GM daily)        |
| <i>fluticasone propionate LOTN</i>              | 1B        | QL(6 ML daily)             | Eczema Agents                                                |           |                           |
| <i>fluticasone propionate OINT</i>              | 1B        | QL(4 GM daily)             | DUPIXENT SOAJ 200 MG/1.14ML                                  | 4         | QL(0.082 ML daily); PA    |
| <i>halcinonide CREA</i>                         | 1B        | PA                         | DUPIXENT SOAJ 300 MG/2ML                                     | 4         | QL(0.29 ML daily); PA     |
| <i>halobetasol propionate CREA</i>              | 1B        | QL(3.5 GM daily)           | DUPIXENT SOSY 200 MG/1.14ML                                  | 4         | QL(0.082 ML daily); PA    |
| <i>halobetasol propionate OINT</i>              | 1B        | QL(3.5 GM daily)           | DUPIXENT SOSY 300 MG/2ML                                     | 4         | QL(0.29 ML daily); PA     |
| HALOG OINT                                      | 3         | PA                         | Emollients                                                   |           |                           |
| <i>hydrocortisone (topical) CREA 1 %, 2.5 %</i> | 1B        | QL(15.15 GM daily); RX/OTC | <i>lactic acid (ammonium lactate) CREA</i>                   | 1B        | QL(12.9 GM daily); RX/OTC |
| <i>hydrocortisone (topical) LOTN 2.5 %</i>      | 1B        |                            | <i>lactic acid (ammonium lactate) LOTN 12 %</i>              | 1B        | RX/OTC                    |
| <i>hydrocortisone (topical) OINT 1 %, 2.5 %</i> | 1B        | QL(15.15 GM daily); RX/OTC | Enzymes - Topical                                            |           |                           |
| <i>hydrocortisone butyrate CREA</i>             | 1B        | QL(3 GM daily)             | SANTYL OINT                                                  | 3         | PA                        |
| <i>hydrocortisone butyrate OINT</i>             | 1B        | QL(3 GM daily)             | Immunomodulating Agents - Topical                            |           |                           |
| <i>hydrocortisone butyrate SOLN</i>             | 1B        | QL(5 ML daily)             |                                                              |           |                           |
| <i>hydrocortisone valerate CREA</i>             | 1B        |                            |                                                              |           |                           |

| Drug Name                                       | Drug Tier | Requirements/ Limits                        |
|-------------------------------------------------|-----------|---------------------------------------------|
| <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)                             |
| <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 1 %</i>          | 1B        | QL(5 GM daily)                              |
| <i>metronidazole (topical) GEL 0.75 %</i>       | 1B        | QL(3 GM daily)                              |
| <i>metronidazole (topical) LOTN</i>             | 1B        |                                             |
| Scabicides & Pediculicides                      |           |                                             |
| <i>crotamiton LOTN</i>                          | 1B        | PA                                          |
| <i>ivermectin (pediculicide)</i>                | 1B        | PA                                          |
| <i>malathion</i>                                | 1B        |                                             |
| <i>permethrin CREA</i>                          | 1B        |                                             |

| Drug Name                                             | Drug Tier | Requirements/ Limits                                                       |
|-------------------------------------------------------|-----------|----------------------------------------------------------------------------|
| <i>permethrin LIQD EX</i>                             | 1B        |                                                                            |
| <i>spinosad</i>                                       | 1B        | PA                                                                         |
| DIAGNOSTIC PRODUCTS                                   |           |                                                                            |
| Diagnostic Drugs                                      |           |                                                                            |
| GLUCAGEN DIAGNOSTIC                                   | 3         | QL(0.035 EA daily)                                                         |
| 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                                      |           |                                                                            |
| CHEMSTRIP K STRP                                      | 1B        | D                                                                          |
| FORA GTEL BLOOD KETONE TEST                           | 1B        | D                                                                          |
| FORA TEST N'GO ADV-VOICE-6 CON                        | 1B        | D                                                                          |
| GOJJI BLOOD KETONE TEST                               | 1B        | D                                                                          |
| KETONE TEST STRP                                      | 1B        | D                                                                          |
| KETOSTIX STRP                                         | 1B        | D                                                                          |
| NOVA MAX PLUS KETONE TEST                             | 1B        | D                                                                          |
| PRECISION XTRA KETONE                                 | 1B        | D                                                                          |
| RELION KETONE TEST STRP                               | 1B        | D                                                                          |
| RELION TRUE METRIX TEST STRIPS STRP                   | 1B        | D; QL(3.34 EA daily); RX/OTC                                               |
| TRUE METRIX BLOOD GLUCOSE TEST STRP                   | 1B        | D; QL(3.34 EA daily); RX/OTC                                               |
| DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes |           |                                                                            |
| Digestive Enzymes                                     |           |                                                                            |
| CREON CPEP                                            | 2         | Non-FDA approved uses require Prior Authorization                          |

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| Drug Name                                                                                                                                                                                                                                                 | Drug Tier | Requirements/ Limits                              | Drug Name                                                  | Drug Tier | Requirements/ Limits   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------------------------------------------|------------------------------------------------------------|-----------|------------------------|
| 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 | <i>furosemide SOLN PO 8 MG/ML, 10 MG/ML</i>                | 1B        |                        |
| ZENPEP CPEP 252600 UNIT-189600 UNIT-60000 UNIT                                                                                                                                                                                                            | 2         |                                                   | <i>furosemide TABS</i>                                     | 1A        |                        |
| <b>DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure</b>                                                                                                                                                                        |           |                                                   | <i>torsemide TABS</i>                                      | 1B        |                        |
| Carbonic Anhydrase Inhibitors                                                                                                                                                                                                                             |           |                                                   | Potassium Sparing Diuretics                                |           |                        |
| <i>acetazolamide sodium</i>                                                                                                                                                                                                                               | 1B        |                                                   | <i>amiloride hcl TABS</i>                                  | 1B        |                        |
| <i>acetazolamide CP12</i>                                                                                                                                                                                                                                 | 1B        | QL(2 EA daily)                                    | <i>spironolactone TABS</i>                                 | 1B        |                        |
| <i>acetazolamide TABS 250 MG</i>                                                                                                                                                                                                                          | 1B        | QL(4 EA daily)                                    | <i>triamterene CAPS</i>                                    | 1B        | QL(3 EA daily)         |
| <i>acetazolamide TABS 125 MG</i>                                                                                                                                                                                                                          | 1B        | QL(8 EA daily)                                    | Thiazides and Thiazide-Like Diuretics                      |           |                        |
| <i>methazolamide TABS</i>                                                                                                                                                                                                                                 | 1B        | QL(6 EA daily)                                    | <i>chlorthalidone 25 MG, 50 MG</i>                         | 1A        |                        |
| Diuretic Combinations                                                                                                                                                                                                                                     |           |                                                   | DIURIL SUSP                                                | 2         | QL(20 ML daily)        |
| <i>amiloride &amp; hydrochlorothiazide</i>                                                                                                                                                                                                                | 1B        |                                                   | <i>hydrochlorothiazide CAPS</i>                            | 1B        | QL(2 EA daily)         |
| <i>spironolactone &amp; hydrochlorothiazide</i>                                                                                                                                                                                                           | 1B        |                                                   | <i>hydrochlorothiazide TABS 12.5 MG</i>                    | 1B        | QL(2 EA daily)         |
| <i>triamterene &amp; hydrochlorothiazide CAPS 25 MG-37.5 MG</i>                                                                                                                                                                                           | 1A        |                                                   | <i>hydrochlorothiazide TABS 25 MG, 50 MG</i>               | 1A        | QL(2 EA daily)         |
| <i>triamterene &amp; hydrochlorothiazide TABS</i>                                                                                                                                                                                                         | 1A        |                                                   | <i>indapamide TABS 1.25 MG</i>                             | 1A        | QL(1 EA daily)         |
| Loop Diuretics                                                                                                                                                                                                                                            |           |                                                   | <i>indapamide TABS 2.5 MG</i>                              | 1A        | QL(2 EA daily)         |
| <i>bumetanide SOLN 0.25 MG/ML</i>                                                                                                                                                                                                                         | 1B        |                                                   | <i>metolazone</i>                                          | 1B        | QL(2 EA daily)         |
| <i>bumetanide TABS</i>                                                                                                                                                                                                                                    | 1B        | QL(5 EA daily)                                    | <b>ENDOCRINE AND METABOLIC AGENTS - MISC.</b>              |           |                        |
| <i>ethacrynic acid</i>                                                                                                                                                                                                                                    | 1B        | QL(16 EA daily)                                   | <b>- Drugs to Treat Bone Disease and Regulate Hormones</b> |           |                        |
|                                                                                                                                                                                                                                                           |           |                                                   | Bone Density Regulators                                    |           |                        |
|                                                                                                                                                                                                                                                           |           |                                                   | <i>alendronate sodium TABS 5 MG, 10 MG</i>                 | 1A        | QL(1 EA daily)         |
|                                                                                                                                                                                                                                                           |           |                                                   | <i>alendronate sodium TABS 35 MG, 70 MG</i>                | 1A        | QL(0.143 EA daily)     |
|                                                                                                                                                                                                                                                           |           |                                                   | <i>calcitonin (salmon) NA</i>                              | 1B        | QL(0.14 ML daily)      |
|                                                                                                                                                                                                                                                           |           |                                                   | FOSAMAX PLUS D                                             | 3         | QL(0.143 EA daily); PA |
|                                                                                                                                                                                                                                                           |           |                                                   | <i>ibandronate sodium SOLN</i>                             | 4         | SP; PA                 |
|                                                                                                                                                                                                                                                           |           |                                                   | <i>ibandronate sodium TABS</i>                             | 1B        | QL(0.036 EA daily)     |

| Drug Name                                               | Drug Tier | Requirements/ Limits                        | Drug Name                                                     | Drug Tier | Requirements/ Limits   |
|---------------------------------------------------------|-----------|---------------------------------------------|---------------------------------------------------------------|-----------|------------------------|
| <i>pamidronate disodium SOLN 30 MG/10ML, 90 MG/10ML</i> | 4         | SP; PA                                      | NORDITROPIN FLEXPPO SOPN 5 MG/1.5ML, 10 MG/1.5ML, 15 MG/1.5ML | 4         | SP; PA                 |
| PAMIDRONATE DISODIUM SOLN                               | 4         | SP; PA                                      | ZORBTIVE SC                                                   | 4         | SP; PA                 |
| PROLIA SOSY                                             | 4         | 1 max fill(s) per 180 day(s) retail; SP; PA | Hormone Receptor Modulators                                   |           |                        |
| <i>risedronate sodium TABS 150 MG</i>                   | 1B        | QL(0.036 EA daily); PA                      | OSPHEHA                                                       | 3         | PA                     |
| <i>risedronate sodium TABS 35 MG</i>                    | 1B        | QL(0.143 EA daily); PA                      | <i>raloxifene hcl</i>                                         | 0         | QL(1 EA daily)         |
| <i>risedronate sodium TABS 5 MG, 30 MG</i>              | 1B        | QL(1 EA daily); PA                          | Insulin-Like Growth Factors (Somatomedins)                    |           |                        |
| <i>risedronate sodium TBEC</i>                          | 1B        | PA                                          | INCRELEX                                                      | 4         | SP; PA                 |
| <i>teriparatide SOPN</i>                                | 4         | QL(0.09 ML daily); SP; PA                   | LHRH/GnRH Agonist Analog Pituitary Suppressants               |           |                        |
| TYMLOS                                                  | 4         | PA                                          | FENSOLVI (6 MONTH) SC                                         | 4         | SP; PA                 |
| <i>zoledronic acid SOLN 5 MG/100ML</i>                  | 4         | SP; PA                                      | SYNAREL                                                       | 4         | SP; PA                 |
| Corticotropin                                           |           |                                             | Metabolic Modifiers                                           |           |                        |
| ACTHAR GEL PEN SC 40 UNIT/0.5ML, 80 UNIT/ML             | 3         | PA                                          | ALDURAZYME                                                    | 4         | SP; PA                 |
| ACTHAR GEL                                              | 3         | PA                                          | <i>betaine</i>                                                | 4         | SP; PA                 |
| Fertility Regulators                                    |           |                                             | <i>calcitriol CAPS</i>                                        | 1B        |                        |
| CHORIONIC GONADOTROPIN IM                               | 4         | PA                                          | <i>calcitriol SOLN IV</i>                                     | 1B        |                        |
| <i>clomiphene citrate TABS</i>                          | 3         | PA                                          | <i>cinacalcet hcl</i>                                         | 1B        | QL(4 EA daily); SP; PA |
| NOVAREL IM 10000 UNIT                                   | 4         | PA                                          | <i>doxercalciferol CAPS</i>                                   | 1B        |                        |
| GnRH/LHRH Antagonists                                   |           |                                             | <i>doxercalciferol SOLN</i>                                   | 1B        |                        |
| <i>ganirelix acetate</i>                                | 4         | PA                                          | ELAPRASE                                                      | 4         | SP; PA                 |
| ORILISSA                                                | 2         | PA                                          | MYALEPT                                                       | 4         | PA                     |
| Growth Hormones                                         |           |                                             | <i>nitisinone CAPS</i>                                        | 4         | PA                     |
| GENOTROPIN MINIQUEL PRSY                                | 4         | PA                                          | <i>paricalcitol CAPS</i>                                      | 1B        |                        |
| GENOTROPIN CART SC                                      | 4         | PA                                          | <i>paricalcitol SOLN</i>                                      | 1B        |                        |
| HUMATROPE CART IJ                                       | 4         | SP; PA                                      | <i>sodium phenylbutyrate POWD</i>                             | 1B        | PA                     |
| NORDITROPIN FLEXPPO SOPN 30 MG/3ML                      | 4         | 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        |                        |

| Drug Name                                            | Drug Tier | Requirements/ Limits   |
|------------------------------------------------------|-----------|------------------------|
| <i>desmopressin acetate SOLN IJ</i>                  | 1B        | PA                     |
| DESMOPRESSIN ACETATE SOLN NA                         | 4         | SP; PA                 |
| <i>desmopressin acetate TABS 0.2 MG</i>              | 1B        | QL(8 EA daily)         |
| <i>desmopressin acetate TABS 0.1 MG</i>              | 1B        | QL(6 EA daily)         |
| Prolactin Inhibitors                                 |           |                        |
| <i>cabergoline</i>                                   | 1B        |                        |
| Somatostatic Agents                                  |           |                        |
| <i>octreotide acetate SOLN</i>                       | 4         | SP; PA                 |
| SIGNIFOR                                             | 4         | PA                     |
| Vasopressin Receptor Antagonists                     |           |                        |
| <i>tolvaptan TABS</i>                                | 4         | QL(2 EA daily); SP; PA |
| ESTROGENS - Hormone Replacement/Modifying Drugs      |           |                        |
| Estrogen Combinations                                |           |                        |
| ANGELIQ                                              | 3         |                        |
| BIJUVA                                               | 3         |                        |
| CLIMARA PRO                                          | 3         |                        |
| COMBIPATCH PTTW                                      | 3         |                        |
| DUAVEE                                               | 3         |                        |
| <i>esterified estrogens &amp; methyltestosterone</i> | 3         |                        |
| <i>estradiol &amp; norethindrone acetate TABS</i>    | 3         |                        |
| <i>norethindrone acetate-ethinyl estradiol</i>       | 1B        |                        |
| PREMPHASE                                            | 2         |                        |
| PREMPRO                                              | 2         | QL(1 EA daily)         |
| Estrogens                                            |           |                        |
| DEPO-ESTRADIOL                                       | 3         |                        |
| ELESTRIN GEL                                         | 3         |                        |
| <i>estradiol valerate</i>                            | 1B        |                        |
| <i>estradiol GEL</i>                                 | 1B        |                        |

| Drug Name                                                                        | Drug Tier | Requirements/ Limits |
|----------------------------------------------------------------------------------|-----------|----------------------|
| <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         |                      |
| PREMARIN TABS 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG (estrogens, conjugated) | 2         | QL(1 EA daily)       |
| FLUOROQUINOLONES - Drugs to Treat Bacterial Infections                           |           |                      |
| Fluoroquinolones                                                                 |           |                      |
| BAXDELA SOLR                                                                     | 3         | PA                   |
| BAXDELA TABS                                                                     | 3         | PA                   |
| <i>ciprofloxacin hcl TABS</i>                                                    | 1B        |                      |
| <i>ciprofloxacin in d5w 200 MG/100ML</i>                                         | 3         |                      |
| <i>levofloxacin in d5w 500 MG/100ML</i>                                          | 1B        |                      |
| <i>levofloxacin SOLN PO</i>                                                      | 1B        |                      |
| <i>levofloxacin TABS 500 MG</i>                                                  | 1A        |                      |
| <i>levofloxacin TABS 250 MG, 750 MG</i>                                          | 1B        |                      |
| <i>moxifloxacin hcl in sodium chloride</i>                                       | 1B        |                      |
| <i>moxifloxacin hcl TABS</i>                                                     | 1B        |                      |
| <i>ofloxacin 300 MG, 400 MG</i>                                                  | 1B        |                      |
| GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs           |           |                      |

| Drug Name                                              | Drug Tier | Requirements/ Limits   |
|--------------------------------------------------------|-----------|------------------------|
| 5-HT4 Receptor Agonists                                |           |                        |
| <i>prucalopride succinate</i>                          | 1B        | QL(1 EA daily)         |
| Agents for Chronic Idiopathic Constipation (CIC)       |           |                        |
| TRULANCE                                               | 2         | QL(1 EA daily)         |
| Gallstone Solubilizing Agents                          |           |                        |
| <i>ursodiol CAPS</i>                                   | 1B        | QL(3 EA daily)         |
| <i>ursodiol TABS</i>                                   | 1B        |                        |
| Gastrointestinal Chloride Channel Activators           |           |                        |
| <i>lubiprostone</i>                                    | 1B        | QL(2 EA daily)         |
| Gastrointestinal Stimulants                            |           |                        |
| <i>metoclopramide hcl SOLN IJ 5 MG/ML</i>              | 1B        |                        |
| <i>metoclopramide hcl SOLN PO 5 MG/5ML, 10 MG/10ML</i> | 1B        | QL(60 ML daily)        |
| <i>metoclopramide hcl TABS</i>                         | 1A        | QL(6 EA daily)         |
| Inflammatory Bowel Agents                              |           |                        |
| <i>balsalazide disodium CAPS</i>                       | 1B        | QL(9 EA daily)         |
| DIPENTUM                                               | 2         |                        |
| INFLECTRA SOLR                                         | 4         | PA                     |
| <i>mesalamine CP24</i>                                 | 1B        |                        |
| <i>mesalamine CPDR</i>                                 | 1B        |                        |
| <i>mesalamine ENEM</i>                                 | 3         |                        |
| <i>mesalamine SUPP</i>                                 | 3         |                        |
| <i>mesalamine TBEC 1.2 GM</i>                          | 3         |                        |
| <i>mesalamine TBEC 800 MG</i>                          | 3         | QL(6 EA daily)         |
| PYZCHIVA 130 MG/26ML                                   | 4         | QL(3.47 ML daily); PA  |
| RENFLEXIS                                              | 4         | PA                     |
| SKYRIZI SOCT                                           | 4         | QL(0.043 ML daily); PA |
| SKYRIZI SOLN                                           | 4         | QL(0.36 ML daily); PA  |
| STELARA 130 MG/26ML                                    | 4         | QL(3.47 ML daily); PA  |

| Drug Name                                                                                                         | Drug Tier | Requirements/ Limits   |
|-------------------------------------------------------------------------------------------------------------------|-----------|------------------------|
| STEQEYMA                                                                                                          | 4         | QL(3.47 ML daily); PA  |
| <i>sulfasalazine TABS</i>                                                                                         | 1B        |                        |
| <i>sulfasalazine TBEC</i>                                                                                         | 1B        |                        |
| TREMFYA PEN SOAJ SC 200 MG/2ML                                                                                    | 4         | QL(0.072 ML daily); PA |
| TREMFYA-CD/UC INDUCTION SOAJ SC 200 MG/2ML                                                                        | 4         | QL(0.143 ML daily); PA |
| TREMFYA SOLN IV                                                                                                   | 4         | QL(0.72 ML daily); PA  |
| TREMFYA SOSY SC 200 MG/2ML                                                                                        | 4         | QL(0.072 ML daily); PA |
| YESINTEK 130 MG/26ML                                                                                              | 4         | QL(3.47 ML daily); PA  |
| Intestinal Acidifiers                                                                                             |           |                        |
| <i>lactulose (encephalopathy)</i>                                                                                 | 1B        |                        |
| Irritable Bowel Syndrome (IBS) Agents                                                                             |           |                        |
| <i>alosetron hcl</i>                                                                                              | 1B        | QL(2 EA daily)         |
| LINZESS                                                                                                           | 2         | QL(1 EA daily)         |
| Peripheral Opioid Receptor Antagonists                                                                            |           |                        |
| <i>alvimopan</i>                                                                                                  | 1B        |                        |
| MOVANTIK                                                                                                          | 3         | QL(1 EA daily); PA     |
| Phosphate Binder Agents                                                                                           |           |                        |
| <i>calcium acetate (phosphate binder) CAPS</i>                                                                    | 1B        |                        |
| <i>calcium acetate (phosphate binder) TABS</i>                                                                    | 1B        | RX/OTC                 |
| <i>lanthanum carbonate CHEW</i>                                                                                   | 1B        |                        |
| <i>sevelamer carbonate PACK</i>                                                                                   | 1B        |                        |
| <i>sevelamer carbonate TABS</i>                                                                                   | 1B        |                        |
| VELPHORO                                                                                                          | 3         | PA                     |
| <b>GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System</b> |           |                        |

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| Drug Name                                      | Drug Tier | Requirements/ Limits |
|------------------------------------------------|-----------|----------------------|
| 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                                   | 2         | 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        |                      |
| GOUT AGENTS - Drugs to Treat Gout              |           |                      |
| Gout Agent Combinations                        |           |                      |
| <i>colchicine w/ probenecid</i>                | 1B        |                      |
| Gout Agents                                    |           |                      |
| <i>allopurinol 100 MG, 300 MG</i>              | 1A        |                      |
| <i>colchicine TABS</i>                         | 1B        | QL(1 EA daily)       |

| Drug Name                                                              | Drug Tier | Requirements/ Limits |
|------------------------------------------------------------------------|-----------|----------------------|
| <i>febuxostat</i>                                                      | 1B        | QL(1 EA daily); PA   |
| Uricosurics                                                            |           |                      |
| <i>probenecid</i>                                                      | 1B        |                      |
| HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders          |           |                      |
| 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        |                      |
| <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)       |

| Drug Name                                                                           | Drug Tier | Requirements/Limits    |
|-------------------------------------------------------------------------------------|-----------|------------------------|
| ZONTIVITY                                                                           | 3         | PA                     |
| <b>HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders</b>                        |           |                        |
| Agents for Gaucher Disease                                                          |           |                        |
| CERDELGA                                                                            | 4         | QL(2 EA daily); PA     |
| <i>miglustat</i>                                                                    | 4         | QL(3 EA daily); SP; PA |
| Agents for Sickle Cell Disease                                                      |           |                        |
| DROXIA CAPS                                                                         | 3         |                        |
| Cobalamins                                                                          |           |                        |
| <i>cyanocobalamin SOLN IJ 1000 MCG/ML</i>                                           | 1B        | QL(1 ML daily)         |
| Folic Acid/Folates                                                                  |           |                        |
| <i>folic acid TABS</i>                                                              | 0         |                        |
| Hematopoietic Growth Factors                                                        |           |                        |
| ARANESP (ALBUMIN FREE) SOLN 40 MCG/ML, 60 MCG/ML, 100 MCG/ML                        | 4         | SP; PA                 |
| ARANESP (ALBUMIN FREE) SOLN 25 MCG/ML                                               | 4         | SP; PA                 |
| ARANESP (ALBUMIN FREE) SOSY 150 MCG/0.3ML, 200 MCG/0.4ML, 300 MCG/0.6ML, 500 MCG/ML | 4         | SP; 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, 50 MG, 75 MG</i>                        | 3         | QL(1 EA daily); PA     |
| LEUKINE SOLR IJ                                                                     | 4         | SP; PA                 |
| MIRCERA                                                                             | 4         | PA                     |
| NYVEPRIA                                                                            | 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 325 MG, 65 MG, 325 MG</i>                 | 0         |                                             |
| <i>ferrous sulfate TBEC 325 MG</i>                                | 0         |                                             |
| <b>HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders</b> |           |                                             |
| Hemostatics - Systemic                                            |           |                                             |
| <i>aminocaproic acid TABS</i>                                     | 1B        | 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>                                        | 1B        | QL(1 EA daily); PA                          |
| Non-Barbiturate Hypnotics                                         |           |                                             |
| <i>estazolam</i>                                                  | 1B        |                                             |
| <i>eszopiclone</i>                                                | 1B        | QL(1 EA daily); AL(At least 18 yrs old); ST |
| <i>flurazepam hcl</i>                                             | 1B        | PA                                          |
| <i>temazepam 7.5 MG, 22.5 MG</i>                                  | 1B        | QL(1 EA daily)                              |
| <i>temazepam 15 MG, 30 MG</i>                                     | 1A        | QL(1 EA daily)                              |
| <i>triazolam</i>                                                  | 1B        |                                             |

| Drug Name                                                           | Drug Tier | Requirements/ Limits                    |
|---------------------------------------------------------------------|-----------|-----------------------------------------|
| <i>zaleplon 10 MG</i>                                               | 1B        | QL(2 EA daily); AL(At least 18 yrs old) |
| <i>zaleplon 5 MG</i>                                                | 1B        | QL(1 EA daily); AL(At least 18 yrs old) |
| <i>zolpidem tartrate TABS</i>                                       | 1A        | QL(1 EA daily); AL(At least 18 yrs old) |
| <i>zolpidem tartrate TBCR</i>                                       | 1B        | QL(1 EA daily)                          |
| Orexin Receptor Antagonists                                         |           |                                         |
| <i>BELSOMRA</i>                                                     | 3         | PA                                      |
| Selective Melatonin Receptor Agonists                               |           |                                         |
| <i>ramelteon</i>                                                    | 1B        | QL(1 EA daily); AL(At least 18 yrs old) |
| <b>LAXATIVES - Bowel Treatment Drugs</b>                            |           |                                         |
| Bulk Laxatives                                                      |           |                                         |
| <i>calcium polycarbophil TABS</i>                                   | 1B        |                                         |
| Laxative Combinations                                               |           |                                         |
| <i>peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid</i>      | 1B        |                                         |
| <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        |                                         |
| Laxatives - Miscellaneous                                           |           |                                         |
| <i>lactulose SOLN</i>                                               | 1B        |                                         |
| Stimulant Laxatives                                                 |           |                                         |
| <i>bisacodyl SUPP</i>                                               | 1A        |                                         |
| <i>bisacodyl TBEC</i>                                               | 1A        |                                         |
| Surfactant Laxatives                                                |           |                                         |
| <i>docusate calcium</i>                                             | 1A        | QL(1 EA daily)                          |

| Drug Name                                               | Drug Tier | Requirements/ Limits                      |
|---------------------------------------------------------|-----------|-------------------------------------------|
| <i>docusate sodium CAPS 100 MG</i>                      | 1A        | QL(4 EA daily)                            |
| <i>docusate sodium CAPS 250 MG</i>                      | 1A        |                                           |
| <b>MACROLIDES - Drugs to Treat Bacterial Infections</b> |           |                                           |
| Azithromycin                                            |           |                                           |
| <i>azithromycin PACK</i>                                | 1B        |                                           |
| <i>azithromycin SUSR</i>                                | 1B        |                                           |
| <i>azithromycin TABS 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>DIFICID TABS 200 MG (fidaxomicin)</i>                | 2         |                                           |
| <i>fidaxomicin TABS 200 MG</i>                          | 1B        |                                           |
| <b>MEDICAL DEVICES AND SUPPLIES</b>                     |           |                                           |
| Contraceptives                                          |           |                                           |
| <i>AIMSCO LUBRICATED MISC</i>                           | 0         |                                           |
| <i>CAYA DPRH</i>                                        | 0         |                                           |

| Drug Name                          | Drug Tier | Requirements/ Limits                                                                                              | Drug Name                           | Drug Tier | Requirements/ Limits |
|------------------------------------|-----------|-------------------------------------------------------------------------------------------------------------------|-------------------------------------|-----------|----------------------|
| DUREX EXTRA SENSITIVE THIN DEVI    | 0         |                                                                                                                   | REALITY LATEX/ULTRA THIN DEVI       | 0         |                      |
| DUREX EXTRA SENSITIVE THIN MISC    | 0         |                                                                                                                   | TROJAN BARESKIN DEVI                | 0         |                      |
| DUREX TROPICAL MISC                | 0         |                                                                                                                   | TROJAN MAGNUM MISC                  | 0         |                      |
| FANTASY LUBRICATED/SPERMICIDE MISC | 0         |                                                                                                                   | TROJAN ULTRA THIN/SPERMICIDAL MISC  | 0         |                      |
| FANTASY LUBRICATED MISC            | 0         |                                                                                                                   | TROJAN ULTRA THIN MISC              | 0         |                      |
| 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 LUBRICATED MISC          | 0         |                      |
| FEMCAP DEVI                        | 0         |                                                                                                                   | TROJAN-ENZ/SPERMICIDAL MISC         | 0         |                      |
| KAMELEON LUBRICATED MISC           | 0         |                                                                                                                   | TRUE COVER DEVI                     | 0         |                      |
| KIMONO COLORS DEVI                 | 0         |                                                                                                                   | TRUSTEX COLOR CONDOMS + LUBE MISC   | 0         |                      |
| KIMONO MAXX-LARGE FLARE MISC       | 0         |                                                                                                                   | TRUSTEX LUB/RIBBED/STUDED MISC      | 0         |                      |
| KIMONO MICRO THIN PLUS MISC        | 0         |                                                                                                                   | TRUSTEX LUB/SPERMICIDE EX ST MISC   | 0         |                      |
| KIMONO PLUS MISC                   | 0         |                                                                                                                   | TRUSTEX LUB/SPERMICIDE XL MISC      | 0         |                      |
| KIMONO PS PLUS MISC                | 0         |                                                                                                                   | TRUSTEX LUBRICATED EX LARGE MISC    | 0         |                      |
| KIMONO PS MISC                     | 0         |                                                                                                                   | TRUSTEX LUBRICATED EXTRA ST MISC    | 0         |                      |
| KIMONO SENSATION PLUS MISC         | 0         |                                                                                                                   | TRUSTEX LUBRICATED/SPERMICIDE MISC  | 0         |                      |
| KIMONO SENSATION MISC              | 0         |                                                                                                                   | TRUSTEX LUBRICATED MISC             | 0         |                      |
| KIMONO SPECIAL DEVI                | 0         |                                                                                                                   | TRUSTEX NATURAL CONDOMS + LUBE MISC | 0         |                      |
| KIMONO MISC                        | 0         |                                                                                                                   | TRUSTEX RIA LUB/SPERMICIDE MISC     | 0         |                      |
| MAXX PLUS MISC                     | 0         |                                                                                                                   | TRUSTEX RIA LUBRICATED MISC         | 0         |                      |
| MAXX MISC                          | 0         |                                                                                                                   | TRUSTEX-NONOXYNOL-9/RIB/STUD MISC   | 0         |                      |
| OMNIFLEX DIAPHRAGM                 | 0         |                                                                                                                   |                                     |           |                      |
| REALITY LATEX CONDOMS MISC         | 0         |                                                                                                                   |                                     |           |                      |
| REALITY LATEX/ULTRA TEXTURED DEVI  | 0         |                                                                                                                   |                                     |           |                      |

| Drug Name                      | Drug Tier | Requirements/ Limits               |
|--------------------------------|-----------|------------------------------------|
| WIDE-SEAL DIAPHRAGM 60         | 0         |                                    |
| WIDE-SEAL DIAPHRAGM 65         | 0         |                                    |
| WIDE-SEAL DIAPHRAGM 70         | 0         |                                    |
| WIDE-SEAL DIAPHRAGM 75         | 0         |                                    |
| WIDE-SEAL DIAPHRAGM 80         | 0         |                                    |
| WIDE-SEAL DIAPHRAGM 85         | 0         |                                    |
| WIDE-SEAL DIAPHRAGM 90         | 0         |                                    |
| WIDE-SEAL DIAPHRAGM 95         | 0         |                                    |
| Diabetic Supplies              |           |                                    |
| FREESTYLE LIBRE 14 DAY READER  | 3         | PA                                 |
| FREESTYLE LIBRE 14 DAY SENSOR  | 3         | QL(0.072 EA daily); PA             |
| FREESTYLE LIBRE 2 PLUS SENSOR  | 3         | QL(0.072 EA daily); PA             |
| FREESTYLE LIBRE 2 READER       | 3         | PA                                 |
| FREESTYLE LIBRE 2 SENSOR       | 3         | QL(0.072 EA daily); PA             |
| FREESTYLE LIBRE 3 PLUS SENSOR  | 3         | QL(0.072 EA daily); PA             |
| FREESTYLE LIBRE 3 READER       | 3         | QL(1 EA per 365 day(s) retail); PA |
| FREESTYLE LIBRE 3 SENSOR       | 3         | QL(0.072 EA daily); PA             |
| FREESTYLE LIBRE READER         | 3         | PA                                 |
| ONETOUCH DELICA SAFETY LANCING | 1B        | D; RX/OTC                          |
| RELION LANCET DEVICES 30G      | 1B        | D; RX/OTC                          |
| RELION LANCETS                 | 1B        | D; RX/OTC                          |
| SELECT LANCETS                 | 1B        | 6.66/day                           |

| Drug Name                                             | Drug Tier | Requirements/ Limits                                       |
|-------------------------------------------------------|-----------|------------------------------------------------------------|
| SELECT LANCETS                                        | 1         | 6.66/day                                                   |
| TRUE METRIX LEVEL 3 SOLN                              | 1B        | D                                                          |
| Parenteral Therapy Supplies                           |           |                                                            |
| BD PEN NEEDLE NANO 2ND GEN                            | 1B        | D; QL(5 EA daily); RX/OTC                                  |
| EMBECTA AUTOSHIELD DUO                                | 1B        | D; QL(5 EA daily); RX/OTC                                  |
| EMBECTA PEN NEEDLE NANO                               | 1B        | D; QL(5 EA daily); RX/OTC                                  |
| EMBECTA PEN NEEDLE NANO 2 GEN                         | 1B        | D; QL(5 EA daily); RX/OTC                                  |
| EMBECTA PEN NEEDLE ULTRAFINE                          | 1B        | D; QL(5 EA daily)                                          |
| SELECT INSULIN SYRINGES                               | 1B        | 5/day; #                                                   |
| SELECT INSULIN SYRINGES                               | 1         | 5/day                                                      |
| MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches |           |                                                            |
| 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 50 MG                                         | 3         | QL(10 EA per 30 day(s) retail; 10 EA per 30 days mail); ST |
| UBRELVY 100 MG                                        | 3         | QL(16 EA per 30 day(s) retail; 16 EA per 30 days mail); ST |
| Migraine Combinations                                 |           |                                                            |
| <i>ergotamine w/ caffeine TABS</i>                    | 1B        | QL(1.5 EA daily)                                           |

| Drug Name                                           | Drug Tier | Requirements/ Limits                                   |
|-----------------------------------------------------|-----------|--------------------------------------------------------|
| <i>sumatriptan-naproxen sodium</i>                  | 3         | QL(10 EA per 30 day(s) retail; 10 EA per 30 days mail) |
| <b>Migraine Products</b>                            |           |                                                        |
| <i>dihydroergotamine mesylate SOLN IJ 1 MG/ML</i>   | 1B        |                                                        |
| <i>dihydroergotamine mesylate SOLN NA 4 MG/ML</i>   | 1B        | QL(0.267 ML daily)                                     |
| ERGOMAR SUBL                                        | 3         | QL(0.667 EA daily)                                     |
| <b>Serotonin Agonists</b>                           |           |                                                        |
| <i>almotriptan malate 12.5 MG</i>                   | 1B        | QL(0.4 EA daily); AL(At least 12 yrs old); ST          |
| <i>almotriptan malate 6.25 MG</i>                   | 1B        | QL(0.3 EA daily); AL(At least 12 yrs old); ST          |
| <i>eletriptan hydrobromide</i>                      | 1B        | QL(0.2 EA daily); AL(At least 18 yrs old); ST          |
| <i>frovatriptan succinate</i>                       | 1B        | QL(0.4 EA daily); AL(At least 18 yrs old); ST          |
| 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 10 MG</i>              | 1B        | QL(0.6 EA daily); AL(At least 6 yrs old)               |

| Drug Name                                     | Drug Tier | Requirements/ Limits                          |
|-----------------------------------------------|-----------|-----------------------------------------------|
| <i>rizatriptan benzoate TABS 5 MG</i>         | 1B        | QL(0.4 EA daily); AL(At least 6 yrs old)      |
| <i>rizatriptan benzoate TBDP 10 MG</i>        | 1B        | QL(0.6 EA daily); AL(At least 6 yrs old)      |
| <i>rizatriptan benzoate TBDP 5 MG</i>         | 1B        | QL(0.4 EA daily); AL(At least 6 yrs old)      |
| <i>sumatriptan</i>                            | 1B        | QL(0.2 EA daily); AL(At least 18 yrs old)     |
| <i>sumatriptan succinate SOAJ</i>             | 1B        | QL(0.134 ML daily); AL(At least 18 yrs old)   |
| <i>sumatriptan succinate SOCT</i>             | 1B        | QL(0.134 ML daily); AL(At least 18 yrs old)   |
| <i>sumatriptan succinate SOLN 6 MG/0.5ML</i>  | 1B        | QL(0.134 ML daily); AL(At least 18 yrs old)   |
| <i>sumatriptan succinate TABS</i>             | 1B        | QL(0.3 EA daily); AL(At least 18 yrs old)     |
| <i>zolmitriptan SOLN</i>                      | 1B        | QL(0.2 EA daily); AL(At least 12 yrs old); ST |
| <i>zolmitriptan TABS</i>                      | 1B        | QL(0.3 EA daily); AL(At least 12 yrs old); ST |
| <i>zolmitriptan TBDP</i>                      | 1B        | QL(0.3 EA daily); AL(At least 12 yrs old); ST |
| <b>MINERALS &amp; ELECTROLYTES</b>            |           |                                               |
| <b>Bicarbonates</b>                           |           |                                               |
| <i>sodium acetate SOLN</i>                    | 1B        |                                               |
| SODIUM ACETATE SOLN ( <i>sodium acetate</i> ) | 1B        |                                               |
| <b>Calcium</b>                                |           |                                               |

| Drug Name                                                                                                                                                                              | Drug Tier | Requirements/ Limits | Drug Name                                                            | Drug Tier | Requirements/ Limits   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------|----------------------------------------------------------------------|-----------|------------------------|
| <i>calcium chloride (dihydrate) SOLN</i>                                                                                                                                               | 1B        |                      | <i>potassium acetate SOLN 2 MEQ/ML</i>                               | 1B        |                        |
| Electrolyte Mixtures                                                                                                                                                                   |           |                      | <i>potassium bicarbonate TBEF</i>                                    | 1B        |                        |
| <i>electrolyte-148</i>                                                                                                                                                                 | 1B        |                      | <i>potassium chloride microencapsulated crystals er</i>              | 1B        |                        |
| <i>electrolyte-a</i>                                                                                                                                                                   | 1B        |                      | <i>potassium chloride CPCR</i>                                       | 1B        |                        |
| IONOSOL-MB IN D5W                                                                                                                                                                      | 1B        |                      | <i>potassium chloride PACK PO 20 MEQ</i>                             | 1B        | PA                     |
| ISOLYTE-P IN D5W                                                                                                                                                                       | 1B        |                      | <i>potassium chloride SOLN IV 2 MEQ/ML, 10 MEQ/50ML, 20 MEQ/50ML</i> | 1B        |                        |
| ISOLYTE-S                                                                                                                                                                              | 1B        |                      | POTASSIUM CHLORIDE SOLN IV 10 MEQ/50ML ( <i>potassium chloride</i> ) | 1B        |                        |
| KCL IN DEXTROSE-NACL 5 %-40 MEQ/L-0.9 % ( <i>potassium chloride in dextrose &amp; sodium chloride</i> )                                                                                | 1B        |                      | <i>potassium chloride TBCR 8 MEQ, 10 MEQ, 20 MEQ</i>                 | 1B        |                        |
| KCL-LACTATED RINGERS-D5W                                                                                                                                                               | 1B        |                      | MISCELLANEOUS THERAPEUTIC CLASSES                                    |           |                        |
| NORMOSOL-M IN D5W                                                                                                                                                                      | 1B        |                      | Chelating Agents                                                     |           |                        |
| NORMOSOL-R PH 7.4                                                                                                                                                                      | 1B        |                      | <i>penicillamine CAPS</i>                                            | 1B        | PA                     |
| PLASMA-LYTE 148 27 MEQ/L-23 MEQ/L-98 MEQ/L-140 MEQ/L-3 MEQ/L-5 MEQ/L                                                                                                                   | 1B        |                      | <i>penicillamine TABS</i>                                            | 1B        | QL(8 EA daily)         |
| PLASMA-LYTE A ( <i>electrolyte-a</i> )                                                                                                                                                 | 1B        |                      | <i>trientine hcl 250 MG</i>                                          | 4         | QL(8 EA daily); SP; PA |
| <i>potassium chloride in dextrose 20 MEQ/L</i>                                                                                                                                         | 1B        |                      | Immunomodulators                                                     |           |                        |
| <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>lenalidomide 2.5 MG, 5 MG, 10 MG, 15 MG, 25 MG</i>                | 4         | QL(1 EA daily); SP; PA |
| <i>ringer's</i>                                                                                                                                                                        | 1B        |                      | <i>lenalidomide 20 MG</i>                                            | 4         | QL(1 EA daily); PA     |
| Fluoride                                                                                                                                                                               |           |                      | THALOMID                                                             | 4         | QL(3 EA daily); SP; PA |
| <i>sodium fluoride CHEW</i>                                                                                                                                                            | 0         | QL(1 EA daily)       | Immunosuppressive Agents                                             |           |                        |
| Phosphate                                                                                                                                                                              |           |                      | ATGAM                                                                | 4         | SP; PA                 |
| <i>potassium phosphates 45 MMOLE/15ML</i>                                                                                                                                              | 1B        |                      | AZATHIOPRINE SODIUM                                                  | 1B        |                        |
| Potassium                                                                                                                                                                              |           |                      | <i>azathioprine TABS</i>                                             | 1B        |                        |
|                                                                                                                                                                                        |           |                      | <i>cyclosporine modified (for microemulsion) CAPS</i>                | 1B        |                        |
|                                                                                                                                                                                        |           |                      | <i>cyclosporine modified (for microemulsion) SOLN</i>                | 1B        |                        |

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| Drug Name                                                      | Drug Tier | Requirements/ Limits    |
|----------------------------------------------------------------|-----------|-------------------------|
| <i>cyclosporine CAPS</i>                                       | 1B        |                         |
| <i>cyclosporine SOLN IV 50 MG/ML</i>                           | 1B        |                         |
| <i>everolimus (immunosuppressant) 0.25 MG, 0.5 MG, 0.75 MG</i> | 4         | QL(20 EA daily); SP; PA |
| <i>everolimus (immunosuppressant) 1 MG</i>                     | 4         | QL(10 EA daily); PA     |
| <i>mycophenolate mofetil CAPS</i>                              | 1B        |                         |
| <i>mycophenolate mofetil TABS</i>                              | 1B        |                         |
| <i>mycophenolate sodium</i>                                    | 1B        |                         |
| PROGRAF PACK                                                   | 2         | PA                      |
| 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         | SP; 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                                                        | 3         | QL(1 EA daily); PA      |
| <i>sodium polystyrene sulfonate POWD</i>                       | 1B        |                         |
| <i>sodium polystyrene sulfonate SUSP CO 15 GM/60ML</i>         | 1B        |                         |
| MOUTH/THROAT/DENTAL AGENTS                                     |           |                         |

| Drug Name                                                                                                       | Drug Tier | Requirements/ Limits |
|-----------------------------------------------------------------------------------------------------------------|-----------|----------------------|
| Anesthetics Topical Oral                                                                                        |           |                      |
| <i>lidocaine hcl (mouth-throat) 4 %</i>                                                                         | 1B        |                      |
| <i>lidocaine hcl (mouth-throat) 2 %</i>                                                                         | 1B        | QL(4 ML daily)       |
| 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                                                                                                 |           |                      |
| <i>stannous fluoride CONC</i>                                                                                   | 0         | RX/OTC               |
| Steroids - Mouth/Throat/Dental                                                                                  |           |                      |
| <i>triamcinolone acetonide (mouth)</i>                                                                          | 1B        |                      |
| Throat Products - Misc.                                                                                         |           |                      |
| <i>cevimeline hcl</i>                                                                                           | 1B        |                      |
| <i>pilocarpine hcl (oral)</i>                                                                                   | 1B        |                      |
| MULTIVITAMINS                                                                                                   |           |                      |
| Ped MV w/ Fluoride                                                                                              |           |                      |
| <i>pediatric multivitamins w/fl CHEW</i>                                                                        | 1A        | RX/OTC               |
| Prenatal Vitamins                                                                                               |           |                      |
| CLASSIC PRENATAL TABS                                                                                           | 2         | QL(1 EA daily)       |
| CVS PRENATAL TABS 100 MG-2.6 MG-800 MCG-400 UNIT-4 MCG-1.7 MG-18 MG-27 MG-1.5 MG-25 MG-263 MG-11 UNIT-4000 UNIT | 2         | QL(1 EA daily)       |
| EQL PRENATAL FORMULA TABS                                                                                       | 2         | QL(1 EA daily)       |
| FT PRENATAL TABS                                                                                                | 2         | QL(1 EA daily)       |
| GNP PRENATAL/FOLIC ACID TABS                                                                                    | 2         | QL(1 EA daily)       |

| Drug Name                                                                                                                              | Drug Tier | Requirements/ Limits   | Drug Name                                                                                                                                                                                                                | Drug Tier | Requirements/ Limits   |
|----------------------------------------------------------------------------------------------------------------------------------------|-----------|------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------------------|
| GNP 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)         |
| 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)         | PRENATAL/IRON TABS 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)         |
| NEONATAL COMPLETE TABS 120 MG-10 MG-9.2 MG-1000 MCG-10 MCG-12 MCG-3 MG-5 MG-20 MG-27 MG-200 MG-1.84 MG-25 MG-2 MG-1200 MCG-2 MG-0.2 MG | 2         | QL(1 EA daily); RX/OTC |                                                                                                                                                                                                                          |           |                        |
| NEONATAL PLUS TABS                                                                                                                     | 2         | QL(1 EA daily); RX/OTC |                                                                                                                                                                                                                          |           |                        |
| NEONATAL PRENATAL TABS                                                                                                                 | 2         | QL(1 EA daily)         |                                                                                                                                                                                                                          |           |                        |
| NEONATAL VITAMIN TABS                                                                                                                  | 2         | QL(1 EA daily)         |                                                                                                                                                                                                                          |           |                        |
| NIVA-PLUS TABS                                                                                                                         | 2         | QL(1 EA daily); RX/OTC | PRENATAL TABS                                                                                                                                                                                                            | 2         | QL(1 EA daily)         |
| ONE VITE WOMENS PLUS TABS                                                                                                              | 2         | QL(1 EA daily); RX/OTC | PRENATRIX TABS                                                                                                                                                                                                           | 2         | QL(1 EA daily); RX/OTC |
| ONE VITE WOMENS TABS                                                                                                                   | 2         | QL(1 EA daily)         | PRENATRYL TABS                                                                                                                                                                                                           | 2         | QL(1 EA daily); RX/OTC |
| PRENATAL ONE DAILY TABS                                                                                                                | 2         | QL(1 EA daily)         | QC PRENATAL TABS                                                                                                                                                                                                         | 2         | QL(1 EA daily)         |
| PRENATAL PLUS VITAMIN/MINERAL TABS                                                                                                     | 2         | QL(1 EA daily); RX/OTC | SM PRENATAL VITAMINS TABS                                                                                                                                                                                                | 2         | QL(1 EA daily)         |
| PRENATAL PLUS TABS                                                                                                                     | 2         | QL(1 EA daily); RX/OTC | THERANATAL CORE NUTRITION TABS                                                                                                                                                                                           | 2         | QL(1 EA daily); RX/OTC |
| PRENATAL VITAMIN AND MINERAL TABS                                                                                                      | 2         | QL(1 EA daily)         | TRICARE TABS                                                                                                                                                                                                             | 2         | QL(1 EA daily); RX/OTC |
|                                                                                                                                        |           |                        | VITATHELY WITH GINGER TABS                                                                                                                                                                                               | 2         | QL(1 EA daily); RX/OTC |
|                                                                                                                                        |           |                        | WESTAB PLUS TABS                                                                                                                                                                                                         | 2         | QL(1 EA daily); RX/OTC |
| MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms                                                                                 |           |                        |                                                                                                                                                                                                                          |           |                        |
| Central Muscle Relaxants                                                                                                               |           |                        |                                                                                                                                                                                                                          |           |                        |
| baclofen TABS                                                                                                                          |           |                        |                                                                                                                                                                                                                          | 1B        |                        |
| carisoprodol TABS                                                                                                                      |           |                        |                                                                                                                                                                                                                          | 1B        |                        |
| chlorzoxazone TABS 500 MG                                                                                                              |           |                        |                                                                                                                                                                                                                          | 1B        | QL(6 EA daily)         |
| chlorzoxazone TABS 750 MG                                                                                                              |           |                        |                                                                                                                                                                                                                          | 1B        | QL(4 EA daily)         |
| cyclobenzaprine hcl TABS 5 MG, 10 MG                                                                                                   |           |                        |                                                                                                                                                                                                                          | 1A        | QL(3 EA daily)         |

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

| Drug Name                                         | Drug Tier | Requirements/ Limits |
|---------------------------------------------------|-----------|----------------------|
| XEOMIN                                            | 3         | PA                   |
| Nondepolarizing Muscle Relaxants                  |           |                      |
| <i>atracurium besylate 50 MG/5ML, 100 MG/10ML</i> | 3         | PA                   |
| <b>NUTRIENTS</b>                                  |           |                      |
| Proteins                                          |           |                      |
| CLINIMIX/DEXTROSE (4.25/10)                       | 3         |                      |
| CLINIMIX/DEXTROSE (4.25/5)                        | 3         |                      |
| <b>OPHTHALMIC AGENTS - Drugs to Treat the Eye</b> |           |                      |
| Beta-blockers - Ophthalmic                        |           |                      |
| <i>betaxolol hcl (ophth) SOLN</i>                 | 1B        |                      |
| <i>brimonidine tartrate-timolol maleate</i>       | 1B        |                      |
| <i>carteolol hcl (ophth)</i>                      | 1B        |                      |
| <i>dorzolamide hcl-timolol maleate</i>            | 1B        |                      |
| <i>levobunolol hcl 0.5 %</i>                      | 1B        |                      |
| <i>timolol maleate (ophth) SOLG</i>               | 1B        |                      |
| <i>timolol maleate (ophth) SOLN</i>               | 1B        |                      |
| Cycloplegic Mydriatics                            |           |                      |
| <i>tropicamide SOLN 0.5 %</i>                     | 1B        | QL(2.5 ML daily)     |
| <i>tropicamide SOLN 1 %</i>                       | 1B        |                      |
| 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         |                      |
| BESIVANCE                                         | 3         | PA                   |

| Drug Name                                     | Drug Tier | Requirements/ Limits | Drug Name                                                                 | Drug Tier | Requirements/ Limits   |
|-----------------------------------------------|-----------|----------------------|---------------------------------------------------------------------------|-----------|------------------------|
| <i>ciprofloxacin hcl (ophth) SOLN</i>         | 1B        |                      | <i>neomycin-polymy-dexameth OINT</i>                                      | 1B        |                        |
| <i>erythromycin (ophth)</i>                   | 1B        |                      | <i>neomycin-polymy-dexameth SUSP 0.1 %-3.5 MG/ML-10000 UNIT/ML, 0.1 %</i> | 1B        |                        |
| <i>gatifloxacin (ophth)</i>                   | 1B        |                      | <i>neomycin-polymyxin-hc (ophth)</i>                                      | 1B        | QL(2.5 ML daily)       |
| <i>gentamicin sulfate (ophth) SOLN</i>        | 1B        |                      | PRED MILD                                                                 | 3         | PA                     |
| <i>levofloxacin (ophth) 0.5 %</i>             | 1B        |                      | <i>prednisolone acetate (ophth)</i>                                       | 1B        |                        |
| <i>moxifloxacin hcl (ophth) SOLN OP</i>       | 1B        |                      | PREDNISOLONE SODIUM PHOSPHATE                                             | 3         |                        |
| NATACYN                                       | 2         |                      | <i>sulfacetamide sod-prednisolone SOLN</i>                                | 3         | PA                     |
| <i>neomycin-bacitracin zn-polymyxin</i>       | 1B        |                      | <i>tobramycin-dexamethasone SUSP</i>                                      | 1B        |                        |
| <i>ofloxacin (ophth)</i>                      | 1B        |                      | ZYLET                                                                     | 3         | PA                     |
| <i>polymyxin b-trimethoprim</i>               | 1B        |                      | Ophthalmic Surgical Aids                                                  |           |                        |
| <i>sulfacetamide sodium (ophth) SOLN</i>      | 1B        |                      | HEALON PRO SOSY                                                           | 3         | PA                     |
| <i>tobramycin (ophth) SOLN</i>                | 1B        |                      | PROVISC SOSY                                                              | 3         | PA                     |
| <i>trifluridine</i>                           | 1B        |                      | Ophthalmics - Misc.                                                       |           |                        |
| ZIRGAN GEL                                    | 2         |                      | ALOCRIAL                                                                  | 3         | PA                     |
| Ophthalmic Immunomodulators                   |           |                      | ALOMIDE                                                                   | 3         | PA                     |
| <i>cyclosporine (ophth) EMUL</i>              | 3         | PA                   | <i>azelastine hcl (ophth)</i>                                             | 1B        |                        |
| Ophthalmic Local Anesthetics                  |           |                      | <i>bepotastine besilate</i>                                               | 3         | PA                     |
| <i>proparacaine hcl</i>                       | 1B        |                      | <i>brinzolamide</i>                                                       | 1B        |                        |
| Ophthalmic Steroids                           |           |                      | <i>bromfenac sodium (ophth)</i>                                           | 1B        |                        |
| <i>dexamethasone sodium phosphate (ophth)</i> | 1B        | QL(0.4 ML daily)     | <i>cromolyn sodium (ophth)</i>                                            | 1B        |                        |
| <i>difluprednate</i>                          | 1B        | PA                   | CYSTARAN                                                                  | 2         | QL(2.143 ML daily); PA |
| <i>fluorometholone (ophth) SUSP</i>           | 1B        |                      | <i>diclofenac sodium (ophth)</i>                                          | 1B        |                        |
| FML FORTE SUSP                                | 3         | PA                   | <i>dorzolamide hcl</i>                                                    | 1B        |                        |
| LOTEMAX OINT                                  | 3         | PA                   | <i>epinastine hcl (ophth)</i>                                             | 1B        |                        |
| <i>loteprednol etabonate GEL</i>              | 1B        | PA                   | <i>flurbiprofen sodium</i>                                                | 1B        |                        |
| <i>loteprednol etabonate SUSP</i>             | 1B        | PA                   | <i>ketorolac tromethamine (ophth)</i>                                     | 1B        |                        |
| MAXIDEX SUSP OP                               | 3         | PA                   | <i>ketotifen fumarate (ophth) 0.035 %</i>                                 | 1B        |                        |

| Drug Name                                                                           | Drug Tier | Requirements/ Limits |
|-------------------------------------------------------------------------------------|-----------|----------------------|
| LASTACAFT                                                                           | 3         | PA                   |
| NEVANAC                                                                             | 3         | QL(0.2 ML daily); ST |
| <i>olopatadine hcl 0.1 %</i>                                                        | 1B        | QL(0.34 ML daily)    |
| <i>olopatadine hcl 0.2 %</i>                                                        | 1B        | RX/OTC               |
| 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                                                                       |           |                      |
| <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 |           |                      |
| Monoclonal Antibodies                                                               |           |                      |

| Drug Name                                                  | Drug Tier | Requirements/ Limits |
|------------------------------------------------------------|-----------|----------------------|
| BEYFORTUS                                                  | 0         |                      |
| Passive Immunizing Agents - Combinations                   |           |                      |
| HYQVIA                                                     | 4         | PA                   |
| 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 IV 10 GM</i>                          | 1B        |                      |
| <i>ampicillin CAPS 500 MG</i>                              | 1B        |                      |
| Natural Penicillins                                        |           |                      |
| PENICILLIN G POT IN DEXTROSE 40000 UNIT/ML, 60000 UNIT/ML  | 1B        |                      |
| <i>penicillin g potassium 5000000 UNIT</i>                 | 1B        |                      |
| <i>penicillin g sodium</i>                                 | 3         |                      |
| <i>penicillin v potassium SOLR</i>                         | 1B        |                      |
| <i>penicillin v potassium TABS</i>                         | 1B        |                      |
| Penicillin Combinations                                    |           |                      |
| <i>amoxicillin &amp; pot clavulanate CHEW</i>              | 1B        |                      |
| <i>amoxicillin &amp; pot clavulanate SUSR</i>              | 1B        |                      |
| <i>amoxicillin &amp; pot clavulanate TABS</i>              | 1B        |                      |
| <i>amoxicillin &amp; pot clavulanate TB12</i>              | 1B        |                      |
| Penicillinase-Resistant Penicillins                        |           |                      |

| Drug Name                                                                                                 | Drug Tier | Requirements/ Limits                |
|-----------------------------------------------------------------------------------------------------------|-----------|-------------------------------------|
| <i>dicloxacillin sodium</i>                                                                               | 1B        |                                     |
| <i>nafcillin sodium IV 10 GM</i>                                                                          | 1B        |                                     |
| <i>oxacillin sodium IV 10 GM</i>                                                                          | 1B        |                                     |
| <b>PROGESTINS - Hormone Replacement/Modifying Drugs</b>                                                   |           |                                     |
| Progestins                                                                                                |           |                                     |
| <i>medroxyprogesterone acetate 10 MG</i>                                                                  | 1A        |                                     |
| <i>medroxyprogesterone acetate 2.5 MG, 5 MG</i>                                                           | 1B        |                                     |
| <i>megestrol acetate (appetite)</i>                                                                       | 1B        | PA                                  |
| <i>norethindrone acetate TABS</i>                                                                         | 0         |                                     |
| <i>progesterone CAPS</i>                                                                                  | 1B        |                                     |
| <b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions</b> |           |                                     |
| Agents for Chemical Dependency                                                                            |           |                                     |
| <i>acamprosate calcium</i>                                                                                | 1B        |                                     |
| <i>disulfiram</i>                                                                                         | 1B        |                                     |
| <i>lofexidine hcl</i>                                                                                     | 1B        | QL(224 EA per 14 day(s) retail); PA |
| Antidementia Agents                                                                                       |           |                                     |
| <i>donepezil hydrochloride TABS 5 MG, 23 MG</i>                                                           | 1B        | QL(1 EA daily)                      |
| <i>donepezil hydrochloride TABS 10 MG</i>                                                                 | 1B        | QL(2 EA daily)                      |
| <i>donepezil hydrochloride TBDP 5 MG</i>                                                                  | 1B        | QL(1 EA daily)                      |
| <i>donepezil hydrochloride TBDP 10 MG</i>                                                                 | 1B        | QL(2 EA daily)                      |
| <i>galantamine hydrobromide CP24</i>                                                                      | 1B        | QL(1 EA daily)                      |
| <i>galantamine hydrobromide SOLN</i>                                                                      | 1B        | QL(6 ML daily)                      |
| <i>galantamine hydrobromide TABS</i>                                                                      | 1B        | QL(2 EA daily)                      |

| Drug Name                               | Drug Tier | Requirements/ Limits                    |
|-----------------------------------------|-----------|-----------------------------------------|
| <i>memantine hcl TABS</i>               | 1B        | QL(2 EA daily)                          |
| <i>memantine hcl TABS</i>               | 1B        |                                         |
| <i>rivastigmine tartrate CAPS</i>       | 1B        |                                         |
| Combination Psychotherapeutics          |           |                                         |
| <i>chlordiazepoxide-amitriptyline</i>   | 1B        |                                         |
| <i>perphenazine-amitriptyline</i>       | 1B        | QL(4 EA daily)                          |
| Fibromyalgia Agents                     |           |                                         |
| SAVELLA TITRATION PACK MISC             | 2         | 1 max fill(s) per 365 day(s) retail; PA |
| SAVELLA TABS                            | 2         | QL(2 EA daily); PA                      |
| Movement Disorder Drug Therapy          |           |                                         |
| AUSTEDO TABS                            | 4         | QL(4 EA daily); PA                      |
| <i>tetrabenazine</i>                    | 4         | QL(3 EA daily); SP; PA                  |
| Multiple Sclerosis Agents               |           |                                         |
| AVONEX PEN AJKT                         | 4         | QL(0.0714 EA daily); SP; PA             |
| AVONEX PREFILLED PSKT                   | 4         | QL(0.0714 EA daily); SP; PA             |
| BETASERON KIT                           | 4         | QL(0.5 EA daily); SP; PA                |
| <i>dalfampridine</i>                    | 4         | QL(2 EA daily); SP; PA                  |
| <i>dimethyl fumarate CDPK</i>           | 1B        | QL(2 EA daily)                          |
| <i>dimethyl fumarate CPDR</i>           | 1B        | QL(2 EA daily)                          |
| <i> fingolimod hcl</i>                  | 3         | QL(1 EA daily); PA                      |
| <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                  |

| Drug Name                                                 | Drug Tier | Requirements/ Limits                        |
|-----------------------------------------------------------|-----------|---------------------------------------------|
| 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; SP; PA |
| REBIF REBIDOSE SOAJ                                       | 4         | QL(0.214 ML daily); SP; PA                  |
| REBIF TITRATION PACK SOSY                                 | 4         | 1 max fill(s) per 365 day(s) retail; SP; PA |
| REBIF SOSY                                                | 4         | QL(0.214 ML daily); SP; PA                  |
| <i>teriflunomide</i>                                      | 3         | QL(1 EA daily); PA                          |
| Postherpetic Neuralgia (PHN)/Neuropathic Pain Agents      |           |                                             |
| <i>pregabalin (once-daily) 82.5 MG, 165 MG</i>            | 3         | QL(1 EA daily); PA                          |
| <i>pregabalin (once-daily) 330 MG</i>                     | 3         | QL(2 EA daily); PA                          |
| Pseudobulbar Affect (PBA) Agents                          |           |                                             |
| NUDEXTA                                                   | 3         | QL(2 EA daily); PA                          |
| Psychotherapeutic and Neurological Agents - Misc.         |           |                                             |
| <i>ergoloid mesylates TABS</i>                            | 1B        |                                             |
| <i>pimozide</i>                                           | 1B        |                                             |
| Smoking Deterrents                                        |           |                                             |
| <i>bupropion hcl (smoking deterrent)</i>                  | 0         | QL(2 EA daily)                              |
| <i>nicotine polacrilex GUM</i>                            | 0         |                                             |
| <i>nicotine polacrilex LOZG</i>                           | 0         |                                             |
| NICOTINE KIT                                              | 0         |                                             |
| <i>nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR</i> | 0         | QL(1 EA daily)                              |
| NICOTROL NS SOLN                                          | 0         |                                             |
| NICOTROL INHA                                             | 0         |                                             |
| <i>varenicline tartrate TABS</i>                          | 0         | QL(2 EA daily)                              |

| Drug Name                                                   | Drug Tier | Requirements/ Limits     |
|-------------------------------------------------------------|-----------|--------------------------|
| <i>varenicline tartrate TBPk</i>                            | 0         |                          |
| RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions |           |                          |
| Alpha-Proteinase Inhibitor (Human)                          |           |                          |
| PROLASTIN-C SOLN                                            | 4         | PA                       |
| PROLASTIN-C SOLR                                            | 4         | PA                       |
| Cystic Fibrosis Agents                                      |           |                          |
| KALYDECO TABS                                               | 4         | QL(2 EA daily); SP; PA   |
| ORKAMBI PACK                                                | 4         | QL(2 EA daily); PA       |
| ORKAMBI TABS                                                | 4         | QL(4 EA daily); PA       |
| PULMOZYME                                                   | 4         | QL(2.5 ML daily); SP; PA |
| TRIKAFTA TBPk                                               | 4         | QL(3 EA daily); PA       |
| Pulmonary Fibrosis Agents                                   |           |                          |
| OFEV                                                        | 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 75 MG</i>                 | 1B        |                          |

| Drug Name                                                  | Drug Tier | Requirements/ Limits | Drug Name                                                                   | Drug Tier | Requirements/ Limits |
|------------------------------------------------------------|-----------|----------------------|-----------------------------------------------------------------------------|-----------|----------------------|
| <i>doxycycline (monohydrate) CAPS 50 MG, 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 100 MG</i>               | 1B        | QL(2 EA daily)       | BOOSTRIX SUSP                                                               | 0         |                      |
| <i>doxycycline (monohydrate) TABS 50 MG, 75 MG</i>         | 1B        |                      | BOOSTRIX SUSY                                                               | 0         |                      |
| <i>doxycycline hyclate CAPS</i>                            | 1B        | QL(2 EA daily)       | DAPTACEL                                                                    | 0         |                      |
| <i>doxycycline hyclate TABS 20 MG, 100 MG</i>              | 1B        | QL(2 EA daily)       | INFANRIX                                                                    | 0         |                      |
| <i>minocycline hcl CAPS</i>                                | 1B        | QL(3 EA daily)       | KINRIX SUSY                                                                 | 0         |                      |
| <i>minocycline hcl TABS</i>                                | 1B        | QL(3 EA daily)       | PEDIARIX SUSY                                                               | 0         |                      |
| <i>tetracycline hcl CAPS</i>                               | 1B        | QL(8 EA daily)       | PENTACEL                                                                    | 0         |                      |
| <b>THYROID AGENTS - Drugs to Regulate Thyroid Hormones</b> |           |                      | QUADRACEL SUSP                                                              | 0         |                      |
| <b>Antithyroid Agents</b>                                  |           |                      | QUADRACEL SUSY                                                              | 0         |                      |
| <i>methimazole TABS</i>                                    | 1B        |                      | TDVAX SUSP                                                                  | 0         |                      |
| <i>propylthiouracil</i>                                    | 1B        |                      | TENIVAC SUSP 2 LFU-5 LFU                                                    | 0         |                      |
| <b>Thyroid Hormones</b>                                    |           |                      | TETANUS-DIPHTHERIA TOXOIDS TD SUSP                                          | 0         |                      |
| ADTHYZA TABS 16.25 MG, 32.5 MG, 65 MG, 97.5 MG, 130 MG     | 2         |                      | 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        |                      | <b>Antispasmodics</b>                                                       |           |                      |
| <i>liothyronine sodium SOLN</i>                            | 1B        |                      | <i>atropine sulfate SOSY IJ 0.25 MG/5ML</i>                                 | 1B        |                      |
| <i>liothyronine sodium TABS</i>                            | 1B        |                      | <i>chlordiazepoxide hcl-clidinium bromide</i>                               | 1B        |                      |
| NP THYROID TABS                                            | 1B        | QL(1 EA daily)       | <i>dicyclomine hcl CAPS</i>                                                 | 1B        |                      |
| SYNTHROID TABS ( <i>levothyroxine sodium</i> )             | 2         |                      | <i>dicyclomine hcl SOLN PO</i>                                              | 1B        |                      |
| <b>TOXOIDS</b>                                             |           |                      | <i>dicyclomine hcl TABS</i>                                                 | 1B        |                      |
| <b>Toxoid Combinations</b>                                 |           |                      | <i>glycopyrrolate SOLN IJ 4 MG/20ML</i>                                     | 1B        |                      |
| ADACEL SUSP                                                | 0         |                      | <i>glycopyrrolate TABS 1 MG</i>                                             | 1B        |                      |
|                                                            |           |                      | <i>glycopyrrolate TABS 2 MG</i>                                             | 1B        | QL(6 EA daily)       |
|                                                            |           |                      | <i>methscopolamine bromide</i>                                              | 1B        |                      |
|                                                            |           |                      | <b>H-2 Antagonists</b>                                                      |           |                      |
|                                                            |           |                      | <i>cimetidine TABS</i>                                                      | 1B        | RX/OTC               |

| Drug Name                                | Drug Tier | Requirements/ Limits   |
|------------------------------------------|-----------|------------------------|
| <i>famotidine in nacl SOLN</i>           | 1B        |                        |
| <i>famotidine SUSR</i>                   | 1B        | QL(10 ML daily)        |
| <i>famotidine TABS 20 MG, 40 MG</i>      | 1B        | RX/OTC                 |
| <i>nizatidine CAPS</i>                   | 1B        |                        |
| Misc. Anti-Ulcer                         |           |                        |
| <i>sucralfate SUSP</i>                   | 1B        | QL(40 ML daily)        |
| <i>sucralfate TABS</i>                   | 1B        | QL(4 EA daily)         |
| Proton Pump Inhibitors                   |           |                        |
| <i>dexlansoprazole</i>                   | 3         | QL(1 EA daily)         |
| <i>esomeprazole magnesium CPDR 20 MG</i> | 1B        | QL(2 EA daily); RX/OTC |
| <i>esomeprazole magnesium CPDR 40 MG</i> | 3         | QL(1 EA daily)         |
| <i>esomeprazole magnesium TBEC</i>       | 1B        | QL(2 EA daily)         |
| <i>lansoprazole CPDR 30 MG</i>           | 1B        |                        |
| <i>lansoprazole CPDR 15 MG</i>           | 1B        | QL(2 EA daily); RX/OTC |
| <i>NEXIUM 24HR TBEC 20 MG</i>            | 1B        | QL(2 EA daily)         |
| <i>omeprazole magnesium CPDR</i>         | 1B        | QL(4 EA daily)         |
| <i>omeprazole CPDR</i>                   | 1B        | QL(2 EA daily)         |
| <i>omeprazole TBEC</i>                   | 1B        | QL(2 EA daily)         |
| <i>pantoprazole sodium TBEC 20 MG</i>    | 1B        | QL(1 EA daily)         |
| <i>pantoprazole sodium TBEC 40 MG</i>    | 1B        |                        |
| <i>rabeprazole sodium TBEC</i>           | 1B        | QL(1 EA daily)         |
| Ulcer Drugs - Prostaglandins             |           |                        |
| <i>misoprostol</i>                       | 1B        | QL(4 EA daily)         |
| Ulcer Therapy Combinations               |           |                        |

| Drug Name                                                            | Drug Tier | Requirements/ Limits                                                                 |
|----------------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------|
| <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>omeprazole-sodium bicarbonate CAPS 1100 MG-20 MG</i>              | 1B        | QL(1 EA daily); RX/OTC                                                               |
| URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms |           |                                                                                      |
| Urinary Antispasmodic - Antimuscarinics (Anticholinergic)            |           |                                                                                      |
| <i>darifenacin hydrobromide</i>                                      | 1B        | QL(1 EA daily)                                                                       |
| <i>fesoterodine fumarate</i>                                         | 1B        | QL(1 EA daily)                                                                       |
| <i>oxybutynin chloride SOLN</i>                                      | 1B        |                                                                                      |
| <i>oxybutynin chloride TABS 5 MG</i>                                 | 1B        |                                                                                      |
| <i>oxybutynin chloride TB24</i>                                      | 1B        |                                                                                      |
| <i>solifenacin succinate TABS</i>                                    | 1B        | QL(1 EA daily)                                                                       |
| <i>tolterodine tartrate CP24</i>                                     | 1B        | QL(1 EA daily)                                                                       |
| <i>tolterodine tartrate TABS</i>                                     | 1B        |                                                                                      |
| <i>trospium chloride CP24</i>                                        | 1B        | QL(1 EA daily)                                                                       |
| <i>trospium chloride TABS</i>                                        | 1B        | QL(3 EA daily)                                                                       |
| Urinary Antispasmodics - Beta-3 Adrenergic Agonists                  |           |                                                                                      |
| <i>mirabegron TB24</i>                                               | 3         | PA                                                                                   |
| Urinary Antispasmodics - Cholinergic Agonists                        |           |                                                                                      |
| <i>bethanechol chloride 25 MG</i>                                    | 1B        |                                                                                      |
| <i>bethanechol chloride 5 MG, 10 MG, 50 MG</i>                       | 1B        | QL(4 EA daily)                                                                       |
| Urinary Antispasmodics - Direct Muscle Relaxants                     |           |                                                                                      |
| <i>flavoxate hcl</i>                                                 | 1B        |                                                                                      |
| VACCINES                                                             |           |                                                                                      |
| Bacterial Vaccines                                                   |           |                                                                                      |

| Drug Name                        | Drug Tier | Requirements/ Limits                                         | Drug Name                              | Drug Tier | Requirements/ Limits                                                   |
|----------------------------------|-----------|--------------------------------------------------------------|----------------------------------------|-----------|------------------------------------------------------------------------|
| ACTHIB SOLR IM                   | 0         |                                                              | COMIRNATY 5-11 YEARS SUSP 10 MCG/0.3ML | 0         |                                                                        |
| BEXSERO 0.5 ML                   | 0         |                                                              | COMIRNATY SUSP                         | 0         |                                                                        |
| CAPVAXIVE                        | 0         |                                                              | COMIRNATY SUSY                         | 0         |                                                                        |
| HIBERIX SOLR IJ                  | 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 |
| MENACTRA                         | 0         |                                                              | ENGERIX-B SUSY                         | 0         | 3 max fill(s) per 365 day(s) retail; 3 max fill(s) per 365 day(s) mail |
| MENQUADFI 0.5 ML                 | 0         |                                                              | FLUAD                                  | 0         | 1 max fill(s) per 180 day(s) retail                                    |
| MENVEO SOLN                      | 0         |                                                              | FLUAD QUADRIVALENT                     | 0         | 1 max fill(s) per 180 day(s) retail                                    |
| MENVEO SOLR                      | 0         |                                                              | FLUARIX QUADRIVALENT SUSY              | 0         | 1 max fill(s) per 180 day(s) retail                                    |
| PEDVAX HIB SUSP                  | 0         |                                                              | FLUARIX SUSY                           | 0         | Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail           |
| PENBRAYA                         | 0         |                                                              | FLUBLOK QUADRIVALENT                   | 0         | Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail           |
| PENMENVY SUSR IM                 | 0         | AL(At least 10 yrs old - Up to 25 yrs old)                   | FLUBLOK SOSY                           | 0         | 1 max fill(s) per 180 day(s) retail                                    |
| PNEUMOVAX 23 SOLN                | 0         |                                                              | FLUCELVAX QUADRIVALENT SUSP            | 0         | Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail           |
| PNEUMOVAX 23 SOSY                | 0         |                                                              | FLUCELVAX QUADRIVALENT SUSY            | 0         | Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail           |
| PREVNAR 13                       | 0         |                                                              | FLUCELVAX SUSP                         | 0         | 1 max fill(s) per 180 day(s) retail                                    |
| PREVNAR 20                       | 0         | 1 max fill(s) per 999 day(s) retail                          |                                        |           |                                                                        |
| TRUMENBA 0.5 ML                  | 0         |                                                              |                                        |           |                                                                        |
| VAXNEUVANCE                      | 0         | 4 max fill(s) per 999 day(s) retail                          |                                        |           |                                                                        |
| Viral Vaccines                   |           |                                                              |                                        |           |                                                                        |
| ABRYSVO                          | 0         |                                                              |                                        |           |                                                                        |
| AFLURIA PRESERVATIVE FREE SUSY   | 0         | Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail |                                        |           |                                                                        |
| AFLURIA QUADRIVALENT SUSP        | 0         | 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                                         | Drug Name                                   | Drug Tier | Requirements/ Limits                                                   |
|----------------------------------------|-----------|--------------------------------------------------------------|---------------------------------------------|-----------|------------------------------------------------------------------------|
| FLUCELVAX SUSY                         | 0         | 1 max fill(s) per 180 day(s) retail                          | HEPLISAV-B SOSY                             | 0         | 2 max fill(s) per 292 day(s) retail; 2 max fill(s) per 292 day(s) mail |
| FLULAVAL QUADRIVALENT SUSY             | 0         | 1 max fill(s) per 180 day(s) retail                          | IPOL IJ                                     | 0         |                                                                        |
| FLULAVAL SUSY                          | 0         | Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail | JYNNEOS                                     | 0         |                                                                        |
| FLUMIST                                | 0         | 1 max fill(s) per 180 day(s) retail                          | M-M-R II SOLR                               | 0         | 2 max fill(s) per 365 day(s) retail                                    |
| FLUMIST QUADRIVALENT                   | 0         | Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail | MNEXSPIKE SUSY 10 MCG/0.2ML                 | 0         |                                                                        |
| FLUZONE HIGH-DOSE QUADRIVALENT         | 0         | 1 max fill(s) per 180 day(s) retail                          | MODERNA COVID-19 BIVALENT                   | 0         |                                                                        |
| FLUZONE HIGH-DOSE SUSY                 | 0         | 1 max fill(s) per 180 day(s) retail                          | MODERNA COVID-19 VAC 6M-11Y SUSP            | 0         |                                                                        |
| FLUZONE QUADRIVALENT SUSP              | 0         | 1 max fill(s) per 180 day(s) retail                          | MODERNA COVID-19 VAC 6M-11Y SUSY            | 0         |                                                                        |
| FLUZONE QUADRIVALENT SUSY              | 0         | 1 max fill(s) per 180 day(s) retail                          | MODERNA COVID-19 VACCINE SUSP               | 0         |                                                                        |
| FLUZONE SUSP                           | 0         | 1 max fill(s) per 180 day(s) retail                          | MRESVIA                                     | 0         |                                                                        |
| FLUZONE SUSY                           | 0         | Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail | NOVAVAX COVID-19 VACCINE SUSP               | 0         |                                                                        |
| GARDASIL 9 SUSP 0.5 ML                 | 0         | 3 max fill(s) per 365 day(s) retail                          | NOVAVAX COVID-19 VACCINE SUSY               | 0         |                                                                        |
| GARDASIL 9 SUSY 0.5 ML                 | 0         | 3 max fill(s) per 365 day(s) retail                          | NUVAXOVID COVID-19 VACCINE SUSY 5 MCG/0.5ML | 0         |                                                                        |
| HAVRIX IM 720 EL U/0.5ML, 1440 EL U/ML | 0         |                                                              | PFIZER COVID-19 VAC BIVALENT                | 0         |                                                                        |
|                                        |           |                                                              | PFIZER COVID-19 VAC-TRIS 5-11Y SUSP         | 0         |                                                                        |
|                                        |           |                                                              | PFIZER COVID-19 VAC-TRIS 6M-4Y SUSP         | 0         |                                                                        |
|                                        |           |                                                              | PFIZER-BIONT COVID-19 VAC-TRIS SUSP         | 0         |                                                                        |
|                                        |           |                                                              | PFIZER-BIONTECH COVID-19 VACC SUSP          | 0         |                                                                        |
|                                        |           |                                                              | PREHEVBRIO                                  | 0         | 3 max fill(s) per 365 day(s) retail                                    |
|                                        |           |                                                              | PRIORIX SUSR                                | 0         | 3 max fill(s) per 365 day(s) retail                                    |

| Drug Name                                     | Drug Tier | Requirements/ Limits                                         |
|-----------------------------------------------|-----------|--------------------------------------------------------------|
| PROQUAD SUSR                                  | 0         | 2 max fill(s) per 365 day(s) retail                          |
| RECOMBIVAX HB SUSP                            | 0         |                                                              |
| RECOMBIVAX HB SUSY                            | 0         |                                                              |
| ROTARIX SUSP                                  | 0         |                                                              |
| ROTATEQ SOLN                                  | 0         |                                                              |
| SHINGRIX                                      | 0         | 2 max fill(s) per 999 day(s) retail; AL(At least 18 yrs old) |
| SPIKEVAX 6M-11Y SUSY 25 MCG/0.25ML            | 0         |                                                              |
| SPIKEVAX SUSP                                 | 0         |                                                              |
| SPIKEVAX SUSY                                 | 0         |                                                              |
| TWINRIX SUSY                                  | 0         |                                                              |
| VAQTA IM 25 UNIT/0.5ML, 50 UNIT/ML            | 0         |                                                              |
| VAQTA                                         | 0         |                                                              |
| VARIVAX SUSR                                  | 0         | 2 max fill(s) per 365 day(s) retail                          |
| <b>VAGINAL AND RELATED PRODUCTS</b>           |           |                                                              |
| 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        |                                                              |

| Drug Name                                                             | Drug Tier | Requirements/ Limits                                                                                              |
|-----------------------------------------------------------------------|-----------|-------------------------------------------------------------------------------------------------------------------|
| <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        |                                                                                                                   |
| ESTRING RING 7.5 MCG/24HR                                             | 3         |                                                                                                                   |
| FEMRING                                                               | 3         |                                                                                                                   |
| PREMARIN                                                              | 2         | QL(1.5 GM daily)                                                                                                  |
| <b>VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions</b> |           |                                                                                                                   |
| Anaphylaxis Therapy Agents                                            |           |                                                                                                                   |
| <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        |                                                                                                                   |
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| 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)                                                                                           |

| Drug Name                         | Drug Tier | Requirements/ Limits |
|-----------------------------------|-----------|----------------------|
| Water Soluble Vitamins            |           |                      |
| <i>ascorbic acid SOLN IJ</i>      | 3         | QL(0.4 ML daily)     |
| NIACIN ER TBCR                    | 1B        |                      |
| <i>niacinamide TABS 100 MG</i>    | 1B        |                      |
| <i>niacinamide TABS 500 MG</i>    | 1A        |                      |
| <i>niacin CPCR 250 MG, 500 MG</i> | 1A        |                      |
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| <i>niacin TBCR</i>                | 1A        |                      |

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| BEXSERO 0.5 ML ..... 62                              | BRIVIACT SOLN PO 10 MG/ML ...12                           | butalbital-acetaminophen-caffeine<br>CAPS 40 MG-50 MG-325 MG .....5                             |
| BEYFORTUS .....57                                    | bromfenac sodium (ophth) .....56                          | butalbital-acetaminophen-caffeine w/<br>.....                                                   |
| bicalutamide .....24                                 | bromocriptine mesylate CAPS ....27                        |                                                                                                 |
| BIJUVA .....44                                       | bromocriptine mesylate TABS 2.5<br>MG .....27             |                                                                                                 |
|                                                      | budesonide (inhalation) SUSP .....10                      |                                                                                                 |
|                                                      | budesonide (intrarectal) ..... 8                          |                                                                                                 |

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| codeine 30 MG-40 MG-50 MG-300 MG .....                                      | 7  | hydrochlorothiazide .....               | 20 | cefaclor SUSR 250 MG/5ML .....                     | 33 |
| butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-325 MG ..... | 7  | capecitabine .....                      | 23 | cefadroxil CAPS .....                              | 33 |
| butalbital-aspirin-caffeine CAPS ....                                       | 5  | CAPRELSA .....                          | 25 | cefadroxil SUSR .....                              | 33 |
| butalbital-aspirin-caffeine w/cod ....                                      | 7  | captopril 12.5 MG .....                 | 19 | cefadroxil TABS .....                              | 33 |
| butenafine hcl .....                                                        | 36 | captopril 25 MG, 50 MG, 100 MG .        | 19 | cefazolin sodium SOLR IJ 1 GM, 10 GM, 500 MG ..... | 33 |
| butorphanol tartrate IJ 1 MG/ML, 2 MG/ML .....                              | 7  | CAPVAXIVE .....                         | 62 | cefdinir CAPS .....                                | 33 |
| butorphanol tartrate NA 10 MG/ML .                                          | 7  | carbamazepine CHEW 100 MG ...           | 12 | cefdinir SUSR .....                                | 33 |
| CABENUVA .....                                                              | 29 | carbamazepine CP12 100 MG ....          | 12 | cefepime hcl SOLR IV 2 GM .....                    | 33 |
| cabergoline .....                                                           | 44 | carbamazepine CP12 200 MG ....          | 12 | cefixime CAPS .....                                | 33 |
| CABOMETYX TABS .....                                                        | 25 | carbamazepine CP12 300 MG ....          | 12 | cefixime SUSR .....                                | 33 |
| calcipotriene CREA .....                                                    | 38 | carbamazepine SUSP .....                | 12 | cefotetan disodium IJ 1 GM, 2 GM                   | 33 |
| calcipotriene OINT .....                                                    | 38 | carbamazepine TABS .....                | 12 | cefoxitin sodium IV 1 GM, 2 GM ...                 | 33 |
| calcipotriene SOLN .....                                                    | 38 | carbamazepine TB12 100 MG, 400 MG ..... | 12 | cefpodoxime proxetil SUSR .....                    | 33 |
| calcipotriene-betamethasone dipropionate OINT .....                         | 39 | carbamazepine TB12 200 MG ....          | 12 | cefpodoxime proxetil TABS .....                    | 33 |
| calcipotriene-betamethasone dipropionate SUSP .....                         | 39 | carbidopa .....                         | 27 | cefprozil SUSR .....                               | 33 |
| calcitonin (salmon) NA .....                                                | 42 | carbidopa-levodopa TABS .....           | 27 | cefprozil TABS .....                               | 33 |
| calcitriol (topical) .....                                                  | 38 | carbidopa-levodopa TBCR .....           | 27 | ceftazidime IJ 1 GM, 6 GM .....                    | 33 |
| calcitriol CAPS .....                                                       | 43 | carbidopa-levodopa TBDP .....           | 27 | cefuroxime axetil TABS .....                       | 33 |
| calcitriol SOLN IV .....                                                    | 43 | carbidopa-levodopa-entacapone ..        | 27 | cefuroxime sodium IJ 750 MG ....                   | 33 |
| calcium acetate (phosphate binder) CAPS .....                               | 45 | carbinoxamine maleate SOLN ....         | 18 | celecoxib .....                                    | 4  |
| calcium acetate (phosphate binder) TABS .....                               | 45 | carbinoxamine maleate TABS 4 MG .       | 18 | cephalexin CAPS .....                              | 33 |
| calcium chloride (dihydrate) SOLN                                           | 52 | carisoprodol TABS .....                 | 54 | cephalexin SUSR .....                              | 33 |
| calcium polycarbophil TABS .....                                            | 48 | carmustine .....                        | 23 | CERDELGA .....                                     | 47 |
| candesartan cilexetil .....                                                 | 19 | carteolol hcl (ophth) .....             | 55 | cetirizine hcl TABS .....                          | 18 |
| candesartan cilexetil-                                                      |    | carvedilol .....                        | 31 | cevimeline hcl .....                               | 53 |
|                                                                             |    | carvedilol phosphate .....              | 31 | CHEMET .....                                       | 17 |
|                                                                             |    | CAYA DPRH .....                         | 48 | CHEMSTRIP K STRP .....                             | 41 |
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|                                                                             |    | cefaclor CAPS .....                     | 33 | chlordiazepoxide hcl CAPS .....                    | 9  |

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| chlordiazepoxide hcl-clidinium<br>bromide .....  | 60 | cimetidine TABS .....                         | 60 | SWAB .....                                                                                               | 36 |
| chlordiazepoxide-amitriptyline .....             | 58 | cinacalcet hcl .....                          | 43 | clindamycin phosphate SOLN IJ 9<br>GM/60ML, 300 MG/2ML, 600<br>MG/4ML, 900 MG/6ML, 9000<br>MG/60ML ..... | 21 |
| chlorhexidine gluconate (mouth-<br>throat) ..... | 53 | ciprofloxacin hcl (ophth) SOLN .....          | 56 | clindamycin phosphate vaginal CREA<br>.....                                                              | 64 |
| chloroquine phosphate TABS 250<br>MG .....       | 22 | ciprofloxacin hcl (otic) .....                | 57 | clindamycin phosphate-benzoyl<br>peroxide (refrigerate) .....                                            | 36 |
| chloroquine phosphate TABS 500<br>MG .....       | 22 | ciprofloxacin hcl TABS .....                  | 44 | clindamycin phosphate-benzoyl<br>peroxide GEL 5 %-1 % .....                                              | 36 |
| chlorpromazine hcl SOLN .....                    | 28 | ciprofloxacin in d5w 200 MG/100ML .<br>44     |    | clindamycin phosphate-tretinoin ..                                                                       | 36 |
| chlorpromazine hcl TABS .....                    | 28 | ciprofloxacin-dexamethasone .....             | 57 | CLINIMIX/DEXTROSE (4.25/10) ..                                                                           | 55 |
| chlorthalidone 25 MG, 50 MG .....                | 42 | ciprofloxacin-fluocinolone acetonide .<br>57  |    | CLINIMIX/DEXTROSE (4.25/5) ...                                                                           | 55 |
| chlorzoxazone TABS 500 MG .....                  | 54 | cisplatin SOLN 100 MG/100ML ....              | 23 | clobazam SUSP .....                                                                                      | 11 |
| chlorzoxazone TABS 750 MG .....                  | 54 | citalopram hydrobromide SOLN ...              | 14 | clobazam TABS .....                                                                                      | 11 |
| cholecalciferol CAPS .....                       | 64 | citalopram hydrobromide TABS ...              | 14 | clobetasol propionate CREA 0.05 % .<br>39                                                                |    |
| cholecalciferol TABS 10 MCG, 400<br>UNIT .....   | 64 | clarithromycin SUSR .....                     | 48 | clobetasol propionate emollient base<br>0.05 % .....                                                     | 39 |
| cholestyramine light PACK .....                  | 18 | clarithromycin TABS .....                     | 48 | clobetasol propionate FOAM .....                                                                         | 39 |
| cholestyramine light POWD .....                  | 18 | clarithromycin TB24 .....                     | 48 | clobetasol propionate GEL 0.05 %                                                                         | 39 |
| cholestyramine PACK .....                        | 18 | CLASSIC PRENATAL TABS .....                   | 53 | clobetasol propionate OINT 0.05 %<br>39                                                                  |    |
| cholestyramine POWD .....                        | 19 | clemastine fumarate SYRP .....                | 18 | clobetasol propionate SOLN 0.05 % .<br>39                                                                |    |
| choline fenofibrate .....                        | 19 | clemastine fumarate TABS 2.68 MG .<br>18      |    | clocortolone pivalate .....                                                                              | 39 |
| CHORIONIC GONADOTROPIN IM<br>43                  |    | CLIMARA PRO .....                             | 44 | clofarabine .....                                                                                        | 23 |
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| ciclopirox olamine SUSP .....                    | 37 | clindamycin phosphate (topical)<br>FOAM ..... | 36 | clonazepam TABS .....                                                                                    | 11 |
| ciclopirox SHAM .....                            | 37 | clindamycin phosphate (topical) GEL<br>36     |    | clonidine hcl (adhd) TB12 .....                                                                          | 1  |
| ciclopirox SOLN .....                            | 37 | clindamycin phosphate (topical)<br>LOTN ..... | 36 | clonidine hcl TABS .....                                                                                 | 20 |
| cidofovir .....                                  | 30 | clindamycin phosphate (topical)<br>SOLN ..... | 36 |                                                                                                          |    |
| cilostazol .....                                 | 46 | clindamycin phosphate (topical)               |    |                                                                                                          |    |
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| clonidine PTWK .....                     | 20 | COMETRIQ (140 MG DAILY DOSE) KIT .....                                                                                | 25 | MG .....                                                    | 54 |
| clopidogrel bisulfate 300 MG .....       | 46 | COMETRIQ (60 MG DAILY DOSE) KIT .....                                                                                 | 25 | cyclophosphamide CAPS .....                                 | 23 |
| clopidogrel bisulfate 75 MG .....        | 46 | COMIRNATY 5-11 YEARS SUSP 10 MCG/0.3ML .....                                                                          | 62 | cyclophosphamide SOLR IJ .....                              | 23 |
| clorazepate dipotassium TABS .....       | 9  | COMIRNATY SUSP .....                                                                                                  | 62 | cycloserine .....                                           | 23 |
| clotrimazole (topical) CREA .....        | 37 | COMIRNATY SUSY .....                                                                                                  | 62 | cyclosporine (ophth) EMUL .....                             | 56 |
| clotrimazole (topical) SOLN .....        | 37 | COMPLERA 200 MG-300 MG-25 MG (emtricitabine- rilpivirine-tenofovir disoproxil fumarate) .....                         | 29 | cyclosporine CAPS .....                                     | 53 |
| clotrimazole .....                       | 53 | CORDRAN TAPE .....                                                                                                    | 39 | cyclosporine modified (for microemulsion) CAPS .....        | 52 |
| clotrimazole vaginal CREA 1 % .....      | 64 | CORTISPORIN-TC .....                                                                                                  | 57 | cyclosporine modified (for microemulsion) SOLN .....        | 52 |
| clotrimazole w/ betamethasone CREA ..... | 37 | COSENTYX (300 MG DOSE) SOSY . 38                                                                                      |    | cyclosporine SOLN IV 50 MG/ML .                             | 53 |
| clotrimazole w/ betamethasone LOTN ..... | 37 | COSENTYX SENSOREADY (300 MG) SOAJ .....                                                                               | 38 | cyproheptadine hcl SYRP .....                               | 18 |
| clozapine TABS .....                     | 28 | COSENTYX SENSOREADY PEN SOAJ .....                                                                                    | 38 | cyproheptadine hcl TABS .....                               | 18 |
| clozapine TBDP 100 MG .....              | 28 | COSENTYX SOSY 150 MG/ML ...                                                                                           | 38 | CYSTAGON CAPS .....                                         | 46 |
| clozapine TBDP 12.5 MG, 150 MG 28        |    | COSENTYX SOSY 75 MG/0.5ML .                                                                                           | 38 | CYSTARAN .....                                              | 56 |
| clozapine TBDP 25 MG .....               | 28 | COSENTYX UNOREADY SOAJ ...                                                                                            | 38 | dabigatran etexilate mesylate CAPS .                        | 11 |
| COARTEM .....                            | 22 | CREON CPEP .....                                                                                                      | 41 | dactinomycin .....                                          | 25 |
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| CODEINE SULFATE TABS .....               | 5  | cromolyn sodium (ophth) .....                                                                                         | 56 | danazol CAPS .....                                          | 8  |
| colchicine TABS .....                    | 46 | cromolyn sodium NEBU .....                                                                                            | 9  | dantrolene sodium CAPS .....                                | 55 |
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| colesevelam hcl PACK .....               | 19 | 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 ..... | 53 | dapagliflozin propanediol-metformin hcl 1000 MG-10 MG ..... | 14 |
| colesevelam hcl TABS .....               | 19 | cyanocobalamin SOLN IJ 1000 MCG/ML .....                                                                              | 47 | dapagliflozin propanediol-metformin hcl 1000 MG-5 MG .....  | 15 |
| colestipol hcl GRAN .....                | 19 | cyclobenzaprine hcl TABS 5 MG, 10                                                                                     |    | dapsone .....                                               | 21 |
| colestipol hcl PACK .....                | 19 |                                                                                                                       |    | DAPTACEL .....                                              | 60 |
| colestipol hcl TABS .....                | 19 |                                                                                                                       |    | daptomycin 500 MG .....                                     | 21 |
| COMBIPATCH PTTW .....                    | 44 |                                                                                                                       |    | darifenacin hydrobromide .....                              | 61 |
| COMBIVENT RESPIMAT AERS ..               | 10 |                                                                                                                       |    | darunavir TABS .....                                        | 29 |
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| DAURISMO .....                                          | 24 | desonide LOTN .....                                                     | 39 | diazepam CONC .....                                 | 9  |
| decitabine .....                                        | 23 | desonide OINT .....                                                     | 39 | diazepam SOLN PO 5 MG/5ML ....                      | 9  |
| deferasirox PACK .....                                  | 17 | desoximetasone CREA 0.25 % ...                                          | 39 | diazepam TABS .....                                 | 9  |
| deferasirox TABS .....                                  | 17 | desoximetasone GEL .....                                                | 39 | diazoxide .....                                     | 15 |
| deferasirox TBSO .....                                  | 17 | desoximetasone OINT 0.25 % ....                                         | 39 | diclofenac epolamine PTCH EX ...                    | 37 |
| deflazacort TABS .....                                  | 35 | desvenlafaxine succinate .....                                          | 14 | diclofenac potassium TABS 50 MG .                   | 4  |
| DELSTRIGO .....                                         | 29 | dexamethasone ELIX .....                                                | 35 | diclofenac sodium (actinic keratoses)<br>EX .....   | 37 |
| demeclocycline hcl TABS .....                           | 59 | DEXAMETHASONE INTENSOL<br>CONC .....                                    | 35 | diclofenac sodium (ophth) .....                     | 56 |
| DEPO-ESTRADIOL .....                                    | 44 | dexamethasone sodium phosphate<br>(ophth) .....                         | 56 | diclofenac sodium (topical) GEL EX                  | 37 |
| DEPO-MEDROL SUSP .....                                  | 35 | dexamethasone SOLN .....                                                | 35 | diclofenac sodium TB24 .....                        | 4  |
| DEPO-SUBQ PROVERA 104 SUSY<br>SC .....                  | 34 | dexamethasone TABS 0.5 MG, 0.75<br>MG .....                             | 35 | diclofenac sodium TBEC .....                        | 4  |
| DESCOVY 200 MG-25 MG .....                              | 29 | dexamethasone TABS 1 MG, 1.5<br>MG, 2 MG, 4 MG, 6 MG .....              | 35 | diclofenac w/ misoprostol TBEC ....                 | 4  |
| desipramine hcl TABS .....                              | 14 | dexamethasone TABS 1 MG, 1.5<br>MG, 2 MG, 4 MG, 6 MG .....              | 35 | dicloxacillin sodium .....                          | 58 |
| desloratadine TABS .....                                | 18 | dexlansoprazole .....                                                   | 61 | dicyclomine hcl CAPS .....                          | 60 |
| desloratadine TBDP 2.5 MG .....                         | 18 | dexmethylphenidate hcl CP24 .....                                       | 1  | dicyclomine hcl SOLN PO .....                       | 60 |
| desmopressin acetate SOLN IJ ...                        | 44 | dexmethylphenidate hcl TABS .....                                       | 1  | dicyclomine hcl TABS .....                          | 60 |
| DESMOPRESSIN ACETATE SOLN<br>NA .....                   | 44 | dextroamphetamine sulfate CP24 10<br>MG, 15 MG .....                    | 1  | DIFFERIN LOTN .....                                 | 36 |
| desmopressin acetate spray .....                        | 43 | dextroamphetamine sulfate CP24 5<br>MG .....                            | 1  | DIFICID TABS 200 MG (fidaxomicin)<br>48             |    |
| desmopressin acetate spray<br>refrigerated 0.01 % ..... | 43 | dextroamphetamine sulfate TABS 2.5<br>MG, 7.5 MG, 15 MG, 20 MG, 30 MG . | 1  | diflorasone diacetate CREA .....                    | 39 |
| desmopressin acetate TABS 0.1 MG<br>44                  |    | dextroamphetamine sulfate TABS 5<br>MG, 10 MG .....                     | 1  | diflorasone diacetate OINT .....                    | 39 |
| desmopressin acetate TABS 0.2 MG<br>44                  |    | DIACOMIT CAPS 250 MG .....                                              | 12 | diflunisal TABS .....                               | 5  |
| desogestrel & ethinyl estradiol ....                    | 33 | DIACOMIT CAPS 500 MG .....                                              | 12 | difluprednate .....                                 | 56 |
| desogestrel-ethinyl estradiol<br>(biphasic) .....       | 33 | DIACOMIT PACK 250 MG .....                                              | 12 | digoxin SOLN PO 0.05 MG/ML ....                     | 32 |
| desogestrel-ethinyl estradiol<br>(triphasic) .....      | 33 | DIACOMIT PACK 500 MG .....                                              | 12 | digoxin TABS 62.5 MCG, 125 MCG,<br>250 MCG .....    | 32 |
| desonide CREA .....                                     | 39 | diazepam (anticonvulsant) GEL ...                                       | 12 | dihydroergotamine mesylate SOLN IJ<br>1 MG/ML ..... | 51 |
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| DILANTIN .....                                                                    | 13 | disopyramide phosphate CAPS .....              | 9  | doxycycline (monohydrate) CAPS 75 MG .....                | 59 |
| DILANTIN INFATABS CHEW (phenytoin) .....                                          | 13 | disulfiram .....                               | 58 | doxycycline (monohydrate) TABS 100 MG .....               | 60 |
| DILANTIN SUSP (phenytoin) .....                                                   | 13 | DIURIL SUSP .....                              | 42 | doxycycline (monohydrate) TABS 50 MG, 75 MG .....         | 60 |
| DILANTIN-125 SUSP (phenytoin) .                                                   | 13 | divalproex sodium TB24 .....                   | 13 | doxycycline hyclate CAPS .....                            | 60 |
| diltiazem hcl coated beads CP24 120 MG, 300 MG, 360 MG .....                      | 31 | divalproex sodium TBEC .....                   | 13 | doxycycline hyclate TABS 20 MG, 100 MG .....              | 60 |
| diltiazem hcl coated beads CP24 180 MG, 240 MG .....                              | 31 | docetaxel CONC 20 MG/ML .....                  | 26 | doxylamine-pyridoxine TBEC .....                          | 17 |
| diltiazem hcl CP12 .....                                                          | 31 | docusate calcium .....                         | 48 | dronabinol CAPS .....                                     | 17 |
| diltiazem hcl CP24 .....                                                          | 31 | docusate sodium CAPS 100 MG ..                 | 48 | drospirenone-ethinyl estradiol ....                       | 33 |
| diltiazem hcl extended release beads 120 MG, 180 MG, 240 MG, 300 MG, 360 MG ..... | 31 | docusate sodium CAPS 250 MG ..                 | 48 | drospirenone-ethinyl estradiol-levomefolate calcium ..... | 33 |
| diltiazem hcl extended release beads 420 MG .....                                 | 31 | dofetilide .....                               | 9  | DROXIA CAPS .....                                         | 47 |
| diltiazem hcl SOLN 50 MG/10ML ..                                                  | 31 | donepezil hydrochloride TABS 10 MG .....       | 58 | DUAVEE .....                                              | 44 |
| DILTIAZEM HCL SOLR .....                                                          | 31 | donepezil hydrochloride TABS 5 MG, 23 MG ..... | 58 | DULERA .....                                              | 10 |
| diltiazem hcl TABS .....                                                          | 31 | donepezil hydrochloride TBDP 10 MG .....       | 58 | duloxetine hcl CPEP .....                                 | 14 |
| diltiazem hcl TB24 .....                                                          | 31 | donepezil hydrochloride TBDP 5 MG 58           |    | DUPIXENT SOAJ 200 MG/1.14ML 40                            |    |
| dimethyl fumarate CDPK .....                                                      | 58 | dorzolamide hcl .....                          | 56 | DUPIXENT SOAJ 300 MG/2ML ...                              | 40 |
| dimethyl fumarate CPDR .....                                                      | 58 | dorzolamide hcl-timolol maleate ..             | 55 | DUPIXENT SOSY 200 MG/1.14ML 40                            |    |
| DIPENTUM .....                                                                    | 45 | DOVATO .....                                   | 29 | DUPIXENT SOSY 300 MG/2ML ...                              | 40 |
| diphenhydramine hcl CAPS 50 MG 18                                                 |    | doxazosin mesylate .....                       | 20 | DUREX EXTRA SENSITIVE THIN DEVI .....                     | 49 |
| diphenhydramine hcl ELIX 12.5 MG/5ML .....                                        | 18 | doxepin hcl (antipruritic) .....               | 38 | DUREX EXTRA SENSITIVE THIN MISC .....                     | 49 |
| diphenhydramine hcl LIQD 12.5 MG/5ML, 25 MG/10ML, 50 MG/20ML .....                | 18 | doxepin hcl (sleep) .....                      | 47 | DUREX TROPICAL MISC .....                                 | 49 |
| diphenoxylate w/ atropine LIQD ...                                                | 16 | doxepin hcl CAPS .....                         | 14 | dutasteride .....                                         | 46 |
| diphenoxylate w/ atropine TABS ...                                                | 17 | doxepin hcl CONC .....                         | 14 | dutasteride-tamsulosin hcl .....                          | 46 |
|                                                                                   |    | doxercalciferol CAPS .....                     | 43 | econazole nitrate CREA .....                              | 37 |
|                                                                                   |    | doxercalciferol SOLN .....                     | 43 |                                                           |    |
|                                                                                   |    | doxorubicin hcl SOLR 10 MG, 50 MG .....        | 25 |                                                           |    |
|                                                                                   |    | doxycycline (monohydrate) CAPS 50              |    |                                                           |    |

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| EDARBI .....                                                | 20 | EMGALITY (300 MG DOSE) SOSY 50 .....                                                          | 50 | enoxaparin sodium SOSY 40 MG/0.4ML .....               | 11 |
| EDURANT .....                                               | 29 | EMGALITY SOAJ .....                                                                           | 50 | enoxaparin sodium SOSY 60 MG/0.6ML .....               | 11 |
| efavirenz CAPS 200 MG .....                                 | 29 | EMGALITY SOSY .....                                                                           | 50 | enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML ..... | 11 |
| efavirenz CAPS 50 MG .....                                  | 29 | EMSAM .....                                                                                   | 13 | entacapone .....                                       | 27 |
| efavirenz TABS .....                                        | 29 | emtricitabine CAPS .....                                                                      | 29 | entecavir TABS .....                                   | 30 |
| efavirenz-emtricitabine-tenofovir disoproxil fumarate ..... | 29 | emtricitabine-rilpivirine-tenofovir disoproxil fumarate .....                                 | 29 | EPIDIOLEX .....                                        | 12 |
| efavirenz-lamivudine-tenofovir disoproxil fumarate .....    | 29 | emtricitabine-tenofovir disoproxil fumarate 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG ..... | 29 | epinastine hcl (ophth) .....                           | 56 |
| ELAPRASE .....                                              | 43 | emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG .....                               | 29 | epinephrine (anaphylaxis) SOAJ ..                      | 64 |
| electrolyte-148 .....                                       | 52 | EMTRIVA SOLN .....                                                                            | 29 | eplerenone .....                                       | 21 |
| electrolyte-a .....                                         | 52 | EMVERM CHEW .....                                                                             | 8  | epoprostenol sodium .....                              | 32 |
| ELESTRIN GEL .....                                          | 44 | enalapril maleate & hydrochlorothiazide 12.5 MG-5 MG 20 .....                                 | 20 | eptifibatide 200 MG/100ML .....                        | 46 |
| eletriptan hydrobromide .....                               | 51 | enalapril maleate & hydrochlorothiazide 25 MG-10 MG 20 .....                                  | 20 | EQL PRENATAL FORMULA TABS 53 .....                     | 53 |
| ELIGARD KIT SC 7.5 MG .....                                 | 24 | enalapril maleate TABS .....                                                                  | 19 | EQUETRO 100 MG .....                                   | 28 |
| ELIGARD SC 22.5 MG, 30 MG, 45 MG .....                      | 24 | ENBREL MINI SOCT .....                                                                        | 5  | EQUETRO 200 MG .....                                   | 27 |
| ELIQUIS DVT/PE STARTER PACK TBPK .....                      | 11 | ENBREL SOLN .....                                                                             | 5  | EQUETRO 300 MG .....                                   | 28 |
| ELIQUIS TABS .....                                          | 11 | ENBREL SOSY 25 MG/0.5ML .....                                                                 | 5  | ERBITUX .....                                          | 24 |
| ELLA .....                                                  | 34 | ENBREL SOSY 50 MG/ML .....                                                                    | 5  | ergocalciferol CAPS .....                              | 64 |
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| EMBECTA PEN NEEDLE NANO 2 GEN .....                         | 50 | enoxaparin sodium SOSY 30 MG/0.3ML .....                                                      | 11 | ERIVEDGE .....                                         | 24 |
| EMBECTA PEN NEEDLE ULTRAFINE .....                          | 50 |                                                                                               |    | ERLEADA 240 MG .....                                   | 24 |
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| estradiol vaginal TABS .....                                 | 64 | ezetimibe .....                                                             | 19 | fenofibrate TABS 48 MG, 54 MG, 145 MG, 160 MG ..... | 19 |
| estradiol valerate .....                                     | 44 | ezetimibe-simvastatin .....                                                 | 18 | fenoprofen calcium TABS .....                       | 4  |
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| fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR ..... | 5  | fluconazole TABS .....                    | 18 | fluoxetine hcl SOLN .....                                                                                | 14 |
| ferrous sulfate SOLN 15 MG/ML, 15 MG/ML .....                              | 47 | flucytosine .....                         | 17 | fluoxetine hcl TABS .....                                                                                | 14 |
| ferrous sulfate TABS 325 MG, 65 MG, 325 MG .....                           | 47 | fludarabine phosphate SOLN .....          | 23 | fluphenazine hcl CONC .....                                                                              | 28 |
| ferrous sulfate TBEC 325 MG .....                                          | 47 | fludarabine phosphate SOLR .....          | 23 | fluphenazine hcl ELIX .....                                                                              | 28 |
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| FETZIMA CP24 .....                                                         | 14 | FLULAVAL QUADRIVALENT SUSY . 63           |    | fluphenazine hcl TABS .....                                                                              | 28 |
| FETZIMA TITRATION C4PK .....                                               | 14 | FLULAVAL SUSY .....                       | 63 | flurandrenolide CREA .....                                                                               | 40 |
| fidaxomicin TABS 200 MG .....                                              | 48 | FLUMIST .....                             | 63 | flurandrenolide LOTN .....                                                                               | 40 |
| finasteride .....                                                          | 46 | FLUMIST QUADRIVALENT .....                | 63 | flurazepam hcl .....                                                                                     | 47 |
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| FIRMAGON (240 MG DOSE) .....                                               | 24 | fluocinolone acetonide (otic) .....       | 57 | flurbiprofen TABS .....                                                                                  | 4  |
| FIRMAGON 80 MG .....                                                       | 24 | fluocinolone acetonide CREA 0.01 % 39     |    | fluticasone furoate (inhalation) 50 MCG/ACT, 100 MCG/ACT, 200 MCG/ACT .....                              | 10 |
| flavoxate hcl .....                                                        | 61 | fluocinolone acetonide CREA 0.025 % ..... | 39 | fluticasone furoate-vilanterol .....                                                                     | 10 |
| flecainide acetate .....                                                   | 9  | fluocinolone acetonide OIL .....          | 39 | fluticasone propionate (inhalation) AEPB .....                                                           | 10 |
| floxuridine .....                                                          | 23 | fluocinolone acetonide OINT .....         | 40 | fluticasone propionate (nasal) SUSP . 55                                                                 |    |
| FLUAD .....                                                                | 62 | fluocinolone acetonide SOLN .....         | 40 | fluticasone propionate CREA 0.05 % 40                                                                    |    |
| FLUAD QUADRIVALENT .....                                                   | 62 | fluocinonide CREA 0.05 % .....            | 40 | fluticasone propionate hfa .....                                                                         | 10 |
| FLUARIX QUADRIVALENT SUSY 62                                               |    | fluocinonide CREA 0.1 % .....             | 40 | fluticasone propionate LOTN .....                                                                        | 40 |
| FLUARIX SUSY .....                                                         | 62 | fluocinonide emulsified base .....        | 40 | fluticasone propionate OINT .....                                                                        | 40 |
| FLUBLOK QUADRIVALENT .....                                                 | 62 | fluocinonide GEL .....                    | 40 | fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT ..... | 10 |
| FLUBLOK SOSY .....                                                         | 62 | fluocinonide OINT .....                   | 40 | fluticasone-salmeterol AEPB 113 MCG/ACT-14 MCG/ACT, 232 MCG/ACT-14 MCG/ACT, 55 MCG/ACT-14 MCG/ACT .....  | 10 |
| FLUCELVAX QUADRIVALENT SUSP .....                                          | 62 | fluocinonide SOLN .....                   | 40 | fluticasone-salmeterol AERO .....                                                                        | 10 |
| FLUCELVAX QUADRIVALENT SUSY .....                                          | 62 | fluorometholone (ophth) SUSP ....         | 56 | fluvastatin sodium CAPS 20 MG ...                                                                        | 19 |
| FLUCELVAX SUSP .....                                                       | 62 | fluorouracil (topical) CREA 5 % ....      | 37 |                                                                                                          |    |
| FLUCELVAX SUSY .....                                                       | 63 | fluorouracil (topical) SOLN .....         | 37 |                                                                                                          |    |
| fluconazole SUSR .....                                                     | 18 | fluorouracil 500 MG/10ML .....            | 23 |                                                                                                          |    |
|                                                                            |    | fluoxetine hcl CAPS .....                 | 14 |                                                                                                          |    |
|                                                                            |    | fluoxetine hcl CPDR .....                 | 14 |                                                                                                          |    |

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| fluvastatin sodium CAPS 40 MG ...19                | FREESTYLE LIBRE 14 DAY<br>READER .....50        | gefitinib .....24                                                                                  |
| fluvoxamine maleate TABS .....14                   | FREESTYLE LIBRE 14 DAY<br>SENSOR .....50        | gemcitabine hcl SOLR 2 GM, 200<br>MG .....23                                                       |
| FLUZONE HIGH-DOSE<br>QUADRIVALENT .....63          | FREESTYLE LIBRE 2 PLUS<br>SENSOR .....50        | gemfibrozil TABS .....19                                                                           |
| FLUZONE HIGH-DOSE SUSY .....63                     | FREESTYLE LIBRE 2 READER ..50                   | GENOTROPIN CART SC .....43                                                                         |
| FLUZONE QUADRIVALENT SUSP<br>63                    | FREESTYLE LIBRE 2 SENSOR ..50                   | GENOTROPIN MINIQUEL PRSY 43                                                                        |
| FLUZONE QUADRIVALENT SUSY<br>63                    | FREESTYLE LIBRE 3 PLUS<br>SENSOR .....50        | gentamicin in saline 0.8 MG/ML-0.9<br>%, 1 MG/ML-0.9 %, 1.2 MG/ML-0.9<br>%, 1.6 MG/ML-0.9 % .....2 |
| FLUZONE SUSP .....63                               | FREESTYLE LIBRE 3 READER ..50                   | gentamicin sulfate (ophth) SOLN ..56                                                               |
| FLUZONE SUSY .....63                               | FREESTYLE LIBRE 3 SENSOR ..50                   | gentamicin sulfate (topical) CREA .36                                                              |
| FML FORTE SUSP .....56                             | FREESTYLE LIBRE READER ....50                   | gentamicin sulfate (topical) OINT ..36                                                             |
| folic acid TABS .....47                            | frovatriptan succinate .....51                  | gentamicin sulfate IJ 40 MG/ML ....2                                                               |
| fondaparinux sodium 10 MG/0.8ML<br>11              | FT PRENATAL TABS .....53                        | GENVOYA .....29                                                                                    |
| fondaparinux sodium 2.5 MG/0.5ML .<br>11           | fulvestrant SOSY .....24                        | GILOTRIF .....24                                                                                   |
| fondaparinux sodium 5 MG/0.4ML .11                 | furosemide SOLN PO 8 MG/ML, 10<br>MG/ML .....42 | glatiramer acetate SOSY 20 MG/ML .<br>58                                                           |
| fondaparinux sodium 7.5 MG/0.6ML .<br>11           | furosemide TABS .....42                         | glatiramer acetate SOSY 40 MG/ML .<br>58                                                           |
| FORA GTEL BLOOD KETONE TEST<br>.....41             | FUZEON SOLR .....29                             | GLEOSTINE 10 MG (lomustine) ...23                                                                  |
| FORA TEST N'GO ADV-VOICE-6<br>CON .....41          | gabapentin CAPS .....12                         | GLEOSTINE 40 MG, 100 MG<br>(lomustine) .....23                                                     |
| formoterol fumarate NEBU .....10                   | gabapentin SOLN .....12                         | glimepiride 1 MG, 2 MG .....16                                                                     |
| FOSAMAX PLUS D .....42                             | gabapentin TABS 600 MG, 800 MG<br>12            | glimepiride 4 MG .....16                                                                           |
| fosamprenavir calcium TABS .....29                 | galantamine hydrobromide CP24 ..58              | glipizide TABS 5 MG, 10 MG .....16                                                                 |
| fosfomycin tromethamine .....22                    | galantamine hydrobromide SOLN .58               | glipizide TB24 .....16                                                                             |
| fosinopril sodium &<br>hydrochlorothiazide .....20 | galantamine hydrobromide TABS .58               | glipizide-metformin hcl 250 MG-2.5<br>MG, 500 MG-2.5 MG .....15                                    |
| fosinopril sodium .....19                          | ganciclovir sodium SOLR .....30                 | glipizide-metformin hcl 500 MG-5 MG<br>.....15                                                     |
| fosphenytoin sodium .....13                        | ganirelix acetate .....43                       | GLUCAGEN DIAGNOSTIC .....41                                                                        |
| FRAGMIN SOSY .....11                               | GARDASIL 9 SUSP 0.5 ML .....63                  | glucagon SOLR IJ 1 MG .....15                                                                      |
|                                                    | GARDASIL 9 SUSY 0.5 ML .....63                  | glyburide micronized 1.5 MG, 3 MG,                                                                 |
|                                                    | gatifloxacin (ophth) .....56                    |                                                                                                    |

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| 6 MG .....                                              | 16 | haloperidol decanoate .....                                                             | 28 | HUMULIN R U-500<br>(CONCENTRATED) SOLN SC ....                                                                      | 16  |
| glyburide TABS .....                                    | 16 | haloperidol lactate CONC .....                                                          | 28 | HUMULIN R U-500 KWIKPEN SOPN<br>SC .....                                                                            | 16  |
| glyburide-metformin 250 MG-1.25<br>MG .....             | 15 | haloperidol lactate SOLN .....                                                          | 28 | HYCANTIN CAPS .....                                                                                                 | 27  |
| glyburide-metformin 500 MG-2.5 MG,<br>500 MG-5 MG ..... | 15 | haloperidol TABS .....                                                                  | 28 | hydralazine hcl SOLN .....                                                                                          | 21  |
| glycine (gu irrigant) SOLN 1.5 % ..                     | 46 | HAVRIX IM 720 EL U/0.5ML, 1440<br>EL U/ML .....                                         | 63 | hydralazine hcl TABS .....                                                                                          | 21  |
| glycopyrrolate SOLN IJ 4 MG/20ML<br>60                  |    | HEALON PRO SOSY .....                                                                   | 56 | hydrochlorothiazide CAPS .....                                                                                      | 42  |
| glycopyrrolate TABS 1 MG .....                          | 60 | HEMANGEOL SOLN PO .....                                                                 | 31 | hydrochlorothiazide TABS 12.5 MG<br>42                                                                              |     |
| glycopyrrolate TABS 2 MG .....                          | 60 | HEMATINIC/FOLIC ACID .....                                                              | 47 | hydrochlorothiazide TABS 25 MG, 50<br>MG .....                                                                      | 42  |
| GLYXAMBI .....                                          | 15 | HEPARIN (PORCINE) IN NACL<br>SOLN IV 0.45 %-12500 UNIT/250ML<br>11                      |    | hydrocodone bitartrate CP12 .....                                                                                   | 5   |
| GNP PRENATAL TABS .....                                 | 54 | heparin sodium (porcine) SOLN IJ<br>5000 UNIT/ML, 10000 UNIT/ML,<br>20000 UNIT/ML ..... | 11 | hydrocodone bitartrate T24A .....                                                                                   | 5   |
| GNP PRENATAL/FOLIC ACID TABS<br>.....                   | 53 | HEPLISAV-B SOSY .....                                                                   | 63 | hydrocodone polistirex-<br>chlorpheniramine polistirex SUER                                                         | .35 |
| GOHIBIC .....                                           | 46 | HIBERIX SOLR IJ .....                                                                   | 62 | hydrocodone-acetaminophen SOLN<br>108 MG/5ML-2.5 MG/5ML, 217<br>MG/10ML-5 MG/10ML, 325<br>MG/15ML-7.5 MG/15ML ..... | 7   |
| GOJJI BLOOD KETONE TEST ...                             | 41 | HUMATROPE CART IJ .....                                                                 | 43 | hydrocodone-acetaminophen SOLN<br>325 MG/15ML-10 MG/15ML .....                                                      | 7   |
| granisetron hcl SOLN IV 1 MG/ML                         | 17 | HUMIRA (2 PEN) AJKT 80<br>MG/0.8ML .....                                                | 3  | hydrocodone-acetaminophen TABS<br>300 MG-10 MG, 300 MG-5 MG, 300<br>MG-7.5 MG .....                                 | 7   |
| granisetron hcl TABS .....                              | 17 | HUMIRA (2 PEN) AJKT .....                                                               | 3  | hydrocodone-acetaminophen TABS<br>325 MG-10 MG, 325 MG-5 MG, 325<br>MG-7.5 MG .....                                 | 7   |
| GRASTEK SUBL .....                                      | 2  | HUMIRA (2 SYRINGE) PSKT .....                                                           | 3  | hydrocodone-acetaminophen TABS<br>325 MG-2.5 MG .....                                                               | 7   |
| griseofulvin microsize SUSP .....                       | 18 | HUMIRA-CD/UC/HS STARTER<br>AJKT .....                                                   | 3  | hydrocodone-ibuprofen 10 MG-200<br>MG, 5 MG-200 MG .....                                                            | 7   |
| griseofulvin microsize TABS .....                       | 18 | HUMIRA-PED<40KG CROHNS<br>STARTER PSKT .....                                            | 3  | hydrocodone-ibuprofen 7.5 MG-200<br>MG .....                                                                        | 7   |
| griseofulvin ultramicrosize .....                       | 18 | HUMIRA-PED>=40KG CROHNS<br>START PSKT .....                                             | 3  | hydrocortisone (intrarectal) .....                                                                                  | 8   |
| guanfacine hcl (adhd) .....                             | 1  | HUMIRA-PED>=40KG UC<br>STARTER AJKT .....                                               | 3  |                                                                                                                     |     |
| guanfacine hcl .....                                    | 20 | HUMIRA-PS/UV/ADOL HS<br>STARTER AJKT .....                                              | 3  |                                                                                                                     |     |
| GYNAZOLE-1 .....                                        | 64 | HUMIRA-PSORIASIS/UEVIT<br>STARTER AJKT .....                                            | 3  |                                                                                                                     |     |
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| halcinonide CREA .....                                  | 40 |                                                                                         |    |                                                                                                                     |     |
| halobetasol propionate CREA ....                        | 40 |                                                                                         |    |                                                                                                                     |     |
| halobetasol propionate OINT .....                       | 40 |                                                                                         |    |                                                                                                                     |     |
| HALOG OINT .....                                        | 40 |                                                                                         |    |                                                                                                                     |     |

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| hydrocortisone (rectal) EX .....8                              | hydroxyzine hcl SOLN 50 MG/ML ...8                          | INCRUSE ELLIPTA .....9                       |
| hydrocortisone (topical) CREA 1 %, 2.5 % .....40               | hydroxyzine hcl SYRP .....8                                 | indapamide TABS 1.25 MG .....42              |
| hydrocortisone (topical) LOTN 2.5 % . 40                       | hydroxyzine hcl TABS .....8                                 | indapamide TABS 2.5 MG .....42               |
| hydrocortisone (topical) OINT 1 %, 2.5 % .....40               | hydroxyzine pamoate CAPS .....8                             | indomethacin CAPS 25 MG, 50 MG 4             |
| hydrocortisone acetate (rectal) .....8                         | HYPERSAL NEBU .....35                                       | indomethacin CPCR .....4                     |
| hydrocortisone butyrate CREA ....40                            | HYQVIA .....57                                              | INFANRIX .....60                             |
| hydrocortisone butyrate OINT .....40                           | ibandronate sodium SOLN .....42                             | INFLECTRA SOLR .....45                       |
| hydrocortisone butyrate SOLN ....40                            | ibandronate sodium TABS .....42                             | INLYTA .....23                               |
| hydrocortisone sod succinate 100 MG .....35                    | IBRANCE CAPS .....25                                        | INSULIN GLARGINE-YFGN SOLN 16                |
| hydrocortisone TABS .....35                                    | IBRANCE TABS .....25                                        | INSULIN GLARGINE-YFGN SOPN 16                |
| hydrocortisone vaginal .....64                                 | ibuprofen SUSP 100 MG/5ML, 200 MG/10ML .....4               | INSULIN LISPRO (1 UNIT DIAL) SOPN .....16    |
| hydrocortisone valerate CREA ....40                            | ibuprofen TABS 400 MG, 600 MG ..4                           | INSULIN LISPRO JUNIOR KWIKPEN SOPN .....16   |
| hydrocortisone valerate OINT .....40                           | ibuprofen TABS 800 MG .....4                                | INSULIN LISPRO PROT & LISPRO SUPN .....16    |
| hydrocortisone w/acetic acid .....57                           | icatibant acetate SOSY .....46                              | INSULIN LISPRO SOLN IJ .....16               |
| hydromorphone hcl LIQD .....6                                  | ICLUSIG .....25                                             | INTELENCE 25 MG .....29                      |
| hydromorphone hcl SOLN IJ 10 MG/ML, 50 MG/5ML, 500 MG/50ML . 6 | icosapent ethyl 1 GM .....18                                | IONOSOL-MB IN D5W .....52                    |
| hydromorphone hcl TABS .....6                                  | idarubicin hcl 20 MG/20ML .....25                           | IPOL IJ .....63                              |
| hydromorphone hcl TB24 32 MG ...6                              | idarubicin hcl 5 MG/5ML, 10 MG/10ML .....25                 | ipratropium bromide (nasal) 0.03 % 55        |
| hydromorphone hcl TB24 8 MG, 12 MG, 16 MG .....6               | ifosfamide SOLN 1 GM/20ML ....23                            | ipratropium bromide (nasal) 0.06 % 55        |
| hydroxychloroquine sulfate 100 MG 22                           | ifosfamide SOLR .....23                                     | ipratropium bromide SOLN 0.02 % .9           |
| hydroxychloroquine sulfate 200 MG 22                           | imatinib mesylate TABS .....25                              | ipratropium-albuterol SOLN .....10           |
| hydroxychloroquine sulfate 400 MG 22                           | imipramine hcl TABS .....14                                 | irbesartan .....20                           |
| hydroxyurea .....26                                            | imipramine pamoate .....14                                  | irbesartan-hydrochlorothiazide ....20        |
|                                                                | imiquimod 5 % .....41                                       | irinotecan hcl 40 MG/2ML, 100 MG/5ML .....27 |
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| ISENTRESS HD TABS .....              | 29 | KALETRA SOLN .....                 | 29 | KIMONO SPECIAL DEVI .....            | 49 |
| ISENTRESS TABS .....                 | 29 | KALYDECO TABS .....                | 59 | KINRIX SUSY .....                    | 60 |
| ISOLYTE-P IN D5W .....               | 52 | KAMELEON LUBRICATED MISC ..        | 49 | KISQALI (200 MG DOSE) .....          | 25 |
| ISOLYTE-S .....                      | 52 | KANJINTI .....                     | 24 | KISQALI (400 MG DOSE) .....          | 25 |
| isoniazid SOLN .....                 | 23 | KCL IN DEXTROSE-NACL 5 %-40        |    | KISQALI (600 MG DOSE) .....          | 25 |
| isoniazid SYRP .....                 | 23 | MEQ/L-0.9 % (potassium chloride in |    | KISQALI FEMARA (200 MG DOSE) .       |    |
| isoniazid TABS .....                 | 23 | dextrose & sodium chloride) .....  | 52 | 25                                   |    |
| isosorbide dinitrate TABS 5 MG, 10   |    | KCL-LACTATED RINGERS-D5W ..        | 52 | KISQALI FEMARA (400 MG DOSE) .       |    |
| MG, 20 MG, 30 MG .....               | 8  | ketoconazole (topical) CREA .....  | 37 | 25                                   |    |
| isosorbide dinitrate-hydralazine hcl |    | ketoconazole (topical) SHAM 2 % .. | 37 | KISQALI FEMARA (600 MG DOSE) .       |    |
| 32                                   |    | ketoconazole .....                 | 18 | 25                                   |    |
| isosorbide mononitrate TABS .....    | 8  | KETONE TEST STRP .....             | 41 | KP PRENATAL MULTIVITAMINS            |    |
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| mesalamine TBEC 800 MG .....     | 45 | methylphenidate hcl CHEW 10 MG .   | 1  | MG/5ML, 10 MG/10ML .....            | 45 |
| metaxalone 800 MG .....          | 55 | methylphenidate hcl CHEW 2.5 MG    | 1  | metoclopramide hcl TABS .....       | 45 |
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| metformin hcl TABS 500 MG .....  | 15 | methylphenidate hcl CP24 10 MG, 20 |    | metoprolol & hydrochlorothiazide    |    |
| metformin hcl TABS 850 MG .....  | 15 | MG, 40 MG, 60 MG .....             | 1  | TABS 25 MG-100 MG, 50 MG-100        |    |
| metformin hcl TB24 500 MG .....  | 15 | methylphenidate hcl CP24 30 MG ..  | 1  | MG .....                            | 20 |
| metformin hcl TB24 750 MG .....  | 15 | methylphenidate hcl CP24 .....     | 1  | metoprolol & hydrochlorothiazide    |    |
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| methamphetamine hcl .....        | 1  | methylphenidate hcl TBCR 18 MG,    |    | 41                                  |    |
| methazolamide TABS .....         | 42 | 27 MG .....                        | 2  | metronidazole (topical) GEL 1 % ..  | 41 |
| methenamine hippurate .....      | 22 | methylphenidate hcl TBCR 36 MG,    |    | metronidazole (topical) LOTN .....  | 41 |
| methimazole TABS .....           | 60 | 54 MG .....                        | 2  | metronidazole TABS 250 MG, 500      |    |
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|                                           |    |                                                                                    |    |                                                 |    |
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| miglitol .....                            | 14 | mometasone furoate CREA .....                                                      | 40 | nabumetone .....                                | 4  |
| miglustat .....                           | 47 | mometasone furoate OINT .....                                                      | 40 | nadolol TABS 20 MG .....                        | 31 |
| minocycline hcl CAPS .....                | 60 | mometasone furoate SOLN .....                                                      | 40 | nadolol TABS 40 MG .....                        | 31 |
| minocycline hcl TABS .....                | 60 | montelukast sodium CHEW .....                                                      | 9  | nadolol TABS 80 MG .....                        | 31 |
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| mirabegron TB24 .....                     | 61 | montelukast sodium TABS .....                                                      | 9  | naftifine hcl CREA 1 % .....                    | 37 |
| MIRCERA .....                             | 47 | morphine sulfate CP24 10 MG, 20<br>MG, 30 MG, 50 MG, 60 MG, 80 MG,<br>100 MG ..... | 6  | naftifine hcl CREA 2 % .....                    | 37 |
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| misoprostol .....                         | 61 | morphine sulfate TABS .....                                                        | 6  | naproxen sodium TABS 550 MG ...                 | 4  |
| mitomycin SOLR IV 20 MG .....             | 25 | morphine sulfate TBCR .....                                                        | 6  | naproxen SUSP .....                             | 4  |
| mitoxantrone hcl 25 MG/12.5ML ..          | 25 | MOTOFEN .....                                                                      | 17 | naproxen TABS .....                             | 4  |
| MIUDELLA INTRAUTERINE<br>COPPER .....     | 34 | MOVANTIK .....                                                                     | 45 | naproxen TBEC 500 MG .....                      | 4  |
| M-M-R II SOLR .....                       | 63 | moxifloxacin hcl (ophth) SOLN OP                                                   | 56 | naratriptan hcl .....                           | 51 |
| M-NATAL PLUS TABS .....                   | 54 | 44                                                                                 |    | NATACYN .....                                   | 56 |
| MNEXSPIKE SUSY 10 MCG/0.2ML .             | 63 | moxifloxacin hcl TABS .....                                                        | 44 | NATAZIA .....                                   | 34 |
| modafinil 100 MG .....                    | 2  | MRESVIA .....                                                                      | 63 | nateglinide .....                               | 16 |
| modafinil 200 MG .....                    | 2  | MULTI PRENATAL TABS .....                                                          | 54 | NAYZILAM .....                                  | 12 |
| MODERNA COVID-19 BIVALENT                 | 63 | mupirocin OINT .....                                                               | 36 | nebivolol hcl 2.5 MG, 5 MG, 10 MG               | 31 |
| MODERNA COVID-19 VAC 6M-11Y<br>SUSP ..... | 63 | MVASI .....                                                                        | 24 | nebivolol hcl 20 MG .....                       | 31 |
| MODERNA COVID-19 VAC 6M-11Y<br>SUSY ..... | 63 | MYALEPT .....                                                                      | 43 | NEBUSAL NEBU .....                              | 35 |
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| moexipril hcl .....                       | 19 | mycophenolate mofetil TABS .....                                                   | 53 | nelarabine .....                                | 23 |
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|                                           |    | MYLERAN TABS .....                                                                 | 23 | neomycin-bacitracin zn-polymyxin                | 56 |
|                                           |    |                                                                                    |    | neomycin-polymy-dexameth OINT                   | 56 |
|                                           |    |                                                                                    |    | neomycin-polymy-dexameth SUSP                   |    |
|                                           |    |                                                                                    |    | 0.1 %-3.5 MG/ML-10000 UNIT/ML,                  |    |

|                                     |    |                                    |    |                                         |    |
|-------------------------------------|----|------------------------------------|----|-----------------------------------------|----|
| 0.1 % .....                         | 56 | nicardipine hcl SOLN .....         | 32 | nizatidine CAPS .....                   | 61 |
| neomycin-polymyxin-hc (ophth) ...   | 56 | NICOTINE KIT .....                 | 59 | NORDITROPIN FLEXPPO SOPN 30             |    |
| neomycin-polymyxin-hc (otic) SOLN . |    | nicotine polacrilex GUM .....      | 59 | MG/3ML .....                            | 43 |
| 57                                  |    | nicotine polacrilex LOZG .....     | 59 | NORDITROPIN FLEXPPO SOPN 5              |    |
| neomycin-polymyxin-hc (otic) SUSP . |    | nicotine PT24 TD 7 MG/24HR, 14     |    | MG/1.5ML, 10 MG/1.5ML, 15               |    |
| 57                                  |    | MG/24HR, 21 MG/24HR .....          | 59 | MG/1.5ML .....                          | 43 |
| NEONATAL COMPLETE TABS 120          |    | NICOTROL INHA .....                | 59 | norelgestromin-ethinyl estradiol ...    | 34 |
| MG-10 MG-9.2 MG-1000 MCG-10         |    | NICOTROL NS SOLN .....             | 59 | norethin acet & estrad-fe CAPS ...      | 34 |
| MCG-12 MCG-3 MG-5 MG-20 MG-         |    | nifedipine CAPS 10 MG .....        | 32 | norethin acet & estrad-fe CHEW ..       | 34 |
| 27 MG-200 MG-1.84 MG-25 MG-2        |    | nifedipine CAPS 20 MG .....        | 32 | norethin acet & estrad-fe TABS 1        |    |
| MG-1200 MCG-2 MG-0.2 MG .....       | 54 | nifedipine TB24 30 MG .....        | 32 | MG-20 MCG-75 MG, 1.5 MG-30              |    |
| NEONATAL PLUS TABS .....            | 54 | nifedipine TB24 60 MG .....        | 32 | MCG-75 MG .....                         | 34 |
| NEONATAL PRENATAL TABS ...          | 54 | nifedipine TB24 90 MG .....        | 32 | norethindrone & eth estradiol .....     | 34 |
| NEONATAL VITAMIN TABS .....         | 54 | nifedipine TB24 .....              | 32 | norethindrone & ethinyl estradiol-fe    |    |
| neostigmine methylsulfate SOSY ..   | 22 | nilutamide .....                   | 25 | 34                                      |    |
| NEO-SYNALAR .....                   | 36 | nimodipine CAPS .....              | 32 | norethindrone (contraceptive) .....     | 34 |
| NEUPRO .....                        | 27 | NIPENT .....                       | 26 | norethindrone acet & eth estra TABS     |    |
| NEVANAC .....                       | 57 | nisoldipine .....                  | 32 | 34                                      |    |
| nevirapine SUSP .....               | 29 | nitazoxanide TABS .....            | 21 | norethindrone acetate TABS .....        | 58 |
| nevirapine TABS .....               | 29 | nitisinone CAPS .....              | 43 | norethindrone acetate-ethinyl           |    |
| nevirapine TB24 400 MG .....        | 29 | NITRO-BID OINT .....               | 8  | estradiol .....                         | 44 |
| NEXIUM 24HR TBEC 20 MG .....        | 61 | nitrofurantoin .....               | 22 | norethindrone acetate-ethinyl           |    |
| NEXPLANON .....                     | 34 | nitrofurantoin macrocrystal 50 MG, |    | estradiol-fe .....                      | 34 |
| NEXTSTELLIS .....                   | 34 | 100 MG .....                       | 22 | norethindrone-eth estradiol (triphasic) |    |
| niacin (antihyperlipidemic) TBCR .. | 19 | nitrofurantoin monohyd macro ....  | 22 | .....                                   | 34 |
| niacin CPCR 250 MG, 500 MG .....    | 65 | nitroglycerin (intra-anal) .....   | 8  | norgestimate-ethinyl estradiol          |    |
| NIACIN ER TBCR .....                | 65 | nitroglycerin CPCR .....           | 8  | (triphasic) .....                       | 34 |
| niacin TABS .....                   | 65 | nitroglycerin PT24 .....           | 8  | norgestimate-ethinyl estradiol .....    | 34 |
| niacin TBCR .....                   | 65 | NITROGLYCERIN SOLN IV .....        | 8  | norgestrel & ethinyl estradiol 30       |    |
| niacinamide TABS 100 MG .....       | 65 | nitroglycerin SUBL .....           | 8  | MCG-0.3 MG .....                        | 34 |
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| nicardipine hcl CAPS .....          | 31 |                                    |    | NORMOSOL-R PH 7.4 .....                 | 52 |

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| NORVIR PACK .....                 | 29 | NYVEPRIA .....                    | 47 | ondansetron hcl SOLN PO 4          |    |
| NOVA MAX PLUS KETONE TEST         |    | octreotide acetate SOLN .....     | 44 | MG/5ML .....                       | 17 |
| 41                                |    | ODEFSEY .....                     | 29 | ondansetron hcl SOSY .....         | 17 |
| NOVAREL IM 10000 UNIT .....       | 43 | ODOMZO .....                      | 24 | ondansetron hcl TABS 24 MG .....   | 17 |
| NOVAVAX COVID-19 VACCINE          |    | OFEV .....                        | 59 | ondansetron hcl TABS 4 MG .....    | 17 |
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| NOVAVAX COVID-19 VACCINE          |    | ofloxacin (otic) .....            | 57 | ondansetron TBDP 4 MG .....        | 17 |
| SUSY .....                        | 63 | ofloxacin 300 MG, 400 MG .....    | 44 | ondansetron TBDP 8 MG .....        | 17 |
| NOVOLIN 70/30 FLEXPEN SUPN        | 16 | OGIVRI .....                      | 24 | ONE VITE WOMENS PLUS TABS          |    |
| NOVOLIN 70/30 SUSP .....          | 16 | olanzapine SOLR .....             | 28 | 54                                 |    |
| NOVOLIN N FLEXPEN SUPN .....      | 16 | olanzapine TABS 2.5 MG, 5 MG ..   | 28 | ONE VITE WOMENS TABS .....         | 54 |
| NOVOLIN N SUSP .....              | 16 | olanzapine TABS 7.5 MG, 10 MG, 15 |    | ONETOUCH DELICA SAFETY             |    |
| NOVOLIN R FLEXPEN SOPN IJ ..      | 16 | MG, 20 MG .....                   | 28 | LANCING .....                      | 50 |
| NOVOLIN R SOLN IJ .....           | 16 | olanzapine TBDP 20 MG .....       | 28 | OPILL .....                        | 34 |
| NOVOLOG FLEXPEN SOPN .....        | 16 | olanzapine TBDP 5 MG, 10 MG, 15   |    | ORENITRAM TBCR .....               | 32 |
| NOVOLOG MIX 70/30 FLEXPEN         |    | MG .....                          | 28 | ORGOVYX .....                      | 25 |
| SUPN .....                        | 16 | olmesartan medoxomil .....        | 20 | ORILISSA .....                     | 43 |
| NOVOLOG MIX 70/30 SUSP .....      | 16 | olmesartan medoxomil-amlodipine-  |    | ORKAMBI PACK .....                 | 59 |
| NOVOLOG PENFILL SOCT .....        | 16 | hydrochlorothiazide .....         | 20 | ORKAMBI TABS .....                 | 59 |
| NOVOLOG SOLN IJ .....             | 16 | olmesartan medoxomil-             |    | ORLADEYO .....                     | 46 |
| NP THYROID TABS .....             | 60 | hydrochlorothiazide .....         | 20 | orphenadrine citrate TB12 .....    | 55 |
| NUBEQA .....                      | 25 | olopatadine hcl (nasal) .....     | 55 | oseltamivir phosphate CAPS .....   | 30 |
| NUEDEXTA .....                    | 59 | olopatadine hcl 0.1 % .....       | 57 | oseltamivir phosphate SUSR .....   | 31 |
| NUVAXOVID COVID-19 VACCINE        |    | olopatadine hcl 0.2 % .....       | 57 | OSPHERA .....                      | 43 |
| SUSY 5 MCG/0.5ML .....            | 63 | omega-3-acid ethyl esters .....   | 18 | OTEZLA TABS .....                  | 5  |
| nystatin (mouth-throat) .....     | 53 | omeprazole CPDR .....             | 61 | OTEZLA TBPK .....                  | 5  |
| nystatin (topical) CREA .....     | 37 | omeprazole magnesium CPDR ...     | 61 | OTEZLA XR TB24 PO 75 MG .....      | 5  |
| nystatin (topical) OINT .....     | 37 | omeprazole TBEC .....             | 61 | OTEZLA/OTEZLA XR INITIATION        |    |
| nystatin (topical) POWD EX .....  | 37 | omeprazole-sodium bicarbonate     |    | PK TBPK .....                      | 5  |
| nystatin TABS .....               | 18 | CAPS 1100 MG-20 MG .....          | 61 | OTREXUP SOAJ 10 MG/0.4ML, 12.5     |    |
| nystatin-triamcinolone CREA ..... | 37 | OMNIFLEX DIAPHRAGM .....          | 49 |                                    |    |

|                                                                                            |                                                                       |                                                                  |
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| MG/0.4ML, 15 MG/0.4ML, 17.5<br>MG/0.4ML, 20 MG/0.4ML, 22.5<br>MG/0.4ML, 25 MG/0.4ML .....2 | paclitaxel 100 MG/16.7ML, 150<br>MG/25ML .....27                      | PEGASYS SOSY .....30                                             |
| oxacillin sodium IV 10 GM .....58                                                          | paclitaxel protein-bound particles .27                                | pemetrexed disodium SOLR 500 MG<br>23                            |
| oxaliplatin SOLN 50 MG/10ML, 100<br>MG/20ML .....23                                        | paliperidone .....28                                                  | PENBRAYA .....62                                                 |
| oxaprozin TABS .....4                                                                      | palonosetron hcl SOLN .....17                                         | penciclovir .....38                                              |
| oxazepam CAPS .....9                                                                       | pamidronate disodium SOLN 30<br>MG/10ML, 90 MG/10ML .....43           | penicillamine CAPS .....52                                       |
| oxcarbazepine SUSP .....12                                                                 | PAMIDRONATE DISODIUM SOLN<br>43                                       | penicillamine TABS .....52                                       |
| oxcarbazepine TABS 150 MG, 300<br>MG .....12                                               | PANRETIN .....37                                                      | PENICILLIN G POT IN DEXTROSE<br>40000 UNIT/ML, 60000 UNIT/ML .57 |
| oxcarbazepine TABS 600 MG .....12                                                          | pantoprazole sodium TBEC 20 MG<br>61                                  | penicillin g potassium 5000000 UNIT<br>57                        |
| oxiconazole nitrate CREA .....37                                                           | pantoprazole sodium TBEC 40 MG<br>61                                  | penicillin g sodium .....57                                      |
| OXISTAT LOTN .....37                                                                       | PARAGARD INTRAUTERINE<br>COPPER .....34                               | penicillin v potassium SOLR .....57                              |
| oxybutynin chloride SOLN .....61                                                           | paricalcitol CAPS .....43                                             | penicillin v potassium TABS .....57                              |
| oxybutynin chloride TABS 5 MG ...61                                                        | paricalcitol SOLN .....43                                             | PENMENVY SUSR IM .....62                                         |
| oxybutynin chloride TB24 .....61                                                           | paroxetine hcl SUSP .....14                                           | PENTACEL .....60                                                 |
| oxycodone hcl T12A 10 MG, 20 MG,<br>40 MG, 80 MG .....6                                    | paroxetine hcl TABS .....14                                           | pentamidine isethionate IN .....21                               |
| oxycodone hcl TABS .....6                                                                  | paroxetine hcl TB24 .....14                                           | pentazocine w/ naloxone hcl .....7                               |
| oxycodone w/ acetaminophen TABS<br>325 MG-10 MG, 325 MG-5 MG, 325<br>MG-7.5 MG .....7      | pazopanib hcl .....26                                                 | pentoxifylline .....46                                           |
| oxycodone w/ acetaminophen TABS<br>325 MG-2.5 MG .....7                                    | PEDIARIX SUSY .....60                                                 | perampanel TABS 2 MG .....11                                     |
| oxymorphone hcl TABS .....6                                                                | pediatric multivitamins w/fl CHEW .53                                 | perampanel TABS 4 MG .....11                                     |
| oxymorphone hcl TB12 40 MG .....6                                                          | PEDVAX HIB SUSP .....62                                               | perampanel TABS 6 MG .....11                                     |
| oxymorphone hcl TB12 5 MG, 7.5<br>MG, 10 MG, 15 MG, 20 MG, 30 MG 6                         | peg 3350-kcl-nacl-na sulfate-na<br>ascorbate-ascorbic acid .....48    | perampanel TABS 8 MG, 10 MG, 12<br>MG .....11                    |
| OZEMPIC (0.25 OR 0.5 MG/DOSE)<br>SOPN .....15                                              | peg 3350-kcl-sod bicarb-sod<br>chloride-sod sulfate SOLR 236 GM<br>48 | perindopril erbumine 2 MG, 8 MG .19                              |
| OZEMPIC (1 MG/DOSE) SOPN 4<br>MG/3ML .....15                                               | peg 3350-potassium chloride-sod<br>bicarbonate-sod chloride .....48   | perindopril erbumine 4 MG .....19                                |
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| phenazopyridine hcl TABS 100 MG,<br>200 MG .....46          | PIQRAY (300 MG DAILY DOSE) .26                                                     | potassium chloride SOLN IV 2<br>MEQ/ML, 10 MEQ/50ML, 20<br>MEQ/50ML .....52                                                                                                                        |
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| phenobarbital ELIX .....47                                  | pirfenidone TABS 534 MG .....59                                                    | potassium phosphates 45<br>MMOLE/15ML .....52                                                                                                                                                      |
| phenobarbital TABS .....47                                  | piroxicam CAPS .....4                                                              | PR BENZOYL PEROXIDE WASH<br>LIQD .....36                                                                                                                                                           |
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| PREMARIN TABS 0.3 MG, 0.45 MG,<br>0.625 MG, 0.9 MG, 1.25 MG<br>(estrogens, conjugated) ..... | 44 | procainamide hcl SOLN 500 MG/ML .<br>9                                                                                                                                                                                                               |    | PROQUAD SUSR .....                                    | 64 |
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| 22                                   | rasagiline mesylate ..... | 27                             | RETROVIR SOLN .....                 | 30 |
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| pyrimethamine .....                  | 22                        | MG/0.2ML, 12.5 MG/0.25ML, 15   | REZVOGLAR KWIKPEN .....             | 16 |
| PYZCHIVA 130 MG/26ML .....           | 45                        | MG/0.3ML, 17.5 MG/0.35ML, 20   | ribavirin (hepatitis c) CAPS .....  | 30 |
| PYZCHIVA 45 MG/0.5ML .....           | 38                        | MG/0.4ML, 22.5 MG/0.45ML, 25   | ribavirin (hepatitis c) TABS 200 MG | 30 |
| PYZCHIVA 90 MG/ML .....              | 38                        | MG/0.5ML, 30 MG/0.6ML .....    | 2                                   |    |
| PYZCHIVA SC 45 MG/0.5ML .....        | 38                        | REALITY LATEX CONDOMS MISC .   | RIDAURA .....                       | 4  |
| QC PRENATAL TABS .....               | 54                        | 49                             | rifabutin .....                     | 23 |
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| QUADRACEL SUSY .....                 | 60                        | TEXTURED DEVI .....            | rifampin SOLR .....                 | 23 |
| quetiapine fumarate TABS 25 MG, 50   |                           | 49                             | riluzole TABS .....                 | 55 |
| MG, 100 MG, 200 MG, 300 MG, 400      |                           | REALITY LATEX/ULTRA THIN DEVI  | rimantadine hydrochloride TABS ..   | 31 |
| MG .....                             | 28                        | 49                             | ringer's .....                      | 52 |
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| quinapril hcl 5 MG, 10 MG .....      | 19                        | REBIF REBIDOSE TITRATION       | RINVOQ TB24 .....                   | 2  |
| quinapril-hydrochlorothiazide 12.5   |                           | PACK SOAJ .....                | risedronate sodium TABS 150 MG      | 43 |
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| quinapril-hydrochlorothiazide 12.5   |                           | REBIF SOSY .....               | risedronate sodium TABS 5 MG, 30    |    |
| MG-20 MG .....                       | 20                        | 59                             | MG .....                            | 43 |
| quinapril-hydrochlorothiazide 25 MG- |                           | REBIF TITRATION PACK SOSY ..   | risedronate sodium TBEC .....       | 43 |
| 20 MG .....                          | 20                        | 59                             | risperidone microspheres .....      | 28 |
| quinidine sulfate TABS .....         | 9                         | RECOMBIVAX HB SUSP .....       | risperidone SOLN .....              | 28 |
| quinine sulfate CAPS 324 MG .....    | 22                        | 64                             | risperidone TABS .....              | 28 |
| QUZYTIR SOLN IV .....                | 18                        | RECOMBIVAX HB SUSY .....       | risperidone TBDP .....              | 28 |
| QVAR REDHALER .....                  | 10                        | 64                             | ritonavir TABS .....                | 30 |
| rabeprazole sodium TBEC .....        | 61                        | RELENZA DISKHALER .....        | rivaroxaban SUSR 1 MG/ML .....      | 11 |
| raloxifene hcl .....                 | 43                        | 31                             | rivaroxaban TABS 2.5 MG .....       | 11 |
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| ranolazine TB12 500 MG .....         | 8                         | 50                             |                                     |    |
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| roflumilast ..... 9                                             | selegiline hcl TABS ..... 27                                 | SKYRIZI PEN SOAJ ..... 38                                       |
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| ropinirole hydrochloride TB24 8 MG,<br>12 MG ..... 27           | SEREVENT DISKUS ..... 10                                     | SLYND ..... 34                                                  |
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| tranexamic acid TABS .....47                                | triamcinolone acetonide (topical) CREA 0.025 % .....40        | trimethoprim TABS .....21                                   |
| tranylcypromine sulfate .....13                             | triamcinolone acetonide (topical) CREA 0.1 % .....40          | trimipramine maleate CAPS .....14                           |
| travoprost SOLN .....57                                     | triamcinolone acetonide (topical) CREA 0.5 % .....40          | TRINTELLIX .....14                                          |
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| trazodone hcl TABS .....14                                  | triamcinolone acetonide (topical) LOTN 0.1 % .....40          | TRIUMEQ TABS .....30                                        |
| TRELEGY ELLIPTA .....10                                     | triamcinolone acetonide (topical) OINT 0.025 %, 0.1 % .....40 | TROJAN BARESKIN DEVI .....49                                |
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| TREMFYA SOSY SC 200 MG/2ML 45                               | trientine hcl 250 MG .....52                                  | tropicamide SOLN 1 % .....55                                |
| TREMFYA-CD/UC INDUCTION SOAJ SC 200 MG/2ML .....45          | trifluoperazine hcl TABS .....28                              | trospium chloride CP24 .....61                              |
| treprostinil SOLN IJ .....32                                | trifluridine .....56                                          | trospium chloride TABS .....61                              |
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|                                                |                                                                                             |                                                              |
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| TRUSTEX LUB/RIBBED/STUDED<br>MISC .....49      | UBRELVY 50 MG .....50                                                                       | VAQTA .....64                                                |
| TRUSTEX LUB/SPERMICIDE EX ST<br>MISC .....49   | UDENYCA ONBODY SOSY .....47                                                                 | VAQTA IM 25 UNIT/0.5ML, 50<br>UNIT/ML .....64                |
| TRUSTEX LUB/SPERMICIDE XL<br>MISC .....49      | UDENYCA SOAJ .....47                                                                        | varenicline tartrate TABS .....59                            |
| TRUSTEX LUBRICATED EX LARGE<br>MISC .....49    | UDENYCA SOSY .....47                                                                        | varenicline tartrate TBPk .....59                            |
| TRUSTEX LUBRICATED EXTRA ST<br>MISC .....49    | umeclidinium-vilanterol .....10                                                             | VARIVAX SUSR .....64                                         |
| TRUSTEX LUBRICATED MISC ...49                  | UPTRAVI TABS 200 MCG .....33                                                                | VARUBI (180 MG DOSE) TBPk ...17                              |
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| TRUSTEX RIA LUB/SPERMICIDE<br>MISC .....49     | ursodiol CAPS .....45                                                                       | VAXNEUVANCE .....62                                          |
| TRUSTEX RIA LUBRICATED MISC .<br>49            | ursodiol TABS .....45                                                                       | VCF VAGINAL CONTRACEPTIVE<br>FILM .....64                    |
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| TRUXIMA .....24                                | VABRINTY SC 22.5 MG, 30 MG, 45<br>MG .....25                                                | VECTIBIX 100 MG/5ML .....24                                  |
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| TURALIO 125 MG .....26                         | valacyclovir hcl 500 MG .....30                                                             | venlafaxine hcl CP24 .....14                                 |
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| TYBOST .....30                                 | valrubicin .....25                                                                          | verapamil hcl CP24 120 MG, 180<br>MG, 240 MG, 360 MG .....32 |
| TYMLOS .....43                                 | valsartan TABS .....20                                                                      | verapamil hcl TABS .....32                                   |
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|                                                | vancomycin hcl CAPS .....21                                                                 | VIIBRYD STARTER PACK KIT ....14                              |
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|                                             |    |                                                              |    |                                                                                                                                                                                                                                                                                           |    |
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| vinorelbine tartrate 10 MG/ML .....         | 27 | XARELTO TABS 10 MG, 20 MG ..                                 | 11 | YUFLYMA (2 PEN) AJKT .....                                                                                                                                                                                                                                                                | 4  |
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| VIRACEPT TABS 625 MG .....                  | 30 | XELJANZ SOLN .....                                           | 2  | YUFLYMA-CD/UC/HS STARTER<br>AJKT .....                                                                                                                                                                                                                                                    | 4  |
| VIREAD POWD .....                           | 30 | XELJANZ TABS 10 MG .....                                     | 2  | zafirlukast .....                                                                                                                                                                                                                                                                         | 9  |
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| voriconazole TABS .....                     | 18 | XIGDUO XR 1000 MG-2.5 MG, 1000<br>MG-5 MG .....              | 15 | ZENPEP CPEP 105000 UNIT-79000<br>UNIT-25000 UNIT, 14000 UNIT-<br>10000 UNIT-3000 UNIT, 168000<br>UNIT-126000 UNIT-40000 UNIT,<br>24000 UNIT-17000 UNIT-5000 UNIT,<br>42000 UNIT-32000 UNIT-10000<br>UNIT, 63000 UNIT-47000 UNIT-<br>15000 UNIT, 84000 UNIT-63000<br>UNIT-20000 UNIT ..... | 42 |
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| water for irrigation, sterile .....         | 53 | XTANDI TABS 40 MG .....                                      | 25 | zidovudine SYRP .....                                                                                                                                                                                                                                                                     | 30 |
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|                                       |    |
|---------------------------------------|----|
| ZOLADEX 3.6 MG .....                  | 25 |
| zoledronic acid SOLN 5 MG/100ML<br>43 |    |
| ZOLINZA .....                         | 26 |
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| ZORBTIVE SC .....                     | 43 |
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