

# California

## Ambetter by Health Net Drug List

### For Ambetter by Health Net Individual & Family Plans

The Essential Drug List (formulary) includes a list of drugs covered by Health Net. The drug list is updated at least monthly and is subject to change. All previous versions are no longer in effect. You can view the most current drug list by going to our website at [www.healthnet.com](http://www.healthnet.com). Refer to Evidence of Coverage for specific cost share information.

#### For California Individual & Family Plans:

[https://ifp.healthnetcalifornia.com/Pharmacy\\_Information/drug\\_lists.html](https://ifp.healthnetcalifornia.com/Pharmacy_Information/drug_lists.html)

**NOTE:** To search the drug list online, open the (pdf) document. Hold down the “Control” (Ctrl) and “F” keys. When the search box appears, type the name of your drug, and press the “Enter” key. If you have questions or need more information, call us toll free.

If you have questions about your pharmacy coverage, call Customer Service at 1-800-839-3366

#### *Hours of Operation*

*8:00am – 6:00pm Monday through Friday*

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# ***Welcome to Health Net***

## **What If I Have Questions Regarding My Pharmacy Benefit?**

If you have questions about your pharmacy coverage, contact Customer Service at the phone number listed on your Health Net ID card or on the cover of this book. Customer Service can help you with questions about your prescription drug benefits, including, but not limited to:

- information about drugs covered under the medical benefit.
- the processes for submitting an exception request, requesting prior authorization and step therapy exceptions.
- actual dollar amounts of cost sharing for drugs including drugs subject to coinsurance.

## **What is the Drug List?**

The drug list is a complete list of covered drugs used to treat common diseases or health problems. The drug list is selected by a committee of doctors and pharmacists who meet regularly to decide which drugs should be included. The committee reviews new drugs and current information about existing drugs and chooses drugs based on:

- Safety
- Effectiveness
- Side effects
- Value (if two drugs are equally effective, the less costly drug will be preferred)

***This information is not intended as a substitute for professional medical care. Please always follow your health care provider's instructions.***

## **How do I find a drug in the Drug List?**

You can search for a drug by using the search tool, alphabetical index or by categorical list. There are three ways to find out if your drug is covered.

**Search Tool:** Open the List of Drugs (PDF). Hold down the “Control” (Ctrl) and “F” keys. When the search box appears, type the name of your drug. Press the “Enter” key.

**Alphabetical Index:** The index at the end of the PDF lists the names of generic and brand name drugs from A to Z. Once you find a drug name, go to the page number listed to see if the drug is covered.

**Categorical list:** The drugs are grouped into therapeutic categories. If you know what therapeutic category your drug is in look through the list to find the category. Then look under the category and class for your drug.

If a generic equivalent for a brand name drug is not available in the market or not covered, the generic drug will not be listed separately. The presence of a drug on the drug list does not guarantee that your doctor will prescribe the drug for a particular medical condition.

## How are the drugs listed in the categorical list?

A drug is listed alphabetically by its brand and generic names in its therapeutic category and class. Example:

| Drug Name                                        | Drug Tier | Requirements/ Limits |
|--------------------------------------------------|-----------|----------------------|
| MAVYRET ( <i>glecaprevir-pibrentasvir</i> ) TABS | 3         | PA                   |
| <i>terbutaline sulfate tabs</i>                  | 1         |                      |

The generic drug name for a brand drug is included after the brand name in parentheses and are in ***Bold italicized lowercase*** letters.

**Brand Drug Example:** MAVYRET TABS (*glecaprevir-pibrentasvir*)

If a generic equivalent for a brand name drug is both available and covered, the generic drug will be listed separately from the brand name drug in all ***bold and italicized lowercase*** letters.

**Generic Drug Example:** *terbutaline sulfate tabs*

If a generic drug is marketed under a proprietary, trademark-protected brand name, the brand name will be listed after the generic name in parentheses and regular typeface in all CAPITAL letters.

**Generic Drug Marketed Under a Proprietary Brand Name Example:** *levothyroxine sodium* (LEVOXYL) TABS

## How much will I pay for my drugs?

To see how much you will pay for a drug, check the abbreviations in the Drug Tier column on the formulary.

| Drug                              | Benefit Phase            | Maximum Cost Share | Days' Supply |
|-----------------------------------|--------------------------|--------------------|--------------|
| Oral Cancer Drugs                 | Before Deductible Is Met | \$250              | 30 Days      |
| All other (non-oral cancer) Drugs | After Deductible Is Met  | \$250              | 30 Days      |
| Bronze Plan Members               | After Deductible Is Met  | \$500              | 30 Days      |

Note: For oral chemotherapy drugs - Notwithstanding any deductible, the total amount of copayment or coinsurance an insured is required to pay shall not exceed two hundred fifty dollars (\$250) for an individual prescription of up to a 30-day supply.

## Nonpreferred Generic Drugs

- Non-preferred generic drugs have been placed at Tier 2.
- Non-preferred Brand drugs are placed at Tier 3.
- Specialty or drugs over \$600 (net of rebates) are placed at Tier 4.

## Tier Descriptions

Below is a description for each tier. Refer to Evidence of Coverage for specific cost share information

| <i>Tier</i> | <i>Description</i>                                                                                                                                                                                                                                                                                                                                                                                                                |
|-------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1           | Tier one consists of most generic drugs and low-cost preferred brand name drugs.                                                                                                                                                                                                                                                                                                                                                  |
| 2           | Tier two consists of nonpreferred generic drugs, preferred brand name drugs, and any other drugs recommended by the health care service plan's pharmacy and therapeutics committee based on safety, efficacy, and cost.                                                                                                                                                                                                           |
| 3           | Tier three consists of nonpreferred brand name drugs or drugs that are recommended by the health care service plan's pharmacy and therapeutics committee based on safety, efficacy, and cost, or that generally have a preferred and often less costly therapeutic alternative at a lower tier.                                                                                                                                   |
| 4           | Tier four consists of drugs that the Food and Drug Administration of the United States Department Health and Human Services or the manufacturer requires to be distributed through a specialty pharmacy, drugs that require the enrollee to have special training or clinical monitoring for self-administration, or drugs that cost the health plan more than six hundred dollars (\$600) net of rebates for a one-month supply. |
| 5           | Tier five includes preventive benefit drugs, including contraceptives, covered at no cost to members under the Affordable Care Act. A deductible does not apply.                                                                                                                                                                                                                                                                  |

## Are there any limits on my drug coverage?

Some drugs have limits on coverage. The table below provides a description of abbreviations that may appear in the Limits column on the drug list:

| <i>Abbreviation</i> | <i>Definition</i>   | <i>Description</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|---------------------|---------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| AL                  | Age Limit           | These drugs may require prior authorization if your age does not fall within manufacturer, FDA, or clinical recommendations.                                                                                                                                                                                                                                                                                                                                                                                                                          |
| AC                  | Anti-cancer         | Oral cancer drugs are subject to a maximum \$250 copayment for a one-month supply, before any deductible has been met, per state law (or \$600 maximum for a three-month supply through mail order, if applicable).                                                                                                                                                                                                                                                                                                                                   |
| LA                  | Limited Access      | <p>Some drugs may be subject to limited access or restricted access. This means that a drug may only be available at select pharmacies. Limited access may be due to any of the following reasons:</p> <p>The FDA or the manufacturer has restricted distribution of a drug to certain facilities, pharmacies, or prescribers, or certain drugs require special handling, coordination of care, or patient education that cannot be provided at a retail pharmacy. If the drug is approved, we will let you know how to get limited access drugs.</p> |
| PA                  | Prior Authorization | This drug requires prior authorization. This means that you or your prescriber must get approval from us before you fill your prescription. If you do not get approval, we may not cover the drug.                                                                                                                                                                                                                                                                                                                                                    |
| PV                  | Preventive Drugs    | Drugs under the Affordable Care Act (ACA) as preventive health drugs, including prescription and OTC contraceptive drugs and devices, covered at no charge. Preventive health drugs are determined based on evidence-based recommendations by the United States Preventive Services Task Force (USPSTF). Members in grandfathered Groups may pay a copayment.                                                                                                                                                                                         |

|        |                                       |                                                                                                                                                                                                                                                                                                                                |
|--------|---------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| QL     | Quantity Limit                        | These drugs have a limit on the amount that will be covered. Your doctor must request approval for a higher quantity of the drug from Health Net. Health Net covers a 12-month supply when dispensed at one time of all self-administered hormonal contraceptives on the Formulary.                                            |
| RX/OTC | Prescription & Over the Counter (OTC) | Certain drugs are available both in a prescription form and in an OTC form. Only prescription drugs are covered by your plan except for some insulin, insulin supplies and some covered preventive drugs. OTC drugs on the drug list, including OTC preventive drugs and contraceptives, require a prescription to be covered. |
| ST     | Step Therapy                          | Step therapy is when you are required to use one drug before another, in a stepwise fashion. Unless an exception is made, one or more preferred drugs must be tried first before progressing to a drug that is subject to step therapy.                                                                                        |
| SP     | Specialty Drug                        | Specialty drugs are required to be provided through a Health Net contracted Specialty Pharmacy. Once Health Net approves the medication, our contracted Specialty pharmacy will contact you to arrange for delivery.                                                                                                           |

### How often does the Drug List change?

The formulary will be updated with changes monthly. The types of changes may include the following:

- Removal of a drug or dosage form of a drug from the formulary.
- Any change in the tier placement of a drug that results in an increase in cost-sharing.
- Adding or changing utilization management procedures applicable to a drug.

Before these changes occur, you will be notified at least 60 days in advance of the change, unless the drug is removed for safety reasons.

### How can I get prior authorization or an exception to the rules for drug coverage?

Requests for prior authorization may be submitted electronically through *CoverMyMeds*, by phone at 1-800-548-5524, or by fax at 1-800-314-6223. Once your doctor's request is received, we will notify your doctor of our decision within 72 hours. If Health Net fails to respond to a completed prior authorization or step therapy exception request within 72 hours of receiving a non-urgent request and 24 hours of receiving a request based on exigent circumstances, the request is deemed approved, and the health plan may not deny the request thereafter.

If your doctor believes that waiting 72 hours for a standard decision could seriously harm your health, your doctor can ask for a fast (expedited) decision. This applies only to requests for drugs that you have not already received. We must make expedited decisions within 24 hours after we get your doctor's supporting statement.

Your doctor must submit a supporting statement to us explaining why you need the drug. You or your doctor may appeal the denial of an exception request. The denial documents provide more information on appeal rights and procedures if there is a medical need to use a non-formulary drug or a drug requiring pre-approval, an exception to coverage may be requested by the prescriber. If the health plan, contracted physician group, or utilization review organization fails to notify the prescribing provider within the applicable time period, the request is deemed approved for the duration of the prescription, including refills.

If we approve your drug's exception, the approval continues until the end of the plan year. To keep the exception in place for the plan year, you must remain enrolled in our plan, your doctor must continue to prescribe your drug, and your drug must be safe for treating your condition.

If a drug is not on the drug list, and is not specifically excluded from coverage, your doctor can ask for an exception. To request an exception, your doctor can submit a prior authorization request along with a supporting statement explaining why you need the drug. Requests for prior authorization may be submitted electronically or by telephone or fax. If we approve an exception for a drug that is not on the drug list, the non-preferred brand drug tier (Tier 3) or Tier 4 (Specialty) copayment applies.

Health Net will cover all medically necessary drugs. If Health Net fails to respond to a completed prior authorization or step therapy exception request within 72 hours of receiving a non-urgent request and 24 hours of receiving an expedited request, the request will be approved, and Health Net may not deny the request thereafter.

### **Step Therapy Exception:**

In some cases, our plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. This is called step therapy. Step therapy is when you are required to use one drug before another, in a stepwise fashion. The required first step drug or preferred drug is a proven, cost-effective medication. Unless a step therapy exception is made, one or more preferred drugs must be tried before progressing to a drug that is subject to step therapy.

A request for an exception to a step therapy requirement may be submitted in the same manner as a request for prior authorization. The request shall be treated in the same manner, and shall be responded to in the same manner, as a request for prior authorization for prescription drugs.

If you have already tried and failed the preferred drug(s), or if you are already taking a drug that is subject to step therapy when you switch to enrolled in a Health Net plan, you will not have to undergo step therapy and the drug will be approved for coverage.

You or your doctor can request a step therapy exception if:

- The required prescription drug is contraindicated or is likely, or expected, to cause an adverse reaction or physical or mental harm to the member in comparison to the requested prescription drug, based on the known clinical characteristics of the member and the known characteristics and history of the member's prescription drug regimen.
- The required prescription drug is expected to be ineffective based on the known clinical characteristics of the member and the known characteristics and history of the member's prescription drug regimen.
- The member has tried the required prescription drug while covered by their current or previous health coverage or Medicaid, and that prescription drug was discontinued due to lack of efficacy or effectiveness, diminished effect, or an adverse reaction. The health care service plan may require the submission of documentation demonstrating that the member tried the required prescription drug before it was discontinued.
- The required prescription drug is not clinically appropriate for the member because the required drug is expected to do any of the following, as determined by the member's prescribing provider:
  - Worsen a comorbid condition.
  - Decrease the capacity to maintain a reasonable functional ability in performing daily activities.
  - Pose a significant barrier to adherence to, or compliance with, the member's drug regimen or plan of care.
- The member is stable on a prescription drug selected by the member's prescribing provider for the medical condition under consideration while covered by their current or previous health coverage.

A request for an exception to a step therapy requirement may be submitted in the same manner as a request for prior authorization. The request shall be treated in the same manner, and shall be responded to in the same manner, as a request for prior authorization for prescription drugs.

If you have already tried and failed the preferred drug(s), or if you are already taking a drug that is subject to step therapy when you switch to enrolled in a Health Net plan, you will not have to undergo step therapy and the drug will be approved for coverage when medically necessary.

When information necessary for the health plan to make a determination is not included with a request for prior authorization or step therapy exception, the plan will notify the prescribing provider within 72 hours of receipt or within 24 hours of receipt if exigent circumstances exist. Once the health plan receives the requested information, the applicable time period to approve or deny a prior authorization or step therapy exception request begins. If the health plan, contracted physician group, or utilization review organization fails to notify the prescribing provider within the applicable time period, the request is deemed approved for the duration of the prescription, including refills.

### **Are all contraceptives covered?**

Contraceptive benefits include coverage for a variety of U.S. Food and Drug Administration (FDA)-approved prescription contraceptive methods. If your doctor determines that none of the covered methods on the drug list or if a covered therapeutic equivalent of a drug, device, or product is not

available, and is medically necessary for you, Health Net will provide coverage. OTC oral contraceptives or condoms can be provided by your pharmacy without a prescription and billed through the pharmacy Claims system with a zero copay. Members obtaining OTC oral contraceptives should inform their physician.

### **What blood glucose supplies covered?**

Specific brands of blood glucose monitors, blood glucose testing strips, lancets, ketone testing strips, pen delivery systems for injecting insulin and insulin needles and syringes are covered on the drug list. A prescription from your doctor is required to obtain these from a pharmacy.

Insulin pumps and all related necessary supplies, podiatric devices to prevent or treat diabetes-related complications and visual aids, excluding eyewear, to assist the visually impaired with proper dosing of insulin are covered under the medical benefit.

### **Are preventive drugs covered?**

Yes, preventive drugs on the Drug List, with “A” and “B” grade recommendations of the U.S. Preventive Services Task Force (USPSTF) are covered. Included are contraceptives, male condoms, and preexposure prophylaxis (PrEP). Office administered injectable medications are provided under the medical benefit. There is no member cost share for preventive drugs on the Drug List, excluding grandfathered plans.

### **What drugs are under my medical benefit?**

Drugs that are not considered self-injectable and are administered by your doctor will be covered under your medical benefit. If your doctor does not have the drug, your doctor will give you instructions on where you can receive the drug. Certain drugs that are self-administered are covered under your pharmacy benefit. Refer to your *Evidence of Coverage* for coverage information and exceptions.

### **Can I go to any pharmacy?**

Except in emergency and urgent situations, Health Net does not cover drugs dispensed by non-network pharmacies. Health Net contracts with most U.S. chain pharmacies and many independent pharmacies. These pharmacies are called in-network pharmacies. To find an in-network pharmacy near you, visit our website at [Find a pharmacy](#) or call us at the telephone number on your Health Net ID card or listed on the front cover of this book.

Some injectable and high-cost drugs are considered specialty drugs. These drugs must be filled at an in-network specialty pharmacy. Specialty drugs are noted on the drug list in the Requirements/Limits column with the abbreviation “LA” or a statement indicating the drug must be dispensed from a network specialty pharmacy.

After your drug has been approved, we will arrange for the specialty pharmacy to contact you to set up delivery.

## **Can I use a mail order pharmacy?**

For maintenance prescription drugs, you can use the Health Net contracted Mail Order Pharmacy. The drugs available through mail order are drugs that you take on a regular basis for a chronic or long-term medical condition. Tier 4 or Specialty drugs are not available through mail order.

To use the mail order pharmacy, your doctor must provide a new prescription that allows up to a 90-day supply of each drug. Mail order forms are available on our website at [Forms and Brochures - Pharmacy](#) or you may call us at the telephone number on your Health Net ID card or on the front cover of this book to request a form.

## **How can I save money on my prescription drugs?**

You can save time and money with these simple steps:

- Ask your doctor about generic drugs that may work for you.
- Fill prescriptions at in-network pharmacies.
- Be sure your doctor prescribes drugs on the drug list.
- Fill your maintenance drugs through our mail order pharmacy program.
- Log into HealthNet.com to check drug coverage, your cost at a pharmacy or alternatives to your medication.

## **Are infertility drugs covered?**

Infertility drugs are not covered.

## **Are Immunizations covered through pharmacies?**

Immunizations are covered through your primary care Doctor. The following immunizations are covered at a Health Net participating pharmacy for members that have pharmacy coverage with Health Net or Ambetter;

- Covid-19
- Influenza (Flu)
- RSV

## **Are Weight Loss drugs Covered?**

Most plans do cover weight loss medications when prior authorization has been approved. Check your plan documents for your coverage and copayment or coinsurance. Requirements for approval include enrolling and actively participating in a weight loss behavior modification program that includes diet, exercise, and behavior modification for 6 months prior to going on a weight loss drug and continuing in the program while being treated with a weight loss medication. You must meet the body mass index (BMI) requirements under your plan. Covered medications include:

| Weight Loss Medications         |                           |
|---------------------------------|---------------------------|
| Oral Medications                | Self-injected Medications |
| Contrave                        | Wegovy                    |
| Phentermine-Topiramate (Qsymia) | Saxenda                   |
| Phentermine                     | Zepbound                  |
| Orlistat (Xenical)              |                           |

### Are hemophilia drugs and blood factors Covered?

Hemophilia drugs and blood factors are covered through under the pharmacy benefit with a valid prescription, approved prior authorization, and provided by our contracted specialty pharmacy, Acaria Health.

### Definitions

**Brand drug:** Is a drug that is marketed under a proprietary, trademark-protected name. A brand drug is listed in this formulary in all CAPITAL letters.

**Coinsurance:** Is a percentage of the cost of a covered health care benefit that you pay after you have paid the deductible, if a deductible applies to the health care benefit.

**Copayment:** Is a fixed dollar amount that you pay for a covered health care benefit after you have paid the deductible if a deductible applies to the health care benefit.

**Deductible:** Is the amount you pay for covered health care benefits that are subject to the deductible before your health plan begins to pay. If the plan has a deductible, it may have either one deductible or separate deductibles for medical benefits and prescription drug benefits. After you pay your deductible, you usually pay only a copayment or coinsurance for covered health care benefits. The plan pays for the rest.

**Drug Tier:** Is a group of prescription drugs that correspond to a specified cost sharing tier. The drug tier in which a prescription drug is placed determines your portion of the cost for the drug.

**Enrollee:** Is a person enrolled in a health plan who is entitled to receive services from the plan. All references to enrollees in this formulary template shall also include subscribers as defined in this section below.

**Exception request:** Is a request for coverage of a non-formulary drug. If you, your designee, or your doctor submits a request for coverage of a non-formulary drug, the plan must cover the non-formulary drug when it is medically necessary for you to take the drug.

**Exigent circumstances:** Is when you are suffering from a medical condition that may seriously jeopardize your life, health, or ability to regain maximum function, or when you are undergoing a

current course of treatment using a non-formulary drug.

**Formulary or prescription drug list:** Is the list of drugs that is covered by the plan under the prescription drug benefit of the policy.

**Generic drug:** Is a drug that is the same as its brand name drug equivalent in dosage, strength, effect, how it is taken, quality, safety, and intended use. A generic drug is listed in the drug list in bold and italicized lowercase letters.

**Medically Necessary:** Is a health care benefit needed to diagnose, treat, or prevent a medical condition or its symptoms and that meet accepted standards of medicine. Plans usually do not cover health care benefits that are not medically necessary.

**Non-formulary drug:** Is a prescription drug that is not listed on the drug list.

**Out-of-pocket costs:** Are your expenses for health care benefits that are not reimbursed by the plan. Out-of-pocket costs include deductibles, copayments, and coinsurance for covered health care benefits, plus all costs for health care benefits that are paid by the Member and not covered by the plan.

**Prescribing provider:** This is a health care provider who can write a prescription for a drug to diagnose, treat, or prevent a medical condition.

**Prescription:** Is an oral, written, or electronic order from a prescribing provider authorizing a prescription drug to be provided to a specific individual.

**Prescription drug:** Is a drug that by law requires a prescription.

**Prior Authorization:** Is a decision by the plan that a health care benefit is medically necessary for you. If a prescription drug is subject to prior authorization in the drug list, your doctor must request approval from the plan to cover the drug before you fill your prescription. The plan must grant a prior authorization request when it is medically necessary for you to take the drug.

**Step therapy:** Is a specific sequence in which prescription drugs for a particular medical condition must be tried. If a drug is subject to step therapy in the drug list, you may have to try one or more other drugs before the plan will cover that drug for your medical condition. If your doctor submits a request for an exception to the step therapy requirement, the plan must grant the request when it is medically necessary for you to take the drug.

**Step therapy exception** is a decision to override a generally applicable step therapy protocol in favor of coverage of the prescription drug prescribed by a health care provider for an individual member.

**Subscriber:** Means the person who is responsible for payment to a plan or whose employment or other status, except for family dependency, is the basis for eligibility for membership in the plan.



| 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>                                                                                    |           |                                 |
| (Dextroamphetamine Sulfate) PROCENTRA SOLN                                                             | 1         |                                 |
| (Dextroamphetamine Sulfate) ZENZEDI TABS 5 MG                                                          | 1         |                                 |
| (Dextroamphetamine Sulfate) ZENZEDI TABS 10 MG                                                         | 1         |                                 |
| ADDERALL XR CP24 ( <i>amphetamine-dextroamphetamine</i> )                                              | NF        | QL(2 EA daily; 90 Day(s) limit) |
| ADDERALL TABS 7.5 MG, 15 MG ( <i>amphetamine-dextroamphetamine</i> )                                   | NF        | QL(90 EA per fill retail)       |
| ADDERALL TABS 10 MG ( <i>amphetamine-dextroamphetamine</i> )                                           | NF        |                                 |
| ADDERALL TABS 5 MG, 12.5 MG, 20 MG, 30 MG ( <i>amphetamine-dextroamphetamine</i> )                     | NF        |                                 |
| <i>amphetamine-dextroamphetamine</i> CP24 5 MG, 10 MG, 15 MG, 20 MG, 25 MG, 30 MG                      | 1         | QL(2 EA daily; 90 Day(s) limit) |
| <i>amphetamine-dextroamphetamine</i> TABS 5 MG, 12.5 MG, 20 MG, 30 MG                                  | 1         |                                 |
| <i>amphetamine-dextroamphetamine</i> TABS 7.5 MG, 15 MG                                                | 1         | QL(90 EA per fill retail)       |
| <i>amphetamine-dextroamphetamine</i> TABS 10 MG                                                        | 1         |                                 |
| DESOXYN ( <i>methamphetamine hcl</i> )                                                                 | NF        | PA                              |

| Drug Name                                                        | Drug Tier | Requirements/Limits                  |
|------------------------------------------------------------------|-----------|--------------------------------------|
| DEXEDRINE CP24 10 MG, 15 MG ( <i>dextroamphetamine sulfate</i> ) | NF        |                                      |
| <i>dextroamphetamine sulfate</i> CP24                            | 1         |                                      |
| <i>dextroamphetamine sulfate</i> SOLN                            | 1         |                                      |
| <i>dextroamphetamine sulfate</i> TABS 5 MG                       | 1         |                                      |
| <i>dextroamphetamine sulfate</i> TABS 10 MG                      | 1         |                                      |
| <i>lisdexamfetamine dimesylate</i> CAPS                          | 2         | QL(1 EA daily)                       |
| <i>lisdexamfetamine dimesylate</i> CHEW                          | 1         | Limited to 1 per day; QL(1 EA daily) |
| <i>methamphetamine hcl</i>                                       | 2         | PA                                   |
| <b>Analeptics</b>                                                |           |                                      |
| <i>caffeine citrate</i> SOLN PO                                  | 1         |                                      |
| <b>Attention-Deficit/Hyperactivity Disorder (ADHD) Agents</b>    |           |                                      |
| <i>atomoxetine hcl</i> 10 MG, 18 MG, 25 MG, 40 MG                | 1         | QL(2 EA daily)                       |
| <i>atomoxetine hcl</i> 60 MG, 80 MG, 100 MG                      | 1         | QL(1 EA daily)                       |
| <i>clonidine hcl (adhd)</i> TB12                                 | 1         | QL(4 EA daily)                       |
| <i>guanfacine hcl (adhd)</i>                                     | 1         | QL(1 EA daily)                       |
| INTUNIV ( <i>guanfacine hcl (adhd)</i> )                         | NF        | QL(1 EA daily)                       |
| KAPVAY TB12 ( <i>clonidine hcl (adhd)</i> )                      | NF        | QL(4 EA daily)                       |
| STRATTERA 60 MG, 80 MG, 100 MG ( <i>atomoxetine hcl</i> )        | NF        | QL(1 EA daily)                       |
| STRATTERA 10 MG, 18 MG, 25 MG, 40 MG ( <i>atomoxetine hcl</i> )  | NF        | QL(2 EA daily)                       |
| <b>Stimulants - Misc.</b>                                        |           |                                      |
| APTENSIO XR CP24 ( <i>methylphenidate hcl</i> )                  | NF        | QL(1 EA daily)                       |

Updated January 2026

1=Preferred Generics 2=Preferred Brand/High Cost Generics 3=Non-Preferred Brand Drugs 4=High Cost Drugs 5=Preventive Drugs 7=Brand Reference Only, Generic is Available PV=Preventive Drugs AL=Age Limit PA=Prior Authorization QL=Quantity Limit ST=Step Therapy AC=Anti-Cancer LA=Limited Access SP=Specialty Drug RX/OTC=Prescription & Over-the-Counter

| Drug Name                                                                  | Drug Tier | Requirements/ Limits                                    | Drug Name                                             | Drug Tier | Requirements/ Limits                                    |
|----------------------------------------------------------------------------|-----------|---------------------------------------------------------|-------------------------------------------------------|-----------|---------------------------------------------------------|
| <b>armodafinil 150 MG, 200 MG, 250 MG</b>                                  | 1         | PA                                                      | <b>methylphenidate hcl SOLN</b>                       | 1         |                                                         |
| <b>armodafinil 50 MG</b>                                                   | 1         | PA                                                      | <b>methylphenidate hcl TABS 20 MG</b>                 | 1         | QL(3 EA daily)                                          |
| CONCERTA TBCR 18 MG ( <b>methylphenidate hcl</b> )                         | NF        | QL(1 EA daily; 90 EA per fill retail)                   | <b>methylphenidate hcl TABS 5 MG, 10 MG</b>           | 1         |                                                         |
| CONCERTA TBCR 27 MG, 36 MG ( <b>methylphenidate hcl</b> )                  | NF        | QL(1 EA daily; 90 Day(s) limit ; 90 EA per fill retail) | <b>methylphenidate hcl TB24 18 MG, 27 MG, 54 MG</b>   | 1         | QL(1 EA daily; 90 Day(s) limit)                         |
| CONCERTA TBCR 54 MG ( <b>methylphenidate hcl</b> )                         | NF        | QL(2 EA daily; 180 EA per fill retail)                  | <b>methylphenidate hcl TB24 36 MG</b>                 | 1         | QL(2 EA daily; 90 Day(s) limit)                         |
| DAYTRANA PTCH ( <b>methylphenidate</b> )                                   | NF        | QL(1 EA daily)                                          | <b>methylphenidate hcl TBCR 18 MG, 27 MG, 36 MG</b>   | 2         | QL(1 EA daily; 90 Day(s) limit ; 90 EA per fill retail) |
| <b>dexmethylphenidate hcl CP24</b>                                         | 1         | QL(1 EA daily; 90 EA per 90 day(s) retail)              | <b>methylphenidate hcl TBCR 10 MG, 20 MG</b>          | 1         | QL(1 EA daily; 90 EA per fill retail)                   |
| <b>dexmethylphenidate hcl TABS</b>                                         | 1         | QL(2 EA daily)                                          | <b>methylphenidate hcl TBCR 54 MG</b>                 | 2         | QL(2 EA daily; 180 EA per fill retail)                  |
| FOCALIN XR CP24 ( <b>dexmethylphenidate hcl</b> )                          | NF        | QL(1 EA daily; 90 EA per 90 day(s) retail)              | <b>methylphenidate hcl TBCR 18 MG, 27 MG, 36 MG</b>   | 1         | QL(1 EA daily; 90 Day(s) limit ; 90 EA per fill retail) |
| FOCALIN TABS ( <b>dexmethylphenidate hcl</b> )                             | NF        | QL(2 EA daily)                                          | <b>methylphenidate hcl TBCR 54 MG</b>                 | 1         | QL(2 EA daily; 180 EA per fill retail)                  |
| METADATE CD CPCR 10 MG, 40 MG, 50 MG, 60 MG ( <b>methylphenidate hcl</b> ) | NF        |                                                         | <b>methylphenidate hcl PTCH</b>                       | 1         | QL(1 EA daily)                                          |
| METADATE CD CPCR 20 MG, 30 MG ( <b>methylphenidate hcl</b> )               | NF        | QL(2 EA daily)                                          | <b>modafinil</b>                                      | 1         | QL(1 EA daily); ST                                      |
| METHYLIN SOLN ( <b>methylphenidate hcl</b> )                               | NF        |                                                         | NUVIGIL 150 MG, 200 MG, 250 MG ( <b>armodafinil</b> ) | NF        | PA                                                      |
| <b>methylphenidate hcl CHEW</b>                                            | 1         |                                                         | NUVIGIL 50 MG ( <b>armodafinil</b> )                  | NF        | PA                                                      |
| <b>methylphenidate hcl CP24</b>                                            | 1         | QL(1 EA daily)                                          | PROVIGIL ( <b>modafinil</b> )                         | NF        | QL(1 EA daily); ST                                      |
| <b>methylphenidate hcl CP24 60 MG</b>                                      | 1         | QL(1 EA daily; 90 EA per fill retail)                   | QUILLICHEW ER CHER 30 MG                              | 3         | QL(2 EA daily); PA                                      |
| <b>methylphenidate hcl CPCR 10 MG, 40 MG, 50 MG, 60 MG</b>                 | 1         |                                                         | QUILLICHEW ER CHER 20 MG, 40 MG                       | 3         | QL(1 EA daily); PA                                      |
| <b>methylphenidate hcl CPCR 20 MG, 30 MG</b>                               | 1         | QL(2 EA daily)                                          | QUILLIVANT XR SRER                                    | 3         | QL(12 ML daily); PA                                     |
|                                                                            |           |                                                         | RELEXXII TBCR 54 MG ( <b>methylphenidate hcl</b> )    | NF        | QL(2 EA daily; 180 EA per fill retail)                  |

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| Drug Name                                                                                   | Drug Tier | Requirements/ Limits                                                         | Drug Name                                                                                                                     | Drug Tier | Requirements/ Limits                                                          |
|---------------------------------------------------------------------------------------------|-----------|------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|-----------|-------------------------------------------------------------------------------|
| RELEXXII TBCR 27 MG, 36 MG ( <i>methylphenidate hcl</i> )                                   | NF        | QL(1 EA daily; 90 Day(s) limit ; 90 EA per fill retail)                      | XELJANZ SOLN                                                                                                                  | SP        | Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(10 ML daily); SP; PA |
| RELEXXII TBCR 18 MG ( <i>methylphenidate hcl</i> )                                          | NF        | QL(1 EA daily; 90 EA per fill retail)                                        | XELJANZ TABS                                                                                                                  | SP        | Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(2 EA daily); SP; PA  |
| RITALIN LA CP24 ( <i>methylphenidate hcl</i> )                                              | NF        | QL(1 EA daily)                                                               | Antirheumatic Antimetabolites                                                                                                 |           |                                                                               |
| RITALIN TABS 5 MG, 10 MG ( <i>methylphenidate hcl</i> )                                     | NF        |                                                                              | OTREXUP SOAJ 10 MG/0.4ML                                                                                                      | SP        | Must use AcariaHealth Specialty Rx at 1-844-538-4661;; PA                     |
| RITALIN TABS 20 MG ( <i>methylphenidate hcl</i> )                                           | NF        | QL(3 EA daily)                                                               | OTREXUP SOAJ 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                               | SP        | PA                                                                            |
| AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections                                       |           |                                                                              | RASUVO SOAJ 20 MG/0.4ML                                                                                                       | SP        | PA                                                                            |
| Aminoglycosides                                                                             |           |                                                                              | 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, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML | SP        | Must use AcariaHealth Specialty Rx at 1-844-538-4661;; PA                     |
| ARIKAYCE                                                                                    | SP        | PA                                                                           | Anti-TNF-alpha - Monoclonal Antibodies                                                                                        |           |                                                                               |
| BETHKIS NEBU ( <i>tobramycin</i> )                                                          | SP        | PA                                                                           | ADALIMUMAB-ADAZ SOAJ 40 MG/0.4ML                                                                                              | SP        | QL(0.143 ML daily); PA                                                        |
| HUMATIN                                                                                     | 2         |                                                                              | ADALIMUMAB-ADAZ SOAJ 80 MG/0.8ML                                                                                              | SP        | QL(0.072 ML daily); PA                                                        |
| KITABIS PAK (W/ NEBULIZER) NEBU 300 MG/5ML ( <i>tobramycin</i> )                            | NF        |                                                                              | ADALIMUMAB-ADAZ SOSY                                                                                                          | SP        | QL(0.143 ML daily); PA                                                        |
| <i>neomycin sulfate TABS</i>                                                                | 1         |                                                                              | HADLIMA PUSHTOUCH SOAJ                                                                                                        | SP        | QL(0.143 ML daily); PA                                                        |
| <i>streptomycin sulfate SOLR</i>                                                            | SP        | PA                                                                           | HADLIMA SOSY                                                                                                                  | SP        | QL(0.143 ML daily); PA                                                        |
| TOBI PODHALER CAPS                                                                          | SP        | PA                                                                           |                                                                                                                               |           |                                                                               |
| TOBI NEBU ( <i>tobramycin</i> )                                                             | NF        |                                                                              |                                                                                                                               |           |                                                                               |
| <i>tobramycin NEBU</i>                                                                      | SP        | PA                                                                           |                                                                                                                               |           |                                                                               |
| ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions |           |                                                                              |                                                                                                                               |           |                                                                               |
| Antirheumatic - Enzyme Inhibitors                                                           |           |                                                                              |                                                                                                                               |           |                                                                               |
| RINVOQ LQ SOLN                                                                              | SP        | QL(12 ML daily); PA                                                          |                                                                                                                               |           |                                                                               |
| RINVOQ TB24                                                                                 | SP        | QL(1 EA daily); PA                                                           |                                                                                                                               |           |                                                                               |
| XELJANZ XR TB24                                                                             | SP        | Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 EA daily); SP; PA |                                                                                                                               |           |                                                                               |

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| Drug Name                                | Drug Tier | Requirements/Limits                                                       | Drug Name                                      | Drug Tier | Requirements/Limits                                                              |
|------------------------------------------|-----------|---------------------------------------------------------------------------|------------------------------------------------|-----------|----------------------------------------------------------------------------------|
| HUMIRA (2 PEN) AJKT 40 MG/0.8ML          | SP        | Check Plan Documents for coverage; QL(0.143 EA daily); PA                 | HUMIRA-PS/UV/ADOL HS STARTER AJKT              | SP        | Check Plan Documents for coverage; QL(0.143 EA daily); PA                        |
| HUMIRA (2 PEN) AJKT 40 MG/0.4ML          | SP        | Check plan documents for coverage; QL(0.143 EA daily); PA                 | HUMIRA-PSORIASIS/UEIT STARTER AJKT             | SP        | Check plan documents for coverage; 1 package(s) per 180 day(s) retail; PA        |
| HUMIRA (2 PEN) AJKT 80 MG/0.8ML          | SP        | Check plan documents for coverage; QL(0.072 EA daily); PA                 | Gold Compounds                                 |           |                                                                                  |
| HUMIRA (2 SYRINGE) PSKT                  | SP        | Check plan documents for coverage; QL(0.143 EA daily); PA                 | AURANOFIN 3 MG                                 | SP        |                                                                                  |
| HUMIRA-CD/UC/HS STARTER AJKT 80 MG/0.8ML | SP        | Check plan documents for coverage; QL(0.072 EA daily); PA                 | RIDAURA                                        | SP        |                                                                                  |
| HUMIRA-CD/UC/HS STARTER AJKT 40 MG/0.8ML | SP        | Check Plan Documents for coverage; QL(0.143 EA daily); PA                 | Interleukin-1 Blockers                         |           |                                                                                  |
| HUMIRA-PED<40KG CROHNS STARTER PSKT      | SP        | Check plan documents for coverage; 1 package(s) per 180 day(s) retail; PA | ARCALYST                                       | SP        | PA;ST; Must Use AcariaHealth Specialty Rx at 1-844-538-4661; PA                  |
| HUMIRA-PED>=40KG CROHNS START PSKT       | SP        | Check plan documents for coverage; 1 package(s) per 180 day(s) retail; PA | Interleukin-6 Receptor Inhibitors              |           |                                                                                  |
| HUMIRA-PED>=40KG UC STARTER AJKT         | SP        | Check plan documents for coverage; QL(0.072 EA daily); PA                 | KEVZARA SOAJ                                   | SP        | ST; Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.082 ML daily); PA |
|                                          |           |                                                                           | KEVZARA SOSY                                   | SP        | ST; Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.082 ML daily); PA |
|                                          |           |                                                                           | Nonsteroidal Anti-inflammatory Agents (NSAIDs) |           |                                                                                  |
|                                          |           |                                                                           | (Flurbiprofen) LURBIPR TABS 100 MG             | 1         |                                                                                  |
|                                          |           |                                                                           | (Ibuprofen) IBU TABS 400 MG, 600 MG, 800 MG    | 1         |                                                                                  |
|                                          |           |                                                                           | (Indomethacin) INDOCIN SUPP                    | SP        |                                                                                  |
|                                          |           |                                                                           | ANAPROX DS TABS ( <i>naproxen sodium</i> )     | NF        |                                                                                  |

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| Drug Name                                     | Drug Tier | Requirements/ Limits      | Drug Name                                     | Drug Tier | Requirements/ Limits                    |
|-----------------------------------------------|-----------|---------------------------|-----------------------------------------------|-----------|-----------------------------------------|
| ARTHROTEC TBEC<br>(diclofenac w/ misoprostol) | NF        |                           | LURBIRO TABS 100 MG<br>(flurbiprofen)         | NF        |                                         |
| CELEBREX 50 MG, 100 MG, 200 MG (celecoxib)    | NF        | QL(2 EA daily)            | meclofenamate sodium CAPS                     | 1         |                                         |
| CELEBREX 400 MG (celecoxib)                   | NF        | QL(2 EA daily); PA        | mefenamic acid CAPS                           | 1         |                                         |
| celecoxib 400 MG                              | 1         | QL(2 EA daily); PA        | meloxicam TABS 15 MG                          | 1         | QL(1 EA daily)                          |
| celecoxib 50 MG, 100 MG, 200 MG               | 1         | QL(2 EA daily)            | meloxicam TABS 7.5 MG                         | 1         | QL(2 EA daily)                          |
| DAYPRO TABS (oxaprozin)                       | NF        |                           | nabumetone 500 MG                             | 1         | QL(4 EA daily)                          |
| diclofenac potassium TABS 50 MG               | 1         |                           | nabumetone 750 MG                             | 1         | QL(3 EA daily)                          |
| diclofenac sodium TB24                        | 1         |                           | NAPROSYN SUSP (naproxen)                      | NF        |                                         |
| diclofenac sodium TBEC                        | 1         |                           | NAPROSYN TABS 500 MG (naproxen)               | NF        |                                         |
| diclofenac w/ misoprostol TBEC                | 1         |                           | naproxen sodium TABS 275 MG, 550 MG           | 1         |                                         |
| etodolac CAPS                                 | 1         |                           | naproxen SUSP                                 | 1         |                                         |
| etodolac TABS                                 | 1         |                           | naproxen TABS                                 | 1         |                                         |
| etodolac TB24                                 | 1         | QL(2 EA daily)            | oxaprozin TABS                                | 1         |                                         |
| FELDENE CAPS 20 MG (piroxicam)                | NF        | QL(1 EA daily)            | piroxicam CAPS 10 MG                          | 1         |                                         |
| FELDENE CAPS 10 MG (piroxicam)                | NF        |                           | piroxicam CAPS 20 MG                          | 1         | QL(1 EA daily)                          |
| flurbiprofen TABS                             | 1         |                           | sulindac TABS 200 MG                          | 1         |                                         |
| ibuprofen TABS 400 MG, 600 MG, 800 MG         | 1         |                           | sulindac TABS 150 MG                          | 1         | QL(2 EA daily)                          |
| INDOCIN SUSP (indomethacin)                   | NF        |                           | Phosphodiesterase 4 (PDE4) Inhibitors         |           |                                         |
| indomethacin CAPS 25 MG, 50 MG                | 1         |                           | OTEZLA TABS                                   | SP        | QL(2 EA daily); SP; PA                  |
| indomethacin CPCR                             | 1         |                           | OTEZLA TBPk                                   | SP        | QL(2 EA daily); SP; PA                  |
| indomethacin SUPP                             | SP        |                           | OTEZLA TBPk                                   | SP        | QL(55 EA per 365 day(s) retail); SP; PA |
| indomethacin SUSP                             | 2         |                           | Pyrimidine Synthesis Inhibitors               |           |                                         |
| ketoprofen CP24                               | 1         |                           | ARAVA 10 MG (leflunomide)                     | NF        | QL(2 EA daily)                          |
| ketorolac tromethamine TABS                   | 1         | QL(20 EA per fill retail) | ARAVA 20 MG (leflunomide)                     | NF        | QL(1 EA daily)                          |
| LODINE TABS (etodolac)                        | NF        |                           | leflunomide 10 MG                             | 1         | QL(2 EA daily)                          |
|                                               |           |                           | leflunomide 20 MG                             | 1         | QL(1 EA daily)                          |
|                                               |           |                           | Soluble Tumor Necrosis Factor Receptor Agents |           |                                         |

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| Drug Name                                                                   | Drug Tier | Requirements/ Limits                                                             | Drug Name                                                                                  | Drug Tier | Requirements/ Limits |
|-----------------------------------------------------------------------------|-----------|----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------|----------------------|
| ENBREL MINI SOCT                                                            | SP        | Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.15 ML daily); PA      | (Butalbital-Acetaminophen-Caffeine) BAC (BUTALBITAL-ACETAMIN-CAFF) TABS 40 MG-50 MG-325 MG | 1         |                      |
| ENBREL SURECLICK SOAJ                                                       | SP        | Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(10 ML daily); SP; PA    | (Butalbital-Acetaminophen-Caffeine) ESGIC, ZEBUTAL CAPS 40 MG-50 MG-325 MG                 | 1         |                      |
| ENBREL SOLN                                                                 | SP        | Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.143 ML daily); SP; PA | <i>butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-300 MG, 40 MG-50 MG-325 MG</i>       | 1         |                      |
| ENBREL SOSY 25 MG/0.5ML                                                     | SP        | Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.146 ML daily); SP; PA | <i>butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG</i>                           | 1         |                      |
| ENBREL SOSY 50 MG/ML                                                        | SP        | Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.286 ML daily); SP; PA | <i>butalbital-acetaminophen CAPS 50 MG-300 MG</i>                                          | 2         |                      |
|                                                                             |           |                                                                                  | <i>butalbital-acetaminophen TABS 50 MG-300 MG</i>                                          | 2         |                      |
|                                                                             |           |                                                                                  | <i>butalbital-acetaminophen TABS 50 MG-325 MG</i>                                          | 1         |                      |
|                                                                             |           |                                                                                  | <i>butalbital-aspirin-caffeine CAPS</i>                                                    | 1         |                      |
|                                                                             |           |                                                                                  | ESGIC TABS ( <i>butalbital-acetaminophen-caffeine</i> )                                    | NF        |                      |
|                                                                             |           |                                                                                  | FIORICET CAPS ( <i>butalbital-acetaminophen-caffeine</i> )                                 | NF        |                      |
| ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions |           |                                                                                  | Salicylates                                                                                |           |                      |

## ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions

| Analgesic Combinations                              |   |  |
|-----------------------------------------------------|---|--|
| (Butalbital-Acetaminophen) BUPAP TABS 50 MG-300 MG  | 2 |  |
| (Butalbital-Acetaminophen) TENCON TABS 50 MG-325 MG | 1 |  |

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| Drug Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Drug Tier | Requirements/ Limits | Drug Name                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Drug Tier | Requirements/ Limits                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------------------------------|
| (Aspirin) ADULT ASPIRIN REGIMEN, ASPIRIN 81, ASPIRIN ADULT LOW DOSE, ASPIRIN ADULT LOW STRENGTH, ASPIRIN EC ADULT LOW DOSE, ASPIRIN EC LOW DOSE, ASPIRIN EC LOW STRENGTH, ASPIRIN LOW DOSE, ASPIRIN REGIMEN, BAYER ASPIRIN EC LOW DOSE, BAYER LOW DOSE, CVS ASPIRIN ADULT LOW STRENGTH, CVS ASPIRIN EC, CVS ASPIRIN LOW DOSE, CVS ASPIRIN LOW STRENGTH, ECOTRIN LOW STRENGTH, EQ ASPIRIN ADULT LOW DOSE, EQ ASPIRIN LOW DOSE, EQL ASPIRIN LOW DOSE, FT ASPIRIN LOW DOSE, GNP ASPIRIN, GNP ASPIRIN LOW DOSE, GOODSENSE ASPIRIN LOW DOSE, H-E-B ASPIRIN, HM ASPIRIN EC LOW DOSE, KLS ASPIRIN LOW DOSE, KP ASPIRIN, MM ASPIRIN, PX ENTERIC ASPIRIN, QC ASPIRIN LOW DOSE, RA ASPIRIN EC, RA ASPIRIN EC ADULT LOW ST, SB LOW DOSE ASA EC, SM ASPIRIN ADULT LOW STRENGTH, SM ASPIRIN EC LOW STRENGTH, SM ASPIRIN LOW DOSE, ST JOSEPH ASPIRIN, ST JOSEPH LOW DOSE TBEC 81 MG | PV        | PV                   | (Aspirin) ASPIRIN 81, ASPIRIN CHILDRENS, ASPIRIN LOW DOSE, BAYER LOW DOSE, CHILDRENS ASPIRIN, CVS ASPIRIN ADULT LOW DOSE, EQ ASPIRIN LOW DOSE, EQL ASPIRIN LOW DOSE, FT ASPIRIN, GNP ADULT ASPIRIN LOW STRENGTH, GOODSENSE ASPIRIN, PX ASPIRIN, QC ASPIRIN LOW DOSE, QC CHILDRENS ASPIRIN, RA ASPIRIN ADULT LOW DOSE, RA ASPIRIN ADULT LOW STRENGTH, RA ASPIRIN CHILDRENS, SB CHILDRENS ASPIRIN, SM ASPIRIN LOW DOSE, SM CHILDRENS ASPIRIN, ST JOSEPH LOW DOSE CHEW | PV        | PV                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |           |                      | <i>aspirin CHEW</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                 | PV        | PV                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |           |                      | <i>aspirin TBEC 81 MG</i>                                                                                                                                                                                                                                                                                                                                                                                                                                           | PV        | PV                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |           |                      | <i>diflunisal TABS</i>                                                                                                                                                                                                                                                                                                                                                                                                                                              | 1         |                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |           |                      | <i>salsalate</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 1         |                                       |
| <b>ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |           |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |           |                                       |
| <b>Opioid Agonists</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |           |                                       |
| (Methadone Hcl) METHADONE HCL INTENSOL CONC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |           |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 1         |                                       |
| (Methadone Hcl) METHADOSE TBSO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |           |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 1         |                                       |
| ACTIQ LPOP 400 MCG ( <i>fentanyl citrate</i> )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |           |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | NF        | PA                                    |
| <i>codeine sulfate TABS</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |           |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 1         | First fill opioids limited to 7 days. |
| CONZIP CP24 ( <i>tramadol hcl</i> )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |           |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 3         |                                       |

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| Drug Name                                                                   | Drug Tier | Requirements/ Limits                         | Drug Name                                                                     | Drug Tier | Requirements/ Limits                                  |
|-----------------------------------------------------------------------------|-----------|----------------------------------------------|-------------------------------------------------------------------------------|-----------|-------------------------------------------------------|
| DILAUDID LIQD<br>(hydromorphone hcl)                                        | NF        | First fill opioids limited to 7 days.        | METHADOSE SUGAR-FREE CONC (methadone hcl)                                     | NF        |                                                       |
| DILAUDID TABS<br>(hydromorphone hcl)                                        | NF        | First fill opioids limited to 7 days.        | METHADOSE CONC (methadone hcl)                                                | NF        |                                                       |
| <i>fentanyl citrate LPOP 1600 MCG</i>                                       | 2         | QL(4 EA daily); PA                           | <i>morphine sulfate beads</i>                                                 | 2         | QL(1 EA daily)                                        |
| <i>fentanyl citrate LPOP 200 MCG, 400 MCG, 600 MCG, 800 MCG, 1200 MCG</i>   | 2         | PA                                           | <i>morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG</i> | 1         | QL(2 EA daily)                                        |
| <i>fentanyl PT72 37.5 MCG/HR, 62.5 MCG/HR, 87.5 MCG/HR</i>                  | 1         | Limit 15 patches per month; QL(0.5 EA daily) | <i>morphine sulfate SOLN PO 10 MG/5ML, 20 MG/5ML</i>                          | 1         | First fill opioids limited to 7 days.                 |
| <i>fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR</i> | 1         | Limit 15 per month; QL(0.5 EA daily)         | <i>morphine sulfate SOLN PO 20 MG/ML, 100 MG/5ML</i>                          | 1         | Not available through mail order                      |
| <i>hydromorphone hcl LIQD</i>                                               | 1         | First fill opioids limited to 7 days.        | <i>morphine sulfate SUPP</i>                                                  | 2         | First fill opioids limited to 7 days.                 |
| <i>hydromorphone hcl TABS</i>                                               | 1         | First fill opioids limited to 7 days.        | <i>morphine sulfate TABS 30 MG</i>                                            | 1         |                                                       |
| <i>hydromorphone hcl TB24 8 MG, 12 MG, 16 MG</i>                            | 1         | QL(4 EA daily)                               | <i>morphine sulfate TABS 15 MG</i>                                            | 1         | First fill opioids limited to 7 days.                 |
| <i>hydromorphone hcl TB24 32 MG</i>                                         | 1         | QL(2 EA daily)                               | <i>morphine sulfate TBCR</i>                                                  | 1         | QL(3 EA daily)                                        |
| <i>levorphanol tartrate TABS 2 MG</i>                                       | SP        | First fill opioids limited to 7 days.; PA    | MS CONTIN TBCR (morphine sulfate)                                             | NF        | QL(3 EA daily)                                        |
| <i>levorphanol tartrate TABS 3 MG</i>                                       | SP        | PA                                           | OXAYDO TABS 5 MG                                                              | 2         | First fill opioids limited to 7 days.                 |
| <i>meperidine hcl SOLN PO 50 MG/5ML</i>                                     | 1         | First fill opioids limited to 7 days.        | OXAYDO TABS 7.5 MG                                                            | 3         | First fill opioids limited to 7 days.; QL(4 EA daily) |
| <i>meperidine hcl TABS 50 MG</i>                                            | 1         | First fill opioids limited to 7 days.        | <i>oxycodone hcl CAPS</i>                                                     | 1         | First fill opioids limited to 7 days.                 |
| <i>methadone hcl CONC</i>                                                   | 1         |                                              | <i>oxycodone hcl CONC 100 MG/5ML</i>                                          | 1         | First fill opioids limited to 7 days.                 |
| <i>methadone hcl SOLN PO</i>                                                | 1         |                                              | <i>oxycodone hcl SOLN</i>                                                     | 1         | First fill opioids limited to 7 days.                 |
| <i>methadone hcl TABS</i>                                                   | 1         | QL(12 EA daily)                              | <i>oxycodone hcl TABS 30 MG</i>                                               | 1         | First fill opioids limited to 7 days.; QL(4 EA daily) |
| <i>methadone hcl TBSO</i>                                                   | 1         |                                              |                                                                               |           |                                                       |

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| Drug Name                                                      | Drug Tier | Requirements/ Limits                                  | Drug Name                                                                                                   | Drug Tier | Requirements/ Limits                                  |
|----------------------------------------------------------------|-----------|-------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|-----------|-------------------------------------------------------|
| <b>oxycodone hcl TABS 5 MG, 10 MG, 15 MG, 20 MG</b>            | 1         | First fill opioids limited to 7 days.                 | (Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-10 MG, 325 MG-7.5 MG                                       | 1         | First fill opioids limited to 7 days.; QL(4 EA daily) |
| <b>oxymorphone hcl TABS 10 MG</b>                              | 2         | First fill opioids limited to 7 days.; QL(8 EA daily) | <b>acetaminophen w/ codeine SOLN</b>                                                                        | 1         | First fill opioids limited to 7 days.                 |
| <b>oxymorphone hcl TABS 5 MG</b>                               | 2         | First fill opioids limited to 7 days.                 | <b>acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG</b>                                             | 1         | First fill opioids limited to 7 days.                 |
| <b>oxymorphone hcl TB12</b>                                    | 2         | QL(2 EA daily)                                        | <b>acetaminophen w/ codeine TABS 60 MG-300 MG</b>                                                           | 1         | First fill opioids limited to 7 days.; QL(6 EA daily) |
| <b>ROXICODONE TABS 15 MG (oxycodone hcl)</b>                   | NF        | First fill opioids limited to 7 days.                 | <b>butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-300 MG</b>                                | 1         | First fill opioids limited to 7 days.; PA             |
| <b>ROXICODONE TABS 30 MG (oxycodone hcl)</b>                   | NF        | First fill opioids limited to 7 days.; QL(4 EA daily) | <b>butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-325 MG</b>                                | 1         | First fill opioids limited to 7 days.                 |
| <b>tramadol hcl CP24 100 MG, 200 MG, 300 MG</b>                | 1         |                                                       | <b>butalbital-aspirin-caffeine w/cod</b>                                                                    | 1         | First fill opioids limited to 7 days.                 |
| <b>tramadol hcl TABS 100 MG</b>                                | 1         |                                                       | <b>FIORICET/CODEINE 30 MG-40 MG-50 MG-300 MG (butalbital-acetaminophen-caffeine w/ codeine)</b>             | NF        | First fill opioids limited to 7 days.; PA             |
| <b>tramadol hcl TABS 50 MG</b>                                 | 1         | First fill opioids limited to 7 days.; QL(8 EA daily) | <b>hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML</b> | 1         | First fill opioids limited to 7 days.                 |
| <b>tramadol hcl TB24 100 MG</b>                                | 1         | QL(3 EA daily)                                        | <b>hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG</b>                                             | 1         | First fill opioids limited to 7 days.                 |
| <b>tramadol hcl TB24</b>                                       | 1         |                                                       | <b>hydrocodone-acetaminophen TABS 300 MG-7.5 MG</b>                                                         | 1         | First fill opioids limited to 7 days.; QL(6 EA daily) |
| <b>tramadol hcl TB24 200 MG</b>                                | 1         | QL(1 EA daily)                                        |                                                                                                             |           |                                                       |
| <b>Opioid Combinations</b>                                     |           |                                                       |                                                                                                             |           |                                                       |
| <b>(Butalbital-Aspirin-Caffeine W/Cod) ASCOMP-CODEINE</b>      | 1         | First fill opioids limited to 7 days.                 |                                                                                                             |           |                                                       |
| <b>(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-5 MG</b>   | 1         | First fill opioids limited to 7 days.; QL(6 EA daily) |                                                                                                             |           |                                                       |
| <b>(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-2.5 MG</b> | 1         | First fill opioids limited to 7 days.                 |                                                                                                             |           |                                                       |

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| Drug Name                                                                       | Drug Tier | Requirements/ Limits                                              | Drug Name                                                                                              | Drug Tier | Requirements/ Limits                                  |
|---------------------------------------------------------------------------------|-----------|-------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|-----------|-------------------------------------------------------|
| <i>hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG</i>  | 1         | First fill opioids limited to 7 days.; QL(240 EA per fill retail) | <i>tramadol-acetaminophen</i>                                                                          | 1         | First fill opioids limited to 7 days.; QL(8 EA daily) |
| <i>hydrocodone-ibuprofen 5 MG-200 MG</i>                                        | 2         | First fill opioids limited to 7 days.                             | Opioid Partial Agonists                                                                                |           |                                                       |
| <i>hydrocodone-ibuprofen 10 MG-200 MG, 7.5 MG-200 MG</i>                        | 1         | First fill opioids limited to 7 days.                             | <i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG</i>                                     | 1         | QL(2 EA daily)                                        |
| NALOCET TABS                                                                    | 3         |                                                                   | <i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG</i>              | 1         | QL(3 EA daily)                                        |
| <i>oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-7.5 MG</i>              | 1         | First fill opioids limited to 7 days.; QL(4 EA daily)             | <i>buprenorphine hcl-naloxone hcl dihydrate SUBL</i>                                                   | 1         |                                                       |
| <i>oxycodone w/ acetaminophen TABS 325 MG-2.5 MG</i>                            | 1         | First fill opioids limited to 7 days.                             | <i>buprenorphine hcl SUBL 8 MG</i>                                                                     | 1         | QL(4 EA daily)                                        |
| <i>oxycodone w/ acetaminophen TABS 325 MG-5 MG</i>                              | 1         | First fill opioids limited to 7 days.; QL(6 EA daily)             | <i>buprenorphine hcl SUBL 2 MG</i>                                                                     | 1         | QL(3 EA daily)                                        |
| OXYCODONE-ACETAMINOPHEN TABS 300 MG-2.5 MG                                      | 3         |                                                                   | <i>buprenorphine PTWK 5 MCG/HR, 10 MCG/HR, 15 MCG/HR, 20 MCG/HR</i>                                    | 2         | QL(4 EA per 28 day(s) retail)                         |
| OXYCODONE-ACETAMINOPHEN TABS 300 MG-10 MG, 300 MG-5 MG, 300 MG-7.5 MG           | 3         | First fill opioids limited to 7 days.                             | <i>buprenorphine PTWK 7.5 MCG/HR</i>                                                                   | 2         | QL(4 EA per 28 day(s) retail)                         |
| PERCOCET TABS 325 MG-5 MG ( <i>oxycodone w/ acetaminophen</i> )                 | NF        | First fill opioids limited to 7 days.; QL(6 EA daily)             | <i>butorphanol tartrate NA 10 MG/ML</i>                                                                | 1         | Limit 7.5mls per month; QL(0.25 ML daily)             |
| PERCOCET TABS 325 MG-10 MG, 325 MG-7.5 MG ( <i>oxycodone w/ acetaminophen</i> ) | NF        | First fill opioids limited to 7 days.; QL(4 EA daily)             | BUTRANS PTWK 5 MCG/HR, 10 MCG/HR, 15 MCG/HR, 20 MCG/HR ( <i>buprenorphine</i> )                        | NF        | QL(4 EA per 28 day(s) retail)                         |
| PERCOCET TABS 325 MG-2.5 MG ( <i>oxycodone w/ acetaminophen</i> )               | NF        | First fill opioids limited to 7 days.                             | BUTRANS PTWK 7.5 MCG/HR ( <i>buprenorphine</i> )                                                       | NF        | QL(4 EA per 28 day(s) retail)                         |
| PROLATE TABS                                                                    | 3         | First fill opioids limited to 7 days.                             | <i>pentazocine w/ naloxone hcl</i>                                                                     | 1         |                                                       |
|                                                                                 |           |                                                                   | SUBLOCADE SOSY                                                                                         | SP        | Covered under Medical Benefit; PA                     |
|                                                                                 |           |                                                                   | SUBOXONE FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG ( <i>buprenorphine hcl-naloxone hcl dihydrate</i> ) | NF        | QL(3 EA daily)                                        |

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| Drug Name                                                                                | Drug Tier | Requirements/ Limits                          |
|------------------------------------------------------------------------------------------|-----------|-----------------------------------------------|
| SUBOXONE FILM SL 3 MG-12 MG<br>( <i>buprenorphine hcl-naloxone hcl dihydrate</i> )       | NF        | QL(2 EA daily)                                |
| <b>ANDROGENS-ANABOLIC - Drugs to Regulate Hormones</b>                                   |           |                                               |
| <b>Androgens</b>                                                                         |           |                                               |
| (Methyltestosterone)<br>METHITEST TABS                                                   | SP        |                                               |
| (Testosterone Cypionate)<br>DEPO-TESTOSTERONE SOLN IM                                    | 1         | QL(10 ML daily)                               |
| ANDROGEL PUMP GEL TD ( <i>testosterone</i> )                                             | NF        | Limited to 300 gms per month; QL(10 GM daily) |
| <i>danazol CAPS</i>                                                                      | 1         |                                               |
| FORTESTA GEL TD ( <i>testosterone</i> )                                                  | NF        | QL(4 GM daily)                                |
| <i>methyltestosterone CAPS</i>                                                           | 1         |                                               |
| TESTIM GEL TD ( <i>testosterone</i> )                                                    | 3         | QL(10 GM daily); PA                           |
| <i>testosterone cypionate SOLN IM</i>                                                    | 1         | QL(10 ML daily)                               |
| <i>testosterone enanthate SOLN IM</i>                                                    | 1         |                                               |
| <i>testosterone GEL TD 1 %</i>                                                           | 1         | QL(10 GM daily)                               |
| <i>testosterone GEL TD</i>                                                               | 1         | Limited to 300 gms per month; QL(10 GM daily) |
| <i>testosterone GEL TD 10 MG/ACT</i>                                                     | 1         | QL(4 GM daily)                                |
| <i>testosterone SOLN</i>                                                                 | 1         | QL(6 ML daily)                                |
| VOGELXO PUMP GEL TD ( <i>testosterone</i> )                                              | NF        | QL(10 GM daily)                               |
| VOGELXO GEL TD ( <i>testosterone</i> )                                                   | NF        | QL(10 GM daily)                               |
| <b>ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching</b> |           |                                               |
| <b>Intrarectal Steroids</b>                                                              |           |                                               |

| Drug Name                                                                        | Drug Tier | Requirements/ Limits                      |
|----------------------------------------------------------------------------------|-----------|-------------------------------------------|
| <i>budesonide (intrarectal)</i>                                                  | 2         | PA                                        |
| CORTENEMA ( <i>hydrocortisone (intrarectal)</i> )                                | NF        | QL(60 ML daily)                           |
| CORTIFOAM EX 10 %                                                                | 2         |                                           |
| <i>hydrocortisone (intrarectal)</i>                                              | 1         | QL(60 ML daily)                           |
| UCERIS ( <i>budesonide (intrarectal)</i> )                                       | NF        | PA                                        |
| <b>Rectal Combinations</b>                                                       |           |                                           |
| ANALPRAM HC LOTN EX                                                              | 3         |                                           |
| ANALPRAM-HC LOTN EX                                                              | 3         |                                           |
| PROCTOFOAM HC FOAM EX                                                            | 2         |                                           |
| <b>Rectal Steroids</b>                                                           |           |                                           |
| (Hydrocortisone (Rectal))<br>PROCTO-MED HC, PROCTOSOL HC, PROCTOZONE-HC EX 2.5 % | 1         |                                           |
| ANUSOL-HC EX ( <i>hydrocortisone (rectal)</i> )                                  | NF        |                                           |
| <i>hydrocortisone (rectal) EX 2.5 %</i>                                          | 1         |                                           |
| <b>Vasodilating Agents</b>                                                       |           |                                           |
| <i>nitroglycerin (intra-anal)</i>                                                | 2         |                                           |
| RECTIV ( <i>nitroglycerin (intra-anal)</i> )                                     | NF        |                                           |
| <b>ANTHELMINTICS - Drugs to Treat Worm Infections</b>                            |           |                                           |
| <b>Anthelmintics</b>                                                             |           |                                           |
| <i>albendazole</i>                                                               | SP        |                                           |
| BENZNIDAZOLE                                                                     | 2         | AL(At least 2 yrs old - Up to 12 yrs old) |
| BILTRICIDE ( <i>praziquantel</i> )                                               | NF        |                                           |
| <i>ivermectin</i>                                                                | 1         |                                           |
| <i>praziquantel</i>                                                              | 2         |                                           |

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| Drug Name                                                  | Drug Tier | Requirements/ Limits |
|------------------------------------------------------------|-----------|----------------------|
| STROMEKTOL<br>(ivermectin)                                 | NF        |                      |
| <b>ANTIANGINAL AGENTS - Drugs to Treat Chest Pain</b>      |           |                      |
| Antianginals-Other                                         |           |                      |
| <i>ranolazine TB12 500 MG</i>                              | 1         | QL(4 EA daily)       |
| <i>ranolazine TB12 1000 MG</i>                             | 1         |                      |
| Nitrates                                                   |           |                      |
| ISORDIL TITRADOSE<br>TABS ( <i>isosorbide dinitrate</i> )  | NF        |                      |
| <i>isosorbide dinitrate TABS 5 MG, 10 MG, 20 MG, 30 MG</i> | 1         |                      |
| <i>isosorbide dinitrate TABS 40 MG</i>                     | 2         |                      |
| <i>isosorbide mononitrate TABS</i>                         | 1         |                      |
| ISOSORBIDE<br>MONONITRATE TABS                             | 2         |                      |
| <i>isosorbide mononitrate TB24</i>                         | 1         |                      |
| NITRO-BID OINT                                             | 2         |                      |
| NITRO-DUR PT24<br>( <i>nitroglycerin</i> )                 | NF        | QL(1 EA daily)       |
| NITRO-DUR PT24                                             | 2         | QL(1 EA daily)       |
| <i>nitroglycerin PT24</i>                                  | 1         | QL(1 EA daily)       |
| <i>nitroglycerin SOLN TL 0.4 MG/SPRAY</i>                  | 1         |                      |
| <i>nitroglycerin SUBL</i>                                  | 1         |                      |
| NITROLINGUAL SOLN TL<br>( <i>nitroglycerin</i> )           | NF        |                      |
| NITROSTAT SUBL<br>( <i>nitroglycerin</i> )                 | NF        |                      |
| <b>ANTIANXIETY AGENTS - Drugs to Treat Anxiety</b>         |           |                      |
| Antianxiety Agents - Misc.                                 |           |                      |
| <i>buspirone hcl</i>                                       | 1         |                      |
| <i>hydroxyzine hcl SOLN 50 MG/ML</i>                       | SP        | PA                   |

| Drug Name                                       | Drug Tier | Requirements/ Limits |
|-------------------------------------------------|-----------|----------------------|
| <i>hydroxyzine hcl SYRP</i>                     | 1         |                      |
| <i>hydroxyzine hcl TABS</i>                     | 1         |                      |
| <i>hydroxyzine pamoate CAPS</i>                 | 1         |                      |
| VISTARIL CAPS<br>( <i>hydroxyzine pamoate</i> ) | NF        |                      |
| Benzodiazepines                                 |           |                      |
| (Alprazolam)<br>ALPRAZOLAM XR TB24              | 1         |                      |
| (Diazepam) DIAZEPAM<br>INTENSOL CONC            | 1         |                      |
| (Lorazepam)<br>LORAZEPAM INTENSOL<br>CONC       | 1         |                      |
| ALPRAZOLAM<br>INTENSOL CONC                     | 3         |                      |
| <i>alprazolam TABS</i>                          | 1         |                      |
| <i>alprazolam TB24</i>                          | 1         |                      |
| <i>alprazolam TBDP</i>                          | 2         |                      |
| ATIVAN TABS<br>( <i>lorazepam</i> )             | NF        |                      |
| <i>chlordiazepoxide hcl CAPS</i>                | 1         |                      |
| <i>clorazepate dipotassium TABS</i>             | 1         |                      |
| <i>diazepam CONC</i>                            | 1         |                      |
| <i>diazepam SOLN PO 5 MG/5ML</i>                | 1         |                      |
| <i>diazepam TABS 10 MG</i>                      | 1         | QL(4 EA daily)       |
| <i>diazepam TABS 2 MG, 5 MG</i>                 | 1         |                      |
| <i>lorazepam CONC</i>                           | 1         |                      |
| <i>lorazepam TABS</i>                           | 1         |                      |
| <i>oxazepam CAPS 10 MG, 15 MG</i>               | 1         |                      |
| <i>oxazepam CAPS 30 MG</i>                      | 1         | QL(2 EA daily)       |
| VALIUM TABS 2 MG, 5<br>MG ( <i>diazepam</i> )   | NF        |                      |
| VALIUM TABS 10 MG<br>( <i>diazepam</i> )        | NF        | QL(4 EA daily)       |

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| Drug Name                                                                       | Drug Tier | Requirements/ Limits |
|---------------------------------------------------------------------------------|-----------|----------------------|
| XANAX XR TB24<br>( <i>alprazolam</i> )                                          | NF        |                      |
| XANAX TABS<br>( <i>alprazolam</i> )                                             | NF        |                      |
| <b>ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms</b>                  |           |                      |
| Antiarrhythmics Type I-A                                                        |           |                      |
| <i>disopyramide phosphate CAPS</i>                                              | 2         |                      |
| NORPACE CR CP12                                                                 | 3         |                      |
| NORPACE CAPS<br>( <i>disopyramide phosphate</i> )                               | NF        |                      |
| <i>quinidine gluconate TBCR</i>                                                 | 2         |                      |
| Antiarrhythmics Type I-B                                                        |           |                      |
| <i>mexiletine hcl</i>                                                           | 1         |                      |
| Antiarrhythmics Type I-C                                                        |           |                      |
| <i>flecainide acetate</i>                                                       | 1         |                      |
| <i>propafenone hcl CP12</i>                                                     | 2         |                      |
| <i>propafenone hcl TABS 150 MG</i>                                              | 1         | QL(6 EA daily)       |
| <i>propafenone hcl TABS 225 MG, 300 MG</i>                                      | 1         | QL(3 EA daily)       |
| RYTHMOL SR CP12<br>( <i>propafenone hcl</i> )                                   | NF        |                      |
| Antiarrhythmics Type III                                                        |           |                      |
| (Amiodarone Hcl)<br>PACERONE TABS                                               | 1         |                      |
| <i>amiodarone hcl TABS</i>                                                      | 1         |                      |
| <i>dofetilide</i>                                                               | 2         |                      |
| TIKOSYN ( <i>dofetilide</i> )                                                   | NF        |                      |
| <b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions</b> |           |                      |
| Antiasthmatic - Monoclonal Antibodies                                           |           |                      |

| Drug Name                                                         | Drug Tier | Requirements/ Limits                                                         |
|-------------------------------------------------------------------|-----------|------------------------------------------------------------------------------|
| FASENRA PEN SOAJ                                                  | SP        | Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.036 ML daily); PA |
| FASENRA SOSY 10 MG/0.5ML                                          | SP        | Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.018 ML daily); PA |
| FASENRA SOSY 30 MG/ML                                             | SP        | Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.036 ML daily); PA |
| Anti-Inflammatory Agents                                          |           |                                                                              |
| <i>cromolyn sodium NEBU</i>                                       | 2         |                                                                              |
| Bronchodilators - Anticholinergics                                |           |                                                                              |
| ATROVENT HFA                                                      | 2         | Limit 2 inhalers per month; QL(0.86 GM daily)                                |
| INCRUSE ELLIPTA                                                   | 2         | QL(1 EA daily)                                                               |
| <i>ipratropium bromide SOLN 0.02 %</i>                            | 1         |                                                                              |
| SPIRIVA HANDIHALER CAPS ( <i>tiotropium bromide monohydrate</i> ) | NF        | QL(1 EA daily)                                                               |
| SPIRIVA RESPIMAT AERS 2.5 MCG/ACT                                 | 2         | Limit 1 inhaler per month; QL(0.14 GM daily)                                 |
| SPIRIVA RESPIMAT AERS 1.25 MCG/ACT                                | 2         | Limit 1 inhaler per month; QL(0.143 GM daily)                                |
| <i>tiotropium bromide monohydrate CAPS</i>                        | 2         | QL(1 EA daily)                                                               |
| Leukotriene Modulators                                            |           |                                                                              |
| ACCOLATE 10 MG<br>( <i>zafirlukast</i> )                          | NF        |                                                                              |

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| Drug Name                                                                            | Drug Tier | Requirements/ Limits                      | Drug Name                                                                      | Drug Tier | Requirements/ Limits                                                 |
|--------------------------------------------------------------------------------------|-----------|-------------------------------------------|--------------------------------------------------------------------------------|-----------|----------------------------------------------------------------------|
| ACCOLATE 20 MG ( <i>zafirlukast</i> )                                                | NF        | QL(2 EA daily)                            | FLOVENT DISKUS AEPB 250 MCG/ACT ( <i>fluticasone propionate (inhalation)</i> ) | NF        | QL(8 EA daily)                                                       |
| <i>montelukast sodium CHEW</i>                                                       | 1         | QL(1 EA daily)                            | FLOVENT DISKUS AEPB 50 MCG/ACT ( <i>fluticasone propionate (inhalation)</i> )  | NF        | QL(40 EA daily)                                                      |
| <i>montelukast sodium PACK</i>                                                       | 1         | QL(1 EA daily)                            | FLOVENT HFA 44 MCG/ACT ( <i>fluticasone propionate hfa</i> )                   | NF        | QL(0.36 GM daily)                                                    |
| <i>montelukast sodium TABS</i>                                                       | 1         | QL(1 EA daily)                            | FLOVENT HFA 110 MCG/ACT, 220 MCG/ACT ( <i>fluticasone propionate hfa</i> )     | NF        | QL(0.8 GM daily)                                                     |
| SINGULAIR CHEW ( <i>montelukast sodium</i> )                                         | NF        | QL(1 EA daily)                            | <i>fluticasone furoate (inhalation) 100 MCG/ACT, 200 MCG/ACT</i>               | 1         | QL(1 EA daily)                                                       |
| SINGULAIR PACK ( <i>montelukast sodium</i> )                                         | NF        | QL(1 EA daily)                            | <i>fluticasone furoate (inhalation) 50 MCG/ACT</i>                             | 1         | Limit 1 inhaler per month; QL(1 EA daily)                            |
| SINGULAIR TABS ( <i>montelukast sodium</i> )                                         | NF        | QL(1 EA daily)                            | <i>fluticasone propionate (inhalation) AEPB 100 MCG/ACT</i>                    | 1         | QL(20 EA daily)                                                      |
| <i>zafirlukast 10 MG</i>                                                             | 1         |                                           | <i>fluticasone propionate (inhalation) AEPB 250 MCG/ACT</i>                    | 1         | QL(8 EA daily)                                                       |
| <i>zafirlukast 20 MG</i>                                                             | 1         | QL(2 EA daily)                            | <i>fluticasone propionate (inhalation) AEPB 50 MCG/ACT</i>                     | 1         | QL(40 EA daily)                                                      |
| <i>zileuton TB12</i>                                                                 | SP        | ST                                        | <i>fluticasone propionate hfa 110 MCG/ACT, 220 MCG/ACT</i>                     | 1         | QL(0.8 GM daily)                                                     |
| ZYFLO TABS                                                                           | 3         | ST                                        | <i>fluticasone propionate hfa 44 MCG/ACT</i>                                   | 1         | QL(0.36 GM daily)                                                    |
| Selective Phosphodiesterase 4 (PDE4) Inhibitors                                      |           |                                           | PULMICORT FLEXHALER AEPB                                                       | 2         | Limit 1 inhaler per month; QL(1 EA per fill retail; 3 per fill mail) |
| DALIRESP ( <i>roflumilast</i> )                                                      | NF        | QL(1 EA daily)                            | PULMICORT SUSP 0.25 MG/2ML ( <i>budesonide (inhalation)</i> )                  | NF        | QL(8 ML daily)                                                       |
| <i>roflumilast</i>                                                                   | 1         | QL(1 EA daily)                            | PULMICORT SUSP 0.5 MG/2ML ( <i>budesonide (inhalation)</i> )                   | NF        | QL(4 ML daily)                                                       |
| Steroid Inhalants                                                                    |           |                                           |                                                                                |           |                                                                      |
| ARNUITY ELLIPTA 50 MCG/ACT ( <i>fluticasone furoate (inhalation)</i> )               | NF        | Limit 1 inhaler per month; QL(1 EA daily) |                                                                                |           |                                                                      |
| ARNUITY ELLIPTA 100 MCG/ACT, 200 MCG/ACT ( <i>fluticasone furoate (inhalation)</i> ) | NF        | QL(1 EA daily)                            |                                                                                |           |                                                                      |
| <i>budesonide (inhalation) SUSP 0.5 MG/2ML</i>                                       | 2         | QL(4 ML daily)                            |                                                                                |           |                                                                      |
| <i>budesonide (inhalation) SUSP 1 MG/2ML</i>                                         | 1         | QL(2 ML daily)                            |                                                                                |           |                                                                      |
| <i>budesonide (inhalation) SUSP 0.25 MG/2ML</i>                                      | 2         | QL(8 ML daily)                            |                                                                                |           |                                                                      |
| FLOVENT DISKUS AEPB 100 MCG/ACT ( <i>fluticasone propionate (inhalation)</i> )       | NF        | QL(20 EA daily)                           |                                                                                |           |                                                                      |

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| Drug Name                                                                                                         | Drug Tier | Requirements/ Limits                                             | Drug Name                                                                                                 | Drug Tier | Requirements/ Limits                          |
|-------------------------------------------------------------------------------------------------------------------|-----------|------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------|-----------------------------------------------|
| PULMICORT SUSP 1 MG/2ML ( <i>budesonide (inhalation)</i> )                                                        | NF        | QL(2 ML daily)                                                   | <i>albuterol sulfate SYRP</i>                                                                             | 1         |                                               |
| QVAR REDHALER 40 MCG/ACT                                                                                          | 2         | Limit 1 inhaler per month; QL(0.36 GM daily)                     | <i>albuterol sulfate TABS</i>                                                                             | 1         |                                               |
| QVAR REDHALER 80 MCG/ACT                                                                                          | 2         | Limit 2 Inhalers per month; QL(0.72 GM daily)                    | ANORO ELLIPTA 25 MCG/ACT-62.5 MCG/ACT ( <i>umeclidinium-vilanterol</i> )                                  | NF        | QL(2 EA daily)                                |
| Sympathomimetics                                                                                                  |           |                                                                  | BREO ELLIPTA ( <i>fluticasone furoate-vilanterol</i> )                                                    | NF        |                                               |
| (Budesonide-Formoterol Fumarate Dihydrate) BREYNA                                                                 | 1         |                                                                  | BREZTRI AEROSPHERE                                                                                        | 2         | QL(0.36 GM daily)                             |
| (Fluticasone-Salmeterol) WIXELA INHUB AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT | 1         | QL(2 EA daily)                                                   | <i>budesonide-formoterol fumarate dihydrate</i>                                                           | 1         |                                               |
| ADVAIR DISKUS AEPB ( <i>fluticasone-salmeterol</i> )                                                              | NF        | QL(2 EA daily)                                                   | COMBIVENT RESPIMAT AERS                                                                                   | 2         | Limit 1 inhaler per month; QL(0.16 GM daily)  |
| ADVAIR HFA AERO ( <i>fluticasone-salmeterol</i> )                                                                 | NF        | QL(0.4 GM daily)                                                 | DULERA                                                                                                    | 2         |                                               |
| AIRDUO RESPICLICK 113/14 AEPB ( <i>fluticasone-salmeterol</i> )                                                   | NF        | QL(0.04 EA daily)                                                | <i>fluticasone furoate-vilanterol</i>                                                                     | 1         |                                               |
| AIRDUO RESPICLICK 232/14 AEPB ( <i>fluticasone-salmeterol</i> )                                                   | NF        | QL(0.04 EA daily)                                                | <i>fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT</i> | 1         | QL(2 EA daily)                                |
| AIRDUO RESPICLICK 55/14 AEPB ( <i>fluticasone-salmeterol</i> )                                                    | NF        | QL(0.04 EA daily)                                                | <i>fluticasone-salmeterol AERO</i>                                                                        | 1         | QL(0.4 GM daily)                              |
| <i>albuterol sulfate AERS</i>                                                                                     | 1         | 1 package(s) per fill retail; 2 max fill(s) per 30 day(s) retail | <i>ipratropium-albuterol SOLN</i>                                                                         | 1         |                                               |
| <i>albuterol sulfate AERS</i>                                                                                     | 1         | QL(0.6 GM daily)                                                 | <i>levalbuterol hcl</i>                                                                                   | 1         |                                               |
| <i>albuterol sulfate AERS</i>                                                                                     | 1         | QL(0.47 GM daily)                                                | <i>levalbuterol tartrate</i>                                                                              | 1         | 1 inhaler per month; QL(0.6 GM daily)         |
| <i>albuterol sulfate NEBU</i>                                                                                     | 1         |                                                                  | PROAIR RESPICLICK AEPB                                                                                    | 3         | Limit 2 inhalers per month; QL(0.07 EA daily) |
| ALBUTEROL SULFATE NEBU                                                                                            | 2         |                                                                  | PROVENTIL HFA AERS ( <i>albuterol sulfate</i> )                                                           | NF        |                                               |
|                                                                                                                   |           |                                                                  | SEREVENT DISKUS                                                                                           | 2         | QL(2 EA daily)                                |
|                                                                                                                   |           |                                                                  | STIOLTO RESPIMAT                                                                                          | 2         | Limit 1 inhaler per month; QL(0.14 GM daily)  |

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| Drug Name                                                        | Drug Tier | Requirements/ Limits                         |
|------------------------------------------------------------------|-----------|----------------------------------------------|
| STRIVERDI RESPIMAT                                               | 2         | Limit 1 inhaler per month; QL(0.14 GM daily) |
| SYMBICORT<br>( <i>budesonide-formoterol fumarate dihydrate</i> ) | NF        |                                              |
| <i>terbutaline sulfate TABS</i>                                  | 1         |                                              |
| TRELEGY ELLIPTA                                                  | 2         | QL(2 EA daily)                               |
| <i>umeclidinium-vilanterol</i>                                   | 1         | QL(2 EA daily)                               |
| VENTOLIN HFA AERS<br>( <i>albuterol sulfate</i> )                | NF        | Limit 2 inhalers per month; QL(0.6 GM daily) |
| XOPENEX HFA<br>( <i>levalbuterol tartrate</i> )                  | NF        | QL(0.6 GM daily)                             |
| XOPENEX HFA<br>( <i>levalbuterol tartrate</i> )                  | NF        |                                              |
| Xanthines                                                        |           |                                              |
| (Theophylline)<br>ELIXOPHYLLIN ELIX                              | 1         |                                              |
| THEO-24 CP24                                                     | 2         |                                              |
| <i>theophylline ELIX</i>                                         | 1         |                                              |
| <i>theophylline SOLN</i>                                         | 1         |                                              |
| <i>theophylline TB12 300 MG</i>                                  | 1         | QL(2 EA daily)                               |
| <i>theophylline TB12 450 MG</i>                                  | 1         | QL(1 EA daily)                               |
| <i>theophylline TB24</i>                                         | 1         | QL(1 EA daily)                               |
| ANTICOAGULANTS - Blood Thinners                                  |           |                                              |
| Coumarin Anticoagulants                                          |           |                                              |
| (Warfarin Sodium)<br>JANTOVEN TABS                               | 1         |                                              |
| <i>warfarin sodium TABS</i>                                      | 1         |                                              |
| Direct Factor Xa Inhibitors                                      |           |                                              |
| ELIQUIS DVT/PE<br>STARTER PACK TBPK                              | 2         | QL(74 EA per 30 day(s) retail)               |
| ELIQUIS TABS                                                     | 2         | QL(2 EA daily)                               |
| <i>rivaroxaban SUSR 1 MG/ML</i>                                  | 1         | QL(900 ML per 30 day(s) retail)              |

| Drug Name                                                                          | Drug Tier | Requirements/ Limits                                                                                           |
|------------------------------------------------------------------------------------|-----------|----------------------------------------------------------------------------------------------------------------|
| <i>rivaroxaban TABS 2.5 MG</i>                                                     | 1         | QL(1 EA daily)                                                                                                 |
| XARELTO STARTER<br>PACK TBPK                                                       | 2         | QL(51 EA per 30 day(s) retail)                                                                                 |
| XARELTO SUSR 1<br>MG/ML ( <i>rivaroxaban</i> )                                     | NF        | QL(900 ML per 30 day(s) retail)                                                                                |
| XARELTO TABS 2.5 MG,<br>10 MG, 15 MG, 20 MG<br>( <i>rivaroxaban</i> )              | 2         | QL(1 EA daily)                                                                                                 |
| XARELTO TABS                                                                       | 2         | QL(1 EA daily)                                                                                                 |
| Heparins And Heparinoid-Like Agents                                                |           |                                                                                                                |
| ARIXTRA 2.5 MG/0.5ML<br>( <i>fondaparinux sodium</i> )                             | SP        | QL(4 ML per 90 day(s) retail; 4 ML per 90 days mail); PA                                                       |
| ARIXTRA 5 MG/0.4ML,<br>7.5 MG/0.6ML, 10<br>MG/0.8ML ( <i>fondaparinux sodium</i> ) | SP        | PA                                                                                                             |
| <i>enoxaparin sodium SOLN IJ 300 MG/3ML</i>                                        | 1         | QL(0.1 ML daily); PA                                                                                           |
| <i>enoxaparin sodium SOSY 60 MG/0.6ML</i>                                          | 2         | Limited to 7 days without prior authorization;; QL(9 ML per fill retail); 1 max fill(s) per 365 day(s) retail  |
| <i>enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML</i>                                 | 2         | Limited to 7 days without prior authorization;; QL(14 ML per fill retail); 1 max fill(s) per 365 day(s) retail |
| <i>enoxaparin sodium SOSY 40 MG/0.4ML</i>                                          | 2         | Limited to 7 days without prior authorization;; QL(6 ML per fill retail); 1 max fill(s) per 365 day(s) retail  |

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| Drug Name                                                                                                          | Drug Tier | Requirements/ Limits                                                                                            | Drug Name                                                                  | Drug Tier | Requirements/ Limits                                                                                            |
|--------------------------------------------------------------------------------------------------------------------|-----------|-----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|-----------|-----------------------------------------------------------------------------------------------------------------|
| <b><i>enoxaparin sodium SOSY 30 MG/0.3ML</i></b>                                                                   | 2         | Limited to 7 days without prior authorization;; QL(4.5 ML per fill retail); 1 max fill(s) per 365 day(s) retail | LOVENOX SOSY 60 MG/0.6ML ( <b><i>enoxaparin sodium</i></b> )               | NF        | Limited to 7 days without prior authorization;; QL(9 ML per fill retail); 1 max fill(s) per 365 day(s) retail   |
| <b><i>enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML</i></b>                                                     | 2         | Limited to 7 days without prior authorization;; QL(12 ML per fill retail); 1 max fill(s) per 365 day(s) retail  | LOVENOX SOSY 80 MG/0.8ML, 120 MG/0.8ML ( <b><i>enoxaparin sodium</i></b> ) | NF        | Limited to 7 days without prior authorization;; QL(12 ML per fill retail); 1 max fill(s) per 365 day(s) retail  |
| <b><i>fondaparinux sodium 2.5 MG/0.5ML</i></b>                                                                     | SP        | QL(4 ML per 90 day(s) retail; 4 ML per 90 days mail); PA                                                        | LOVENOX SOSY 30 MG/0.3ML ( <b><i>enoxaparin sodium</i></b> )               | NF        | Limited to 7 days without prior authorization;; QL(4.5 ML per fill retail); 1 max fill(s) per 365 day(s) retail |
| <b><i>fondaparinux sodium 5 MG/0.4ML, 7.5 MG/0.6ML, 10 MG/0.8ML</i></b>                                            | SP        | PA                                                                                                              | LOVENOX SOSY 40 MG/0.4ML ( <b><i>enoxaparin sodium</i></b> )               | NF        | Limited to 7 days without prior authorization;; QL(6 ML per fill retail); 1 max fill(s) per 365 day(s) retail   |
| FRAGMIN SOLN 95000 UNIT/3.8ML                                                                                      | SP        | PA                                                                                                              | Thrombin Inhibitors                                                        |           |                                                                                                                 |
| FRAGMIN SOSY 5000 UNIT/0.2ML, 7500 UNIT/0.3ML, 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML | SP        | PA                                                                                                              | <b><i>dabigatran etexilate mesylate CAPS 110 MG</i></b>                    | 1         | QL(4 EA daily)                                                                                                  |
| FRAGMIN SOSY 2500 UNIT/0.2ML                                                                                       | SP        |                                                                                                                 | <b><i>dabigatran etexilate mesylate CAPS 75 MG, 150 MG</i></b>             | 1         | QL(2 EA daily)                                                                                                  |
| <b><i>heparin sodium (porcine) SOLN IJ 10000 UNIT/ML</i></b>                                                       | SP        | PA                                                                                                              | PRADAXA CAPS 110 MG ( <b><i>dabigatran etexilate mesylate</i></b> )        | NF        | QL(4 EA daily)                                                                                                  |
| LOVENOX SOLN IJ 300 MG/3ML ( <b><i>enoxaparin sodium</i></b> )                                                     | NF        | QL(0.1 ML daily); PA                                                                                            | PRADAXA CAPS 150 MG ( <b><i>dabigatran etexilate mesylate</i></b> )        | NF        | QL(2 EA daily)                                                                                                  |
| LOVENOX SOSY 100 MG/ML, 150 MG/ML ( <b><i>enoxaparin sodium</i></b> )                                              | NF        | Limited to 7 days without prior authorization;; QL(14 ML per fill retail); 1 max fill(s) per 365 day(s) retail  | PRADAXA CAPS 75 MG ( <b><i>dabigatran etexilate mesylate</i></b> )         | NF        |                                                                                                                 |

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| Drug Name                                                   | Drug Tier | Requirements/ Limits                 | Drug Name                                                                                                     | Drug Tier | Requirements/ Limits               |
|-------------------------------------------------------------|-----------|--------------------------------------|---------------------------------------------------------------------------------------------------------------|-----------|------------------------------------|
| <b>ANTICONVULSANTS - Drugs to Treat Seizures</b>            |           |                                      | ONFI TABS 10 MG<br><i>(clobazam)</i>                                                                          | NF        | QL(1 EA daily)                     |
| <b>AMPA Glutamate Receptor Antagonists</b>                  |           |                                      | VALTOCO 10 MG DOSE LIQD                                                                                       | SP        | QL(10 EA per 30 day(s) retail); PA |
| FYCOMPA SUSP                                                | SP        | QL(24 ML daily)                      | VALTOCO 15 MG DOSE LQPK 7.5 MG/0.1ML                                                                          | SP        | QL(10 EA per 30 day(s) retail); PA |
| FYCOMPA TABS 6 MG<br><i>(perampanel)</i>                    | SP        | QL(2 EA daily)                       | VALTOCO 20 MG DOSE LQPK 10 MG/0.1ML                                                                           | SP        | QL(10 EA per 30 day(s) retail); PA |
| FYCOMPA TABS 4 MG<br><i>(perampanel)</i>                    | SP        | QL(3 EA daily)                       | VALTOCO 5 MG DOSE LIQD                                                                                        | SP        | QL(10 EA per 30 day(s) retail); PA |
| FYCOMPA TABS 8 MG, 10 MG, 12 MG<br><i>(perampanel)</i>      | SP        | QL(1 EA daily)                       | <b>Anticonvulsants - Misc.</b>                                                                                |           |                                    |
| FYCOMPA TABS 2 MG<br><i>(perampanel)</i>                    | SP        | QL(6 EA daily)                       | (Carbamazepine) EPITOL TABS                                                                                   | 1         |                                    |
| <i>perampanel TABS 2 MG</i>                                 | SP        | QL(6 EA daily)                       | (Lamotrigine) SUBVENITE STARTER KIT-BLUE, SUBVENITE STARTER KIT-GREEN, SUBVENITE STARTER KIT-ORANGE KIT       | 2         |                                    |
| <i>perampanel TABS 6 MG</i>                                 | SP        | QL(2 EA daily)                       | (Lamotrigine) SUBVENITE STARTER KIT-BLUE, SUBVENITE STARTER KIT-GREEN, SUBVENITE STARTER KIT-ORANGE KIT 25 MG | 2         |                                    |
| <i>perampanel TABS 4 MG</i>                                 | SP        | QL(3 EA daily)                       | (Lamotrigine) SUBVENITE TABS                                                                                  | 1         |                                    |
| <i>perampanel TABS 8 MG, 10 MG, 12 MG</i>                   | SP        | QL(1 EA daily)                       | (Levetiracetam) ROWEEPRA TABS 500 MG                                                                          | 1         | QL(6 EA daily)                     |
| <b>Anticonvulsants - Benzodiazepines</b>                    |           |                                      | APTOM 200 MG, 400 MG, 600 MG, 800 MG<br><i>(eslicarbazepine acetate)</i>                                      | NF        | QL(2 EA daily); PA                 |
| <i>clobazam SUSP</i>                                        | 2         |                                      | BANZEL SUSP<br><i>(rufinamide)</i>                                                                            | SP        |                                    |
| <i>clobazam TABS 10 MG</i>                                  | 2         | QL(1 EA daily)                       | BANZEL TABS 400 MG<br><i>(rufinamide)</i>                                                                     | SP        | QL(8 EA daily)                     |
| <i>clobazam TABS 20 MG</i>                                  | 2         | QL(2 EA daily)                       | BANZEL TABS 200 MG<br><i>(rufinamide)</i>                                                                     | SP        |                                    |
| <i>clonazepam TABS</i>                                      | 1         |                                      | <i>carbamazepine CHEW 100 MG</i>                                                                              | 1         |                                    |
| <i>clonazepam TBDP</i>                                      | 1         |                                      |                                                                                                               |           |                                    |
| DIASTAT ACUDIAL GEL<br><i>(diazepam (anticonvulsant))</i>   | NF        | Limit 4 per month; QL(0.14 EA daily) |                                                                                                               |           |                                    |
| DIASTAT PEDIATRIC GEL<br><i>(diazepam (anticonvulsant))</i> | NF        | Limit 4 per month; QL(0.14 EA daily) |                                                                                                               |           |                                    |
| <i>diazepam (anticonvulsant) GEL</i>                        | 2         | QL(0.14 EA daily)                    |                                                                                                               |           |                                    |
| KLONOPIN TABS<br><i>(clonazepam)</i>                        | NF        |                                      |                                                                                                               |           |                                    |
| NAYZILAM                                                    | SP        | QL(10 EA per 30 day(s) retail); PA   |                                                                                                               |           |                                    |
| ONFI SUSP<br><i>(clobazam)</i>                              | NF        |                                      |                                                                                                               |           |                                    |
| ONFI TABS 20 MG<br><i>(clobazam)</i>                        | NF        | QL(2 EA daily)                       |                                                                                                               |           |                                    |

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| Drug Name                                                     | Drug Tier | Requirements/ Limits | Drug Name                                                                     | Drug Tier | Requirements/ Limits |
|---------------------------------------------------------------|-----------|----------------------|-------------------------------------------------------------------------------|-----------|----------------------|
| <i>carbamazepine CP12</i>                                     | 1         |                      | LAMICTAL XR KIT                                                               | 3         | PA                   |
| <i>carbamazepine SUSP</i>                                     | 1         |                      | LAMICTAL XR TB24 250 MG ( <i>lamotrigine</i> )                                | NF        | PA                   |
| <i>carbamazepine TABS</i>                                     | 1         |                      | LAMICTAL XR TB24 300 MG ( <i>lamotrigine</i> )                                | NF        | QL(2 EA daily)       |
| <i>carbamazepine TB12 200 MG</i>                              | 1         | QL(8 EA daily)       | LAMICTAL XR TB24 25 MG, 50 MG, 100 MG, 200 MG ( <i>lamotrigine</i> )          | NF        | QL(1 EA daily); PA   |
| <i>carbamazepine TB12 100 MG</i>                              | 1         |                      | LAMICTAL CHEW ( <i>lamotrigine</i> )                                          | 3         |                      |
| <i>carbamazepine TB12 400 MG</i>                              | 1         | QL(4 EA daily)       | LAMICTAL TABS ( <i>lamotrigine</i> )                                          | 3         |                      |
| CARBATROL CP12 ( <i>carbamazepine</i> )                       | 3         |                      | <i>lamotrigine CHEW</i>                                                       | 1         |                      |
| DIACOMIT CAPS 250 MG                                          | SP        | QL(12 EA daily); PA  | <i>lamotrigine KIT 25 MG</i>                                                  | 2         |                      |
| DIACOMIT CAPS 500 MG                                          | SP        | QL(6 EA daily); PA   | <i>lamotrigine KIT</i>                                                        | 1         | PA                   |
| DIACOMIT PACK 250 MG                                          | SP        | QL(12 EA daily); PA  | <i>lamotrigine TABS</i>                                                       | 1         |                      |
| DIACOMIT PACK 500 MG                                          | SP        | QL(6 EA daily); PA   | <i>lamotrigine TB24 300 MG</i>                                                | 2         | QL(2 EA daily)       |
| EPIDIOLEX                                                     | SP        | PA                   | <i>lamotrigine TB24 250 MG</i>                                                | 2         | PA                   |
| <i>eslicarbazepine acetate 200 MG, 400 MG, 600 MG, 800 MG</i> | 1         | QL(2 EA daily); PA   | <i>lamotrigine TB24 25 MG, 50 MG, 100 MG, 200 MG</i>                          | 2         | QL(1 EA daily); PA   |
| <i>gabapentin CAPS</i>                                        | 1         |                      | <i>lamotrigine TBDP</i>                                                       | 1         | PA                   |
| <i>gabapentin SOLN</i>                                        | 1         |                      | <i>levetiracetam SOLN PO 100 MG/ML, 500 MG/5ML</i>                            | 1         |                      |
| <i>gabapentin TABS 600 MG, 800 MG</i>                         | 1         |                      | <i>levetiracetam TABS</i>                                                     | 1         | QL(6 EA daily)       |
| KEPPRA XR TB24 ( <i>levetiracetam</i> )                       | 3         | QL(4 EA daily)       | <i>levetiracetam TB24</i>                                                     | 1         | QL(4 EA daily)       |
| KEPPRA SOLN PO 100 MG/ML ( <i>levetiracetam</i> )             | 3         |                      | LYRICA CAPS 225 MG, 300 MG ( <i>pregabalin</i> )                              | NF        | QL(2 EA daily)       |
| KEPPRA TABS ( <i>levetiracetam</i> )                          | 3         | QL(6 EA daily)       | LYRICA CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG ( <i>pregabalin</i> ) | NF        | QL(3 EA daily)       |
| <i>lacosamide SOLN PO 10 MG/ML, 50 MG/5ML, 100 MG/10ML</i>    | 1         | QL(40 ML daily)      | LYRICA SOLN ( <i>pregabalin</i> )                                             | NF        | QL(30 ML daily)      |
| <i>lacosamide TABS</i>                                        | 1         | QL(2 EA daily)       | MYSOLINE ( <i>primidone</i> )                                                 | 3         |                      |
| LAMICTAL ODT KIT ( <i>lamotrigine</i> )                       | NF        | PA                   | NEURONTIN CAPS ( <i>gabapentin</i> )                                          | 3         |                      |
| LAMICTAL ODT TBDP ( <i>lamotrigine</i> )                      | 3         | PA                   | NEURONTIN SOLN ( <i>gabapentin</i> )                                          | 3         |                      |
| LAMICTAL STARTER KIT 25 MG ( <i>lamotrigine</i> )             | NF        |                      | NEURONTIN TABS ( <i>gabapentin</i> )                                          | 3         |                      |
|                                                               |           |                      | <i>oxcarbazepine SUSP</i>                                                     | 1         | QL(40 ML daily)      |

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| Drug Name                                                          | Drug Tier | Requirements/ Limits | Drug Name                                                   | Drug Tier | Requirements/ Limits |
|--------------------------------------------------------------------|-----------|----------------------|-------------------------------------------------------------|-----------|----------------------|
| <i>oxcarbazepine TABS 600 MG</i>                                   | 1         | QL(4 EA daily)       | TOPAMAX SPRINKLE CPSP ( <i>topiramate</i> )                 | 3         |                      |
| <i>oxcarbazepine TABS 300 MG</i>                                   | 1         | QL(8 EA daily)       | TOPAMAX TABS 100 MG ( <i>topiramate</i> )                   | 3         | QL(4 EA daily)       |
| <i>oxcarbazepine TABS 150 MG</i>                                   | 1         |                      | TOPAMAX TABS 25 MG ( <i>topiramate</i> )                    | 3         |                      |
| <i>oxcarbazepine TB24 150 MG, 300 MG</i>                           | 1         | ST                   | TOPAMAX TABS 50 MG ( <i>topiramate</i> )                    | 3         | QL(8 EA daily)       |
| <i>oxcarbazepine TB24 600 MG</i>                                   | 1         | QL(4 EA daily); ST   | TOPAMAX TABS 200 MG ( <i>topiramate</i> )                   | 3         | QL(2 EA daily)       |
| OXTELLAR XR TB24 600 MG ( <i>oxcarbazepine</i> )                   | NF        | QL(4 EA daily); ST   | <i>topiramate CP24 25 MG, 50 MG, 100 MG</i>                 | 2         | PA                   |
| OXTELLAR XR TB24 150 MG, 300 MG ( <i>oxcarbazepine</i> )           | NF        | ST                   | <i>topiramate CP24 200 MG</i>                               | 2         | QL(2 EA daily); PA   |
| <i>pregabalin CAPS 225 MG, 300 MG</i>                              | 1         | QL(2 EA daily)       | <i>topiramate CPSP 15 MG, 25 MG</i>                         | 1         |                      |
| <i>pregabalin CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG</i> | 1         | QL(3 EA daily)       | <i>topiramate CS24 100 MG, 150 MG, 200 MG</i>               | 2         | QL(1 EA daily); PA   |
| <i>pregabalin SOLN</i>                                             | 1         | QL(30 ML daily)      | <i>topiramate CS24 25 MG, 50 MG</i>                         | 2         | QL(2 EA daily); PA   |
| <i>primidone 50 MG, 250 MG</i>                                     | 1         |                      | <i>topiramate TABS 200 MG</i>                               | 1         | QL(2 EA daily)       |
| QUDEXY XR CS24 25 MG, 50 MG ( <i>topiramate</i> )                  | NF        | QL(2 EA daily); PA   | <i>topiramate TABS 50 MG</i>                                | 1         | QL(8 EA daily)       |
| QUDEXY XR CS24 100 MG, 150 MG, 200 MG ( <i>topiramate</i> )        | NF        | QL(1 EA daily); PA   | <i>topiramate TABS 100 MG</i>                               | 1         | QL(4 EA daily)       |
| <i>rufinamide SUSP</i>                                             | 2         |                      | <i>topiramate TABS 25 MG</i>                                | 1         |                      |
| <i>rufinamide TABS 400 MG</i>                                      | 2         | QL(8 EA daily)       | TRILEPTAL SUSP ( <i>oxcarbazepine</i> )                     | 3         | QL(40 ML daily)      |
| <i>rufinamide TABS 200 MG</i>                                      | 2         |                      | TRILEPTAL TABS 150 MG ( <i>oxcarbazepine</i> )              | 3         |                      |
| TEGRETOL SUSP ( <i>carbamazepine</i> )                             | 3         |                      | TRILEPTAL TABS 600 MG ( <i>oxcarbazepine</i> )              | 3         | QL(4 EA daily)       |
| TEGRETOL TABS ( <i>carbamazepine</i> )                             | 3         |                      | TRILEPTAL TABS 300 MG ( <i>oxcarbazepine</i> )              | 3         | QL(8 EA daily)       |
| TEGRETOL-XR TB12 400 MG ( <i>carbamazepine</i> )                   | NF        | QL(4 EA daily)       | TROKENDI XR CP24 25 MG, 50 MG, 100 MG ( <i>topiramate</i> ) | NF        | PA                   |
| TEGRETOL-XR TB12 100 MG ( <i>carbamazepine</i> )                   | 3         |                      | TROKENDI XR CP24 200 MG ( <i>topiramate</i> )               | NF        | QL(2 EA daily); PA   |
| TEGRETOL-XR TB12 200 MG ( <i>carbamazepine</i> )                   | NF        | QL(8 EA daily)       | VIMPAT SOLN PO 10 MG/ML ( <i>lacosamide</i> )               | NF        | QL(40 ML daily)      |
|                                                                    |           |                      | VIMPAT TABS ( <i>lacosamide</i> )                           | NF        | QL(2 EA daily)       |

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| Drug Name                                           | Drug Tier | Requirements/ Limits | Drug Name                                               | Drug Tier | Requirements/ Limits |
|-----------------------------------------------------|-----------|----------------------|---------------------------------------------------------|-----------|----------------------|
| ZONEGRAN CAPS 100 MG ( <i>zonisamide</i> )          | 3         | QL(6 EA daily)       | DILANTIN SUSP ( <i>phenytoin</i> )                      | 3         |                      |
| ZONEGRAN CAPS 25 MG ( <i>zonisamide</i> )           | 3         |                      | <i>phenytoin sodium extended 100 MG, 200 MG, 300 MG</i> | 1         |                      |
| <i>zonisamide CAPS 100 MG</i>                       | 1         | QL(6 EA daily)       | <i>phenytoin CHEW</i>                                   | 1         |                      |
| <i>zonisamide CAPS 25 MG, 50 MG</i>                 | 1         |                      | <i>phenytoin SUSP</i>                                   | 1         |                      |
| Carbamates                                          |           |                      | Succinimides                                            |           |                      |
| <i>felbamate SUSP</i>                               | 1         |                      | CELONTIN ( <i>methsuximide</i> )                        | 3         |                      |
| <i>felbamate TABS</i>                               | 1         |                      | <i>ethosuximide CAPS</i>                                | 1         |                      |
| FELBATOL SUSP ( <i>felbamate</i> )                  | 3         |                      | <i>ethosuximide SOLN</i>                                | 1         |                      |
| FELBATOL TABS ( <i>felbamate</i> )                  | NF        |                      | <i>methsuximide</i>                                     | 1         |                      |
| GABA Modulators                                     |           |                      | ZARONTIN CAPS ( <i>ethosuximide</i> )                   | 3         |                      |
| (Vigabatrin) VIGADRONE, VIGPODER PACK               | SP        | QL(6 EA daily)       | ZARONTIN SOLN ( <i>ethosuximide</i> )                   | 3         |                      |
| (Vigabatrin) VIGADRONE TABS                         | SP        |                      | Valproic Acid                                           |           |                      |
| SABRIL PACK ( <i>vigabatrin</i> )                   | SP        | QL(6 EA daily)       | DEPAKOTE ER TB24 ( <i>divalproex sodium</i> )           | 3         |                      |
| SABRIL TABS ( <i>vigabatrin</i> )                   | SP        |                      | DEPAKOTE SPRINKLES CSDR ( <i>divalproex sodium</i> )    | 3         |                      |
| <i>tiagabine hcl</i>                                | 2         |                      | DEPAKOTE TBEC ( <i>divalproex sodium</i> )              | 3         |                      |
| <i>vigabatrin PACK</i>                              | SP        | QL(6 EA daily)       | <i>divalproex sodium CSDR</i>                           | 1         |                      |
| <i>vigabatrin TABS</i>                              | SP        |                      | <i>divalproex sodium TB24</i>                           | 1         |                      |
| Hydantoins                                          |           |                      | <i>divalproex sodium TBEC</i>                           | 1         |                      |
| (Phenytoin Sodium Extended) PHENYTEK 200 MG, 300 MG | 1         |                      | <i>valproate sodium SOLN PO 250 MG/5ML, 500 MG/10ML</i> | 1         |                      |
| (Phenytoin) PHENYTOIN INFATABS CHEW                 | 1         |                      | <i>valproic acid CAPS</i>                               | 1         |                      |
| DILANTIN ( <i>phenytoin sodium extended</i> )       | 3         |                      | ANTIDEPRESSANTS - Drugs to Treat Depression             |           |                      |
| DILANTIN                                            | 3         |                      | Alpha-2 Receptor Antagonists (Tetracyclics)             |           |                      |
| DILANTIN INFATABS CHEW ( <i>phenytoin</i> )         | 3         |                      | <i>mirtazapine TABS</i>                                 | 1         |                      |
| DILANTIN-125 SUSP ( <i>phenytoin</i> )              | 3         |                      | <i>mirtazapine TBDP</i>                                 | 1         |                      |
|                                                     |           |                      | REMERON SOLTAB TBDP ( <i>mirtazapine</i> )              | NF        |                      |

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| Drug Name                                            | Drug Tier | Requirements/ Limits | Drug Name                                                 | Drug Tier | Requirements/ Limits |
|------------------------------------------------------|-----------|----------------------|-----------------------------------------------------------|-----------|----------------------|
| REMERON TABS 15 MG, 30 MG ( <i>mirtazapine</i> )     | NF        |                      | <i>escitalopram oxalate SOLN</i>                          | 1         |                      |
| Antidepressants - Misc.                              |           |                      | <i>escitalopram oxalate TABS 10 MG, 20 MG</i>             | 1         | QL(1 EA daily)       |
| <i>bupropion hcl TABS</i>                            | 1         |                      | <i>escitalopram oxalate TABS 5 MG</i>                     | 1         | QL(2 EA daily)       |
| <i>bupropion hcl TB12</i>                            | 1         |                      | <i>fluoxetine hcl CAPS 40 MG</i>                          | 1         | QL(1 EA daily)       |
| <i>bupropion hcl TB24 450 MG</i>                     | 1         | QL(1 EA daily); ST   | <i>fluoxetine hcl CAPS 10 MG, 20 MG</i>                   | 1         |                      |
| <i>bupropion hcl TB24 150 MG, 300 MG</i>             | 1         | QL(1 EA daily)       | <i>fluoxetine hcl CPDR</i>                                | 2         |                      |
| FORFIVO XL TB24 ( <i>bupropion hcl</i> )             | 3         | QL(1 EA daily); ST   | <i>fluoxetine hcl SOLN</i>                                | 1         | QL(15 ML daily)      |
| FORFIVO XL TB24 ( <i>bupropion hcl</i> )             | NF        |                      | <i>fluoxetine hcl TABS 20 MG, 60 MG</i>                   | 1         | QL(1 EA daily)       |
| WELLBUTRIN SR TB12 ( <i>bupropion hcl</i> )          | NF        |                      | <i>fluoxetine hcl TABS 10 MG</i>                          | 1         |                      |
| WELLBUTRIN XL TB24 ( <i>bupropion hcl</i> )          | NF        | QL(1 EA daily)       | FLUOXETINE HCL TABS ( <i>fluoxetine hcl</i> )             | NF        | QL(1 EA daily)       |
| Monoamine Oxidase Inhibitors (MAOIs)                 |           |                      | <i>fluvoxamine maleate CP24 100 MG</i>                    | 2         | QL(3 EA daily)       |
| EMSAM                                                | 3         | QL(1 EA daily)       | <i>fluvoxamine maleate CP24 150 MG</i>                    | 2         |                      |
| MARPLAN                                              | 3         |                      | <i>fluvoxamine maleate TABS 100 MG</i>                    | 1         | QL(3 EA daily)       |
| NARDIL ( <i>phenelzine sulfate</i> )                 | NF        |                      | <i>fluvoxamine maleate TABS 25 MG, 50 MG</i>              | 1         |                      |
| PARNATE ( <i>tranylcypromine sulfate</i> )           | NF        |                      | LEXAPRO TABS 10 MG, 20 MG ( <i>escitalopram oxalate</i> ) | NF        | QL(1 EA daily)       |
| <i>phenelzine sulfate</i>                            | 1         |                      | LEXAPRO TABS 5 MG ( <i>escitalopram oxalate</i> )         | NF        | QL(2 EA daily)       |
| <i>tranylcypromine sulfate</i>                       | 2         |                      | <i>paroxetine hcl SUSP</i>                                | 2         |                      |
| N-Methyl-D-aspartic acid (NMDA) Receptor Antagonists |           |                      | <i>paroxetine hcl TABS</i>                                | 1         |                      |
| SPRAVATO (56 MG DOSE)                                | SP        | PA                   | <i>paroxetine hcl TB24</i>                                | 1         |                      |
| SPRAVATO (84 MG DOSE)                                | SP        | PA                   | PAXIL CR TB24 ( <i>paroxetine hcl</i> )                   | NF        |                      |
| Selective Serotonin Reuptake Inhibitors (SSRIs)      |           |                      | PAXIL SUSP ( <i>paroxetine hcl</i> )                      | NF        |                      |
| CELEXA TABS ( <i>citalopram hydrobromide</i> )       | NF        | QL(1 EA daily)       | PAXIL TABS ( <i>paroxetine hcl</i> )                      | NF        |                      |
| <i>citalopram hydrobromide SOLN</i>                  | 1         | QL(20 ML daily)      |                                                           |           |                      |
| <i>citalopram hydrobromide TABS</i>                  | 1         | QL(1 EA daily)       |                                                           |           |                      |

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| Drug Name                                            | Drug Tier | Requirements/ Limits | Drug Name                                              | Drug Tier | Requirements/ Limits |
|------------------------------------------------------|-----------|----------------------|--------------------------------------------------------|-----------|----------------------|
| PROZAC CAPS 40 MG ( <i>fluoxetine hcl</i> )          | NF        | QL(1 EA daily)       | PRISTIQ ( <i>desvenlafaxine succinate</i> )            | NF        | QL(1 EA daily)       |
| PROZAC CAPS 10 MG, 20 MG ( <i>fluoxetine hcl</i> )   | NF        |                      | <i>venlafaxine hcl CP24</i>                            | 1         | QL(2 EA daily)       |
| <i>sertraline hcl CONC</i>                           | 1         |                      | <i>venlafaxine hcl TABS</i>                            | 1         |                      |
| <i>sertraline hcl TABS</i>                           | 1         | QL(2 EA daily)       | <i>venlafaxine hcl TB24 37.5 MG, 75 MG, 150 MG</i>     | 1         | QL(1 EA daily)       |
| ZOLOFT CONC ( <i>sertraline hcl</i> )                | NF        |                      | <i>venlafaxine hcl TB24 225 MG</i>                     | 1         |                      |
| ZOLOFT TABS ( <i>sertraline hcl</i> )                | NF        | QL(2 EA daily)       | Tricyclic Agents                                       |           |                      |
| Serotonin Modulators                                 |           |                      | <i>amitriptyline hcl TABS</i>                          | 1         |                      |
| <i>nefazodone hcl</i>                                | 1         |                      | <i>amoxapine</i>                                       | 1         |                      |
| <i>trazodone hcl TABS</i>                            | 1         |                      | ANAFRANIL ( <i>clomipramine hcl</i> )                  | NF        |                      |
| TRINTELLIX                                           | 3         | ST                   | <i>clomipramine hcl</i>                                | 2         |                      |
| VIIBRYD STARTER PACK KIT                             | 3         | PA                   | <i>desipramine hcl TABS</i>                            | 1         |                      |
| VIIBRYD TABS 10 MG, 40 MG ( <i>vilazodone hcl</i> )  | NF        |                      | <i>doxepin hcl CAPS</i>                                | 1         |                      |
| VIIBRYD TABS 20 MG ( <i>vilazodone hcl</i> )         | NF        | QL(2 EA daily)       | <i>doxepin hcl CONC</i>                                | 1         |                      |
| <i>vilazodone hcl TABS 10 MG, 40 MG</i>              | 1         |                      | <i>imipramine hcl TABS 10 MG, 25 MG</i>                | 1         |                      |
| <i>vilazodone hcl TABS 20 MG</i>                     | 1         | QL(2 EA daily)       | <i>imipramine hcl TABS 50 MG</i>                       | 1         | QL(4 EA daily)       |
| Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs) |           |                      | <i>imipramine pamoate</i>                              | 1         |                      |
| CYMBALTA CPEP ( <i>duloxetine hcl</i> )              | NF        | QL(2 EA daily)       | NORPRAMIN TABS 10 MG, 25 MG ( <i>desipramine hcl</i> ) | NF        |                      |
| <i>desvenlafaxine succinate</i>                      | 1         | QL(1 EA daily)       | <i>nortriptyline hcl CAPS</i>                          | 1         |                      |
| <i>duloxetine hcl CPEP 20 MG, 30 MG, 60 MG</i>       | 1         | QL(2 EA daily)       | <i>nortriptyline hcl SOLN</i>                          | 1         |                      |
| EFFEXOR XR CP24 ( <i>venlafaxine hcl</i> )           | NF        | QL(2 EA daily)       | PAMELOR CAPS ( <i>nortriptyline hcl</i> )              | NF        |                      |
| FETZIMA TITRATION C4PK                               | 3         | ST                   | <i>protriptyline hcl</i>                               | 2         |                      |
| FETZIMA CP24 20 MG                                   | 3         | QL(2 EA daily); ST   | <i>trimipramine maleate CAPS</i>                       | 1         |                      |
| FETZIMA CP24 40 MG, 80 MG, 120 MG                    | 3         | QL(1 EA daily); ST   | ANTIDIABETICS - Drugs to Regulate Blood Sugar          |           |                      |
|                                                      |           |                      | Alpha-Glucosidase Inhibitors                           |           |                      |
|                                                      |           |                      | <i>acarbose</i>                                        | 1         |                      |
|                                                      |           |                      | <i>miglitol</i>                                        | 1         |                      |
|                                                      |           |                      | Antidiabetic Combinations                              |           |                      |

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| Drug Name                                                                      | Drug Tier | Requirements/ Limits | Drug Name                                                       | Drug Tier | Requirements/ Limits                                                                                                                 |
|--------------------------------------------------------------------------------|-----------|----------------------|-----------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------|
| ACTOPLUS MET TABS<br>850 MG-15 MG<br>( <i>pioglitazone hcl-metformin hcl</i> ) | NF        |                      | XIGDUO XR<br>( <i>dapagliflozin propanediol-metformin hcl</i> ) | 2         | QL(2 EA daily)                                                                                                                       |
| <i>dapagliflozin propanediol-metformin hcl 1000 MG-10 MG</i>                   | 2         | QL(1 EA daily)       | XIGDUO XR 1000 MG-10 MG, 500 MG-10 MG                           | 2         | QL(1 EA daily)                                                                                                                       |
| <i>dapagliflozin propanediol-metformin hcl 1000 MG-5 MG</i>                    | 2         | QL(2 EA daily)       | XIGDUO XR<br>( <i>dapagliflozin propanediol-metformin hcl</i> ) | 2         | QL(1 EA daily)                                                                                                                       |
| DUETACT ( <i>pioglitazone hcl-glimepiride</i> )                                | NF        |                      | Biguanides                                                      |           |                                                                                                                                      |
| <i>glipizide-metformin hcl</i>                                                 | 1         |                      | <i>metformin hcl SOLN</i>                                       | 2         |                                                                                                                                      |
| <i>glyburide-metformin</i>                                                     | 1         |                      | <i>metformin hcl TABS 500 MG, 850 MG, 1000 MG</i>               | PV        | Only Covered<br>Ca On/Off<br>Exchange<br>Plans Covered<br>at PV Tier-<br>Student Plans<br>and all others<br>at Tier 1 for<br>generic |
| GLYXAMBI                                                                       | 2         |                      |                                                                 |           |                                                                                                                                      |
| JANUMET XR TB24 1000 MG-100 MG                                                 | 2         | QL(1 EA daily)       | <i>metformin hcl TB24 500 MG, 750 MG</i>                        | 1         |                                                                                                                                      |
| JANUMET XR TB24 1000 MG-50 MG, 500 MG-50 MG                                    | 2         | QL(2 EA daily)       | RIOMET SOLN<br>( <i>metformin hcl</i> )                         | NF        |                                                                                                                                      |
| JANUMET TABS                                                                   | 2         | QL(2 EA daily)       | Diabetic Other                                                  |           |                                                                                                                                      |
| KOMBIGLYZE XR<br>( <i>saxagliptin-metformin hcl</i> )                          | NF        | QL(1 EA daily)       | <i>diazoxide</i>                                                | 2         |                                                                                                                                      |
| <i>pioglitazone hcl-glimepiride</i>                                            | 2         |                      | <i>glucagon (rdna)</i>                                          | 2         | QL(1 EA per fill retail; 2 EA per 30 day(s) retail)                                                                                  |
| <i>pioglitazone hcl-metformin hcl TABS</i>                                     | 1         |                      | GLUCAGON EMERGENCY ( <i>glucagon (rdna)</i> )                   | NF        | Use NDC 00548-5850-00; QL(1 EA per fill retail; 2 EA per 30 day(s) retail)                                                           |
| <i>saxagliptin-metformin hcl</i>                                               | 2         | QL(1 EA daily)       | PROGLYCEM<br>( <i>diazoxide</i> )                               | NF        |                                                                                                                                      |
| SYNJARDY XR TB24 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-10 MG, 1000 MG-25 MG                                  | 2         | QL(1 EA daily)       | <i>alogliptin benzoate</i>                                      | 2         | QL(2 EA daily)                                                                                                                       |
| SYNJARDY TABS                                                                  | 2         | QL(2 EA daily)       | JANUVIA                                                         | 2         | QL(1 EA daily)                                                                                                                       |
| TRIJARDY XR                                                                    | 2         |                      | NESINA ( <i>alogliptin benzoate</i> )                           | NF        | QL(2 EA daily)                                                                                                                       |
| XIGDUO XR 1000 MG-2.5 MG, 1000 MG-5 MG, 500 MG-5 MG                            | 2         | QL(2 EA daily)       |                                                                 |           |                                                                                                                                      |

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| Drug Name                          | Drug Tier | Requirements/ Limits                                 | Drug Name                              | Drug Tier | Requirements/ Limits                     |
|------------------------------------|-----------|------------------------------------------------------|----------------------------------------|-----------|------------------------------------------|
| ONGLYZA ( <i>saxagliptin hcl</i> ) | NF        |                                                      | HUMALOG MIX 75/25 KWIKPEN SUPN         | 2         | Limit 45mls per month; QL(1.5 ML daily)  |
| <i>saxagliptin hcl</i>             | 1         | QL(2 EA daily)                                       | HUMALOG MIX 75/25 SUSP                 | 2         | Limit 40mls per month; QL(1.34 ML daily) |
| Incretin Mimetic Agents            |           |                                                      | HUMALOG SOCT                           | 2         | Limit 45mls per month; QL(1.5 ML daily)  |
| <i>liraglutide</i>                 | 2         | QL(9 ML per 28 day(s) retail); PA                    | HUMALOG SOLN IJ                        | 2         | Limit 45mls per month; QL(1.5 ML daily)  |
| OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN | 2         | QL(3 ML per 28 day(s) retail); PA                    | HUMULIN 70/30 KWIKPEN SUPN             | 2         | Limit 45mls per month; QL(1.5 ML daily)  |
| OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN | 2         | QL(1.5 ML per 28 day(s) retail); PA                  | HUMULIN 70/30 SUSP                     | 2         | Limit 40mls per month; QL(1.34 ML daily) |
| OZEMPIC (1 MG/DOSE) SOPN 4 MG/3ML  | 2         | QL(3 ML per 28 day(s) retail); PA                    | HUMULIN N KWIKPEN SUPN                 | 2         | Limit 45mls per month; QL(1.5 ML daily)  |
| OZEMPIC (2 MG/DOSE) SOPN           | 2         | QL(3 ML per 28 day(s) retail); PA                    | HUMULIN N SUSP                         | 2         | Limit 45mls per month; QL(1.5 ML daily)  |
| RYBELSUS TABS                      | 2         | Not available through mail order; QL(1 EA daily); PA | HUMULIN R U-500 (CONCENTRATED) SOLN SC | 2         | Limit 40mls per month; QL(1.34 ML daily) |
| TRULICITY                          | 2         | QL(2 ML per 28 day(s) retail); PA                    | HUMULIN R U-500 KWIKPEN SOPN SC        | 2         | Limit 40mls per month; QL(1.34 ML daily) |
| VICTOZA ( <i>liraglutide</i> )     | NF        | QL(9 ML per 28 day(s) retail); PA                    | HUMULIN R SOLN IJ                      | 2         | Limit 40mls per month; QL(1.34 ML daily) |
| Insulin                            |           |                                                      | INSULIN GLARGINE-YFGN SOLN             | 2         | QL(1.5 ML daily)                         |
| AFREZZA POWD                       | 3         |                                                      | INSULIN GLARGINE-YFGN SOPN             | 2         | QL(1.5 ML daily)                         |
| AFREZZA POWD                       | 3         | QL(3 EA daily)                                       | INSULIN LISPRO (1 UNIT DIAL) SOPN      | 2         | QL(1.5 ML daily)                         |
| AFREZZA POWD                       | 3         | QL(6 EA daily)                                       | INSULIN LISPRO JUNIOR KWIKPEN SOPN     | 2         | QL(1.5 ML daily)                         |
| HUMALOG JUNIOR KWIKPEN SOPN        | 2         | QL(1.5 ML daily)                                     | INSULIN LISPRO PROT & LISPRO SUPN      | 2         | Limit 45mls per month; QL(1.5 ML daily)  |
| HUMALOG KWIKPEN SOPN 100 UNIT/ML   | 2         | Limit 45mls per month; QL(1.5 ML daily)              | INSULIN LISPRO SOLN IJ                 | 2         | QL(1.5 ML daily)                         |
| HUMALOG KWIKPEN SOPN 200 UNIT/ML   | 2         | QL(0.8 ML daily)                                     | TOUJEO MAX SOLOSTAR SOPN               | 2         | QL(0.2 ML daily)                         |
| HUMALOG MIX 50/50 KWIKPEN SUPN     | 2         | Limit 45mls per month; QL(1.5 ML daily)              |                                        |           |                                          |
| HUMALOG MIX 50/50 SUSP             | 2         | Limit 45mls per month; QL(1.5 ML daily)              |                                        |           |                                          |

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| Drug Name                                          | Drug Tier | Requirements/ Limits                      |
|----------------------------------------------------|-----------|-------------------------------------------|
| TOUJEO SOLOSTAR SOPN                               | 2         | Limit 3 pens per month; QL(0.15 ML daily) |
| TRESIBA FLEXTOUCH SOPN 200 UNIT/ML                 | 2         | QL(0.9 ML daily)                          |
| TRESIBA FLEXTOUCH SOPN 100 UNIT/ML                 | 2         | QL(1.5 ML daily)                          |
| TRESIBA SOLN                                       | 2         | QL(1.5 ML daily)                          |
| Insulin Sensitizing Agents                         |           |                                           |
| ACTOS 15 MG ( <i>pioglitazone hcl</i> )            | NF        |                                           |
| ACTOS 30 MG, 45 MG ( <i>pioglitazone hcl</i> )     | NF        | QL(1 EA daily)                            |
| <i>pioglitazone hcl 15 MG</i>                      | 1         |                                           |
| <i>pioglitazone hcl 30 MG, 45 MG</i>               | 1         | QL(1 EA daily)                            |
| Meglitinide Analogues                              |           |                                           |
| <i>nateglinide</i>                                 | 1         |                                           |
| <i>repaglinide</i>                                 | 1         |                                           |
| Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors |           |                                           |
| <i>dapagliflozin propanediol</i>                   | 2         | QL(1 EA daily)                            |
| FARXIGA ( <i>dapagliflozin propanediol</i> )       | 2         | QL(1 EA daily)                            |
| JARDIANCE                                          | 2         | QL(1 EA daily)                            |
| Sulfonylureas                                      |           |                                           |
| (Glipizide) GLIPIZIDE XL TB24                      | 1         |                                           |
| <i>glimepiride 1 MG, 2 MG, 4 MG</i>                | 1         |                                           |
| <i>glipizide TABS</i>                              | 1         |                                           |
| <i>glipizide TB24</i>                              | 1         |                                           |
| GLUCOTROL XL TB24 ( <i>glipizide</i> )             | NF        |                                           |
| <i>glyburide micronized 1.5 MG, 3 MG, 6 MG</i>     | 1         |                                           |
| <i>glyburide TABS</i>                              | 1         |                                           |

| Drug Name                                                                                                                             | Drug Tier | Requirements/ Limits                                     |
|---------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------------------------------|
| GLYNASE ( <i>glyburide micronized</i> )                                                                                               | NF        |                                                          |
| ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea                                                                              |           |                                                          |
| Antidiarrheal - Chloride Channel Antagonists                                                                                          |           |                                                          |
| MYTESI                                                                                                                                | 3         | QL(2 EA daily); PA                                       |
| Antiperistaltic Agents                                                                                                                |           |                                                          |
| (Loperamide Hcl) ANTI-DIARRHEAL, CVS ANTI-DIARRHEAL, EQ ANTI-DIARRHEAL, FT ANTI-DIARRHEAL, GNP ANTI-DIARRHEAL, QC ANTI-DIARRHEAL CAPS | 1         | RX/OTC                                                   |
| <i>diphenoxylate w/ atropine LIQD</i>                                                                                                 | 2         |                                                          |
| <i>diphenoxylate w/ atropine TABS</i>                                                                                                 | 1         |                                                          |
| IMODIUM A-D CAPS ( <i>loperamide hcl</i> )                                                                                            | NF        | RX/OTC                                                   |
| LOMOTIL TABS ( <i>diphenoxylate w/ atropine</i> )                                                                                     | NF        |                                                          |
| <i>loperamide hcl CAPS</i>                                                                                                            | 1         | RX/OTC                                                   |
| ANTIDOTES AND SPECIFIC ANTAGONISTS                                                                                                    |           |                                                          |
| Antidotes - Chelating Agents                                                                                                          |           |                                                          |
| CHEMET                                                                                                                                | 3         |                                                          |
| <i>deferasirox PACK</i>                                                                                                               | SP        | Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA |
| <i>deferasirox TABS</i>                                                                                                               | SP        | PA                                                       |
| <i>deferasirox TBSO</i>                                                                                                               | SP        | PA                                                       |
| <i>deferiprone TABS 500 MG</i>                                                                                                        | SP        | PA                                                       |
| EXJADE TBSO ( <i>deferasirox</i> )                                                                                                    | SP        | PA                                                       |
| FERRIPROX SOLN                                                                                                                        | SP        | PA                                                       |

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| Drug Name                                             | Drug Tier | Requirements/ Limits                                     |
|-------------------------------------------------------|-----------|----------------------------------------------------------|
| FERRIPROX TABS 500 MG ( <i>deferiprone</i> )          | SP        | PA                                                       |
| JADENU SPRINKLE PACK ( <i>deferasirox</i> )           | SP        | Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA |
| JADENU TABS ( <i>deferasirox</i> )                    | SP        | PA                                                       |
| Antidotes and Specific Antagonists                    |           |                                                          |
| ANDEXXA 200 MG                                        | SP        | PA                                                       |
| VISTOGARD                                             | SP        |                                                          |
| Opioid Antagonists                                    |           |                                                          |
| (Naloxone Hcl) FT NALOXONE HCL, GNP NALOXONE HCL LIQD | 1         | QL(4 EA per 30 day(s) retail); RX/OTC                    |
| KLOXXADO LIQD                                         | 2         |                                                          |
| <i>naloxone hcl LIQD</i>                              | 1         | QL(4 EA per 30 day(s) retail); RX/OTC                    |
| <i>naloxone hcl SOSY 2 MG/2ML</i>                     | 1         |                                                          |
| <i>naltrexone hcl</i>                                 | 1         |                                                          |
| NARCAN LIQD ( <i>naloxone hcl</i> )                   | NF        | QL(4 EA per 30 day(s) retail); RX/OTC                    |
| ANTIEMETICS - Drugs to Treat Nausea and Vomiting      |           |                                                          |
| 5-HT3 Receptor Antagonists                            |           |                                                          |
| ANZEMET TABS 50 MG                                    | 3         | Limit 2 per month; QL(0.07 EA daily); PA                 |
| <i>granisetron hcl TABS</i>                           | 1         | Limit 2 tablets per day; QL(2 EA daily); PA              |
| <i>ondansetron hcl SOLN PO 4 MG/5ML</i>               | 1         | Limit 50mls per month; QL(1.67 ML daily)                 |
| <i>ondansetron hcl TABS 4 MG, 8 MG</i>                | 1         | Limit 20 per month; QL(0.67 EA daily)                    |

| Drug Name                                                                                                                                                                                                          | Drug Tier | Requirements/ Limits                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------------------------------------------|
| <i>ondansetron TBDP 4 MG, 8 MG</i>                                                                                                                                                                                 | 1         | Limit 20 per month; QL(0.67 EA daily)          |
| SANCUSO PTCH                                                                                                                                                                                                       | SP        | Limit 1 patch per month; QL(0.04 EA daily); PA |
| Antiemetics - Anticholinergic                                                                                                                                                                                      |           |                                                |
| (Meclizine Hcl) BONINE, CVS MOTION SICKNESS RELIEF, DRAMAMINE MOTION SICKNESS, FT MOTION SICKNESS, GNP MOTION SICKNESS RELIEF, MOTION SICKNESS RELIEF, MOTION-TIME, QC TRAVEL EASE, RA MOTION SICKNESS RELIEF CHEW | 1         | RX/OTC                                         |
| ANTIVERT CHEW ( <i>meclizine hcl</i> )                                                                                                                                                                             | NF        | RX/OTC                                         |
| ANTIVERT TABS 50 MG ( <i>meclizine hcl</i> )                                                                                                                                                                       | NF        |                                                |
| <i>meclizine hcl CHEW</i>                                                                                                                                                                                          | 1         | RX/OTC                                         |
| <i>meclizine hcl TABS 50 MG</i>                                                                                                                                                                                    | 1         |                                                |
| <i>scopolamine</i>                                                                                                                                                                                                 | 1         |                                                |
| TRANSDERM-SCOP ( <i>scopolamine</i> )                                                                                                                                                                              | NF        |                                                |
| <i>trimethobenzamide hcl CAPS</i>                                                                                                                                                                                  | 1         |                                                |
| Antiemetics - Miscellaneous                                                                                                                                                                                        |           |                                                |
| AKYNZEO                                                                                                                                                                                                            | 3         | QL(2 EA per 28 day(s) retail)                  |
| DICLEGIS TBEC ( <i>doxylamine-pyridoxine</i> )                                                                                                                                                                     | NF        | QL(4 EA daily)                                 |
| <i>doxylamine-pyridoxine TBEC</i>                                                                                                                                                                                  | 1         | QL(4 EA daily)                                 |
| <i>dronabinol CAPS</i>                                                                                                                                                                                             | 2         | PA                                             |
| MARINOL CAPS ( <i>dronabinol</i> )                                                                                                                                                                                 | NF        | PA                                             |
| SYNDROS SOLN                                                                                                                                                                                                       | SP        | PA                                             |

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| Drug Name                                                   | Drug Tier | Requirements/ Limits                        | Drug Name                                           | Drug Tier | Requirements/ Limits |
|-------------------------------------------------------------|-----------|---------------------------------------------|-----------------------------------------------------|-----------|----------------------|
| Substance P/Neurokinin 1 (NK1) Receptor Antagonists         |           |                                             | <i>fluconazole SUSR</i>                             | 1         |                      |
| <i>aprepitant CAPS 40 MG</i>                                | 1         | Limit 2 per month; QL(0.07 EA daily)        | <i>fluconazole TABS</i>                             | 1         |                      |
| <i>aprepitant CAPS</i>                                      | 1         | Limit 3 per month; QL(0.1 EA daily)         | <i>itraconazole CAPS</i>                            | 1         | PA                   |
| <i>aprepitant CAPS 80 MG, 125 MG</i>                        | 1         | Limit 1 per year; QL(0.04 EA daily)         | <i>itraconazole SOLN</i>                            | 1         | PA                   |
| EMEND BIPACK CAPS 80 MG ( <i>aprepitant</i> )               | NF        | Limit 1 per year; QL(0.04 EA daily)         | <i>ketoconazole</i>                                 | 1         |                      |
| EMEND TRIPACK CAPS ( <i>aprepitant</i> )                    | NF        | Limit 3 per month; QL(0.1 EA daily)         | NOXAFIL SUSP ( <i>posaconazole</i> )                | NF        |                      |
| EMEND SUSR                                                  | 3         | QL(1 EA per 30 day(s) retail)               | NOXAFIL TBEC ( <i>posaconazole</i> )                | NF        |                      |
| VARUBI (180 MG DOSE) TBPB                                   | 3         | QL(4 EA per fill retail)                    | <i>posaconazole SUSP</i>                            | 1         |                      |
| ANTIFUNGALS - Drugs to Treat Fungal Infections              |           |                                             | <i>posaconazole TBEC</i>                            | 1         |                      |
| Antifungals                                                 |           |                                             | SPORANOX CAPS ( <i>itraconazole</i> )               | NF        | PA                   |
| ANCOBON ( <i>flucytosine</i> )                              | SP        |                                             | SPORANOX SOLN ( <i>itraconazole</i> )               | NF        | PA                   |
| <i>flucytosine</i>                                          | SP        |                                             | TOLSURA CAPS                                        | SP        | PA                   |
| <i>griseofulvin microsize SUSP</i>                          | 1         |                                             | VFEND SUSR ( <i>voriconazole</i> )                  | NF        |                      |
| <i>griseofulvin microsize TABS</i>                          | 1         |                                             | VFEND TABS 200 MG ( <i>voriconazole</i> )           | NF        | QL(2 EA daily)       |
| <i>griseofulvin ultramicrosize nystatin TABS</i>            | 1         |                                             | <i>voriconazole SUSR</i>                            | 1         |                      |
| <i>terbinafine hcl TABS</i>                                 | 1         | QL(1 EA daily; 90 EA per 365 day(s) retail) | <i>voriconazole TABS</i>                            | 1         | QL(2 EA daily)       |
| Imidazole-Related Antifungals                               |           |                                             | ANTIHIISTAMINES - Drugs to Treat Allergies          |           |                      |
| CRESEMBA CAPS 186 MG                                        | 3         | Not available through mail order            | Antihistamines - Ethanolamines                      |           |                      |
| DIFLUCAN SUSR ( <i>fluconazole</i> )                        | NF        |                                             | (Carbinoxamine Maleate) RYVENT TABS 6 MG            | 1         |                      |
| DIFLUCAN TABS 100 MG, 150 MG, 200 MG ( <i>fluconazole</i> ) | NF        |                                             | <i>carbinoxamine maleate SOLN</i>                   | 1         |                      |
|                                                             |           |                                             | <i>carbinoxamine maleate TABS</i>                   | 1         |                      |
|                                                             |           |                                             | CARBINOXAMINE MALEATE TABS                          | 3         |                      |
|                                                             |           |                                             | <i>clemastine fumarate TABS 2.68 MG</i>             | 1         |                      |
|                                                             |           |                                             | CLEMSZA TABS 2.68 MG ( <i>clemastine fumarate</i> ) | NF        |                      |
|                                                             |           |                                             | Antihistamines - Non-Sedating                       |           |                      |

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| Drug Name                                                                                                                         | Drug Tier | Requirements/ Limits      | Drug Name                                        | Drug Tier | Requirements/ Limits |
|-----------------------------------------------------------------------------------------------------------------------------------|-----------|---------------------------|--------------------------------------------------|-----------|----------------------|
| (Levocetirizine Dihydrochloride)<br>ALLERGY RELIEF, CVS<br>ALLERGY RELIEF, EQ<br>ALLERGY RELIEF, GNP<br>ALLERGY RELIEF 24 HR TABS | 1         | QL(1 EA daily);<br>RX/OTC | <b>Cholesterol</b>                               |           |                      |
|                                                                                                                                   |           |                           | Antihyperlipidemics - Combinations               |           |                      |
|                                                                                                                                   |           |                           | <i>ezetimibe-simvastatin</i>                     | 1         | QL(1 EA daily)       |
|                                                                                                                                   |           |                           | VYTORIN ( <i>ezetimibe-simvastatin</i> )         | NF        | QL(1 EA daily)       |
|                                                                                                                                   |           |                           | Antihyperlipidemics - Misc.                      |           |                      |
| CLARINEX TABS<br>( <i>desloratadine</i> )                                                                                         | NF        | QL(1 EA daily);<br>PA     | <i>icosapent ethyl</i>                           | 2         | PA                   |
| <i>desloratadine TABS</i>                                                                                                         | 1         | QL(1 EA daily);<br>PA     | LOVAZA ( <i>omega-3-acid ethyl esters</i> )      | NF        | QL(4 EA daily)       |
| <i>desloratadine TBDP</i>                                                                                                         | 1         | PA                        | <i>omega-3-acid ethyl esters</i>                 | 1         | QL(4 EA daily)       |
| <i>levocetirizine dihydrochloride SOLN</i>                                                                                        | 1         | PA; RX/OTC                | VASCEPA ( <i>icosapent ethyl</i> )               | 2         | PA                   |
| <i>levocetirizine dihydrochloride TABS</i>                                                                                        | 1         | QL(1 EA daily);<br>RX/OTC | Bile Acid Sequestrants                           |           |                      |
| XYZAL ALLERGY 24HR CHILDRENS SOLN<br>( <i>levocetirizine dihydrochloride</i> )                                                    | NF        | PA; RX/OTC                | (Cholestyramine Light) PREVALITE PACK            | 1         |                      |
| XYZAL ALLERGY 24HR TABS ( <i>levocetirizine dihydrochloride</i> )                                                                 | NF        | QL(1 EA daily);<br>RX/OTC | (Cholestyramine Light) PREVALITE POWD            | 1         |                      |
| Antihistamines - Phenothiazines                                                                                                   |           |                           | <i>cholestyramine light PACK</i>                 | 1         |                      |
| (Promethazine Hcl)<br>PROMETHEGAN SUPP 12.5 MG, 25 MG                                                                             | 2         |                           | <i>cholestyramine light POWD</i>                 | 1         |                      |
| (Promethazine Hcl)<br>PROMETHEGAN SUPP 50 MG                                                                                      | 2         | QL(3 EA daily)            | <i>cholestyramine PACK</i>                       | 1         |                      |
| <i>promethazine hcl SUPP 12.5 MG, 25 MG</i>                                                                                       | 2         |                           | <i>cholestyramine POWD</i>                       | 1         |                      |
| <i>promethazine hcl TABS 12.5 MG</i>                                                                                              | 1         |                           | <i>colesevelam hcl PACK</i>                      | 2         | QL(1 EA daily)       |
| <i>promethazine hcl TABS 50 MG</i>                                                                                                | 1         | QL(3 EA daily)            | <i>colesevelam hcl TABS</i>                      | 1         | QL(6 EA daily)       |
| <i>promethazine hcl TABS 25 MG</i>                                                                                                | 1         | QL(6 EA daily)            | COLESTID FLAVORED GRAN ( <i>colestipol hcl</i> ) | NF        |                      |
| Antihistamines - Piperidines                                                                                                      |           |                           | COLESTID FLAVORED PACK ( <i>colestipol hcl</i> ) | NF        |                      |
| <i>cyproheptadine hcl SYRP</i>                                                                                                    | 1         |                           | COLESTID GRAN ( <i>colestipol hcl</i> )          | NF        |                      |
| <i>cyproheptadine hcl TABS</i>                                                                                                    | 1         |                           | COLESTID PACK ( <i>colestipol hcl</i> )          | NF        |                      |
| <b>ANTIHYPERTENSIVES - Drugs to Treat High</b>                                                                                    |           |                           | COLESTID TABS ( <i>colestipol hcl</i> )          | NF        |                      |
|                                                                                                                                   |           |                           | <i>colestipol hcl GRAN</i>                       | 1         |                      |
|                                                                                                                                   |           |                           | <i>colestipol hcl PACK</i>                       | 2         |                      |
|                                                                                                                                   |           |                           | <i>colestipol hcl TABS</i>                       | 1         |                      |

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| Drug Name                                           | Drug Tier | Requirements/ Limits | Drug Name                                                 | Drug Tier | Requirements/ Limits                                         |
|-----------------------------------------------------|-----------|----------------------|-----------------------------------------------------------|-----------|--------------------------------------------------------------|
| QUESTRAN LIGHT POWD ( <i>cholestyramine light</i> ) | NF        |                      | TRILIPIX 45 MG ( <i>choline fenofibrate</i> )             | NF        |                                                              |
| QUESTRAN PACK ( <i>cholestyramine</i> )             | NF        |                      | TRILIPIX 135 MG ( <i>choline fenofibrate</i> )            | NF        | QL(1 EA daily)                                               |
| QUESTRAN POWD ( <i>cholestyramine</i> )             | NF        |                      | HMG CoA Reductase Inhibitors                              |           |                                                              |
| WELCHOL PACK ( <i>colesevelam hcl</i> )             | NF        | QL(1 EA daily)       | <i>atorvastatin calcium TABS</i>                          | 1         | QL(1 EA daily)                                               |
| WELCHOL TABS ( <i>colesevelam hcl</i> )             | NF        | QL(6 EA daily)       | CRESTOR TABS ( <i>rosuvastatin calcium</i> )              | NF        | QL(1 EA daily)                                               |
| Fibric Acid Derivatives                             |           |                      | <i>fluvastatin sodium CAPS</i>                            | 1         | QL(1 EA daily)                                               |
| ANTARA 90 MG ( <i>fenofibrate micronized</i> )      | NF        |                      | <i>fluvastatin sodium TB24</i>                            | 1         | QL(1 EA daily)                                               |
| <i>choline fenofibrate 45 MG</i>                    | 1         |                      | LESCOL XL TB24 ( <i>fluvastatin sodium</i> )              | NF        | QL(1 EA daily)                                               |
| <i>choline fenofibrate 135 MG</i>                   | 1         | QL(1 EA daily)       | LIPITOR TABS ( <i>atorvastatin calcium</i> )              | NF        | QL(1 EA daily)                                               |
| <i>fenofibrate micronized 130 MG, 200 MG</i>        | 1         | QL(1 EA daily)       | LIVALO ( <i>pitavastatin calcium</i> )                    | NF        | QL(1 EA daily); ST                                           |
| <i>fenofibrate micronized 67 MG, 90 MG, 134 MG</i>  | 1         |                      | <i>lovastatin TABS</i>                                    | 1         | \$0 copay for Generic only, age 40 to 75; PV                 |
| <i>fenofibrate CAPS</i>                             | 1         |                      | <i>pitavastatin calcium</i>                               | 1         | QL(1 EA daily); ST                                           |
| <i>fenofibrate TABS 145 MG</i>                      | 1         | QL(1 EA daily)       | <i>pravastatin sodium</i>                                 | 1         | \$0 copay for Generic only, age 40 to 75; QL(1 EA daily); PV |
| <i>fenofibrate TABS 54 MG</i>                       | 1         | QL(2 EA daily)       | <i>rosuvastatin calcium TABS</i>                          | 1         | QL(1 EA daily)                                               |
| <i>fenofibrate TABS 48 MG, 160 MG</i>               | 1         |                      | <i>simvastatin TABS</i>                                   | 1         | QL(1 EA daily)                                               |
| <i>fenofibric acid 105 MG</i>                       | 2         |                      | ZOCOR TABS 10 MG, 20 MG, 40 MG ( <i>simvastatin</i> )     | NF        | QL(1 EA daily)                                               |
| FENOGLIDE TABS ( <i>fenofibrate</i> )               | NF        |                      | Intestinal Cholesterol Absorption Inhibitors              |           |                                                              |
| FIBRICOR 105 MG ( <i>fenofibric acid</i> )          | NF        |                      | <i>ezetimibe</i>                                          | 1         |                                                              |
| FIBRICOR 35 MG ( <i>fenofibric acid</i> )           | 2         |                      | ZETIA ( <i>ezetimibe</i> )                                | NF        |                                                              |
| <i>gemfibrozil TABS</i>                             | 1         |                      | Microsomal Triglyceride Transfer Protein (MTP) Inhibitors |           |                                                              |
| LIPOFEN CAPS ( <i>fenofibrate</i> )                 | NF        |                      | JUXTAPID 5 MG, 10 MG, 20 MG, 30 MG                        | SP        | PA                                                           |
| LOPID TABS ( <i>gemfibrozil</i> )                   | NF        |                      | Nicotinic Acid Derivatives                                |           |                                                              |
| TRICOR TABS 48 MG ( <i>fenofibrate</i> )            | NF        |                      |                                                           |           |                                                              |
| TRICOR TABS 145 MG ( <i>fenofibrate</i> )           | NF        | QL(1 EA daily)       |                                                           |           |                                                              |

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| Drug Name                                                            | Drug Tier | Requirements/ Limits | Drug Name                                                  | Drug Tier | Requirements/ Limits       |
|----------------------------------------------------------------------|-----------|----------------------|------------------------------------------------------------|-----------|----------------------------|
| (Niacin (Antihyperlipidemic))<br>NIACOR TABS                         | 1         |                      | ZESTRIL TABS 40 MG<br>( <i>lisinopril</i> )                | NF        | QL(2 EA daily)             |
| <i>niacin (antihyperlipidemic) TABS</i>                              | 1         |                      | Agents for Pheochromocytoma                                |           |                            |
| <i>niacin (antihyperlipidemic) TBCR</i>                              | 1         |                      | DEMSEER ( <i>metyrosine</i> )                              | SP        |                            |
| Proprotein Convertase Subtilisin/Kexin Type 9 Inhibitors             |           |                      | DIBENZYLINE<br>( <i>phenoxybenzamine hcl</i> )             | NF        | Not available through mail |
| PRALUENT SOAJ                                                        | SP        | PA                   | <i>metyrosine</i>                                          | SP        |                            |
| ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure               |           |                      | <i>phenoxybenzamine hcl</i>                                | 1         | Not available through mail |
| ACE Inhibitors                                                       |           |                      | Angiotensin II Receptor Antagonists                        |           |                            |
| ACCUPRIL ( <i>quinapril hcl</i> )                                    | NF        |                      | ATACAND 32 MG<br>( <i>candesartan cilexetil</i> )          | NF        | QL(1 EA daily)             |
| ALTACE CAPS 1.25 MG, 5 MG, 10 MG ( <i>ramipril</i> )                 | NF        | QL(2 EA daily)       | ATACAND 4 MG, 8 MG, 16 MG ( <i>candesartan cilexetil</i> ) | NF        |                            |
| <i>benazepril hcl</i>                                                | 1         |                      | AVAPRO 150 MG, 300 MG ( <i>irbesartan</i> )                | NF        |                            |
| <i>captopril</i>                                                     | 1         |                      | BENICAR 40 MG<br>( <i>olmesartan medoxomil</i> )           | NF        | QL(1 EA daily)             |
| <i>enalapril maleate TABS</i>                                        | 1         | QL(2 EA daily)       | BENICAR 5 MG, 20 MG<br>( <i>olmesartan medoxomil</i> )     | NF        |                            |
| <i>fosinopril sodium</i>                                             | 1         |                      | <i>candesartan cilexetil 32 MG</i>                         | 1         | QL(1 EA daily)             |
| <i>lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG</i>             | 1         |                      | <i>candesartan cilexetil 4 MG, 8 MG, 16 MG</i>             | 1         |                            |
| <i>lisinopril TABS 40 MG</i>                                         | 1         | QL(2 EA daily)       | COZAAR ( <i>losartan potassium</i> )                       | NF        |                            |
| LOTENSIN 10 MG, 20 MG, 40 MG ( <i>benazepril hcl</i> )               | NF        |                      | DIOVAN TABS 40 MG, 80 MG, 320 MG ( <i>valsartan</i> )      | NF        |                            |
| <i>moexipril hcl</i>                                                 | 1         |                      | DIOVAN TABS 160 MG<br>( <i>valsartan</i> )                 | NF        | QL(2 EA daily)             |
| <i>perindopril erbumine</i>                                          | 1         |                      | EDARBI 80 MG                                               | 3         | QL(1 EA daily)             |
| QBRELIS SOLN                                                         | 3         | QL(5 ML daily)       | EDARBI 40 MG                                               | 3         |                            |
| <i>quinapril hcl</i>                                                 | 1         |                      | <i>irbesartan</i>                                          | 1         |                            |
| <i>ramipril CAPS</i>                                                 | 1         | QL(2 EA daily)       | <i>losartan potassium</i>                                  | 1         |                            |
| <i>trandolapril</i>                                                  | 1         |                      | MICARDIS 80 MG<br>( <i>telmisartan</i> )                   | NF        | QL(1 EA daily)             |
| VASOTEC TABS<br>( <i>enalapril maleate</i> )                         | NF        | QL(2 EA daily)       | MICARDIS 20 MG, 40 MG<br>( <i>telmisartan</i> )            | NF        |                            |
| ZESTRIL TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG ( <i>lisinopril</i> ) | NF        |                      | <i>olmesartan medoxomil 40 MG</i>                          | 1         | QL(1 EA daily)             |

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| Drug Name                                                                                              | Drug Tier | Requirements/ Limits | Drug Name                                                                                                       | Drug Tier | Requirements/ Limits |
|--------------------------------------------------------------------------------------------------------|-----------|----------------------|-----------------------------------------------------------------------------------------------------------------|-----------|----------------------|
| <i>olmesartan medoxomil</i> 5 MG, 20 MG                                                                | 1         |                      | <i>amlodipine besylate-valsartan</i> 10 MG-160 MG                                                               | 1         | QL(1 EA daily)       |
| <i>telmisartan</i> 20 MG, 40 MG                                                                        | 1         |                      | <i>amlodipine besylate-valsartan</i> 10 MG-320 MG, 5 MG-160 MG, 5 MG-320 MG                                     | 1         |                      |
| <i>telmisartan</i> 80 MG                                                                               | 1         | QL(1 EA daily)       | <i>amlodipine-valsartan-hydrochlorothiazide</i>                                                                 | 1         |                      |
| <i>valsartan</i> TABS 160 MG                                                                           | 1         | QL(2 EA daily)       | ATACAND HCT ( <i>candesartan cilexetil-hydrochlorothiazide</i> )                                                | NF        |                      |
| <i>valsartan</i> TABS 40 MG, 80 MG, 320 MG                                                             | 1         |                      | <i>atenolol &amp; chlorthalidone</i>                                                                            | 1         |                      |
| Antiadrenergic Antihypertensives                                                                       |           |                      | AVALIDE ( <i>irbesartan-hydrochlorothiazide</i> )                                                               | NF        |                      |
| CARDURA ( <i>doxazosin mesylate</i> )                                                                  | NF        |                      | <i>benazepril &amp; hydrochlorothiazide</i>                                                                     | 1         |                      |
| CATAPRES-TTS-1 PTWK ( <i>clonidine</i> )                                                               | NF        |                      | BENICAR HCT 12.5 MG-20 MG ( <i>olmesartan medoxomil-hydrochlorothiazide</i> )                                   | NF        |                      |
| CATAPRES-TTS-2 PTWK ( <i>clonidine</i> )                                                               | NF        |                      | BENICAR HCT 12.5 MG-40 MG, 25 MG-40 MG ( <i>olmesartan medoxomil-hydrochlorothiazide</i> )                      | NF        | QL(1 EA daily)       |
| CATAPRES-TTS-3 PTWK ( <i>clonidine</i> )                                                               | NF        |                      | <i>bisoprolol &amp; hydrochlorothiazide</i>                                                                     | 1         |                      |
| <i>clonidine hcl</i> TABS                                                                              | 1         |                      | <i>candesartan cilexetil-hydrochlorothiazide</i>                                                                | 1         |                      |
| <i>clonidine</i> PTWK                                                                                  | 1         |                      | <i>captopril &amp; hydrochlorothiazide</i>                                                                      | 1         |                      |
| <i>doxazosin mesylate</i>                                                                              | 1         |                      | DIOVAN HCT 25 MG-160 MG ( <i>valsartan-hydrochlorothiazide</i> )                                                | NF        | QL(1 EA daily)       |
| <i>guanfacine hcl</i>                                                                                  | 1         |                      | DIOVAN HCT 12.5 MG-160 MG, 12.5 MG-320 MG, 12.5 MG-80 MG, 25 MG-320 MG ( <i>valsartan-hydrochlorothiazide</i> ) | NF        |                      |
| <i>methyldopa</i> TABS                                                                                 | 1         |                      | EDARBYCLOR                                                                                                      | 3         | QL(1 EA daily)       |
| MINIPRESS CAPS ( <i>prazosin hcl</i> )                                                                 | NF        |                      | <i>enalapril maleate &amp; hydrochlorothiazide</i>                                                              | 1         |                      |
| <i>prazosin hcl</i> CAPS                                                                               | 1         |                      |                                                                                                                 |           |                      |
| <i>terazosin hcl</i> 10 MG                                                                             | 1         | QL(2 EA daily)       |                                                                                                                 |           |                      |
| <i>terazosin hcl</i> 1 MG, 2 MG, 5 MG                                                                  | 1         |                      |                                                                                                                 |           |                      |
| Antihypertensive Combinations                                                                          |           |                      |                                                                                                                 |           |                      |
| ACCURETIC 12.5 MG-10 MG, 12.5 MG-20 MG ( <i>quinapril-hydrochlorothiazide</i> )                        | NF        |                      |                                                                                                                 |           |                      |
| <i>amlodipine besylate-benazepril hcl</i> 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG, 40 MG-5 MG | 1         | QL(1 EA daily)       |                                                                                                                 |           |                      |
| <i>amlodipine besylate-benazepril hcl</i> 10 MG-2.5 MG                                                 | 1         |                      |                                                                                                                 |           |                      |

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| Drug Name                                                                                              | Drug Tier | Requirements/ Limits | Drug Name                                                                                        | Drug Tier | Requirements/ Limits |
|--------------------------------------------------------------------------------------------------------|-----------|----------------------|--------------------------------------------------------------------------------------------------|-----------|----------------------|
| EXFORGE 10 MG-320 MG, 5 MG-160 MG, 5 MG-320 MG ( <i>amlodipine besylate-valsartan</i> )                | NF        |                      | <i>olmesartan medoxomil-hydrochlorothiazide</i> 12.5 MG-20 MG                                    | 1         |                      |
| EXFORGE 10 MG-160 MG ( <i>amlodipine besylate-valsartan</i> )                                          | NF        | QL(1 EA daily)       | <i>olmesartan medoxomil-hydrochlorothiazide</i> 12.5 MG-40 MG, 25 MG-40 MG                       | 1         | QL(1 EA daily)       |
| EXFORGE HCT ( <i>amlodipine-valsartan-hydrochlorothiazide</i> )                                        | NF        |                      | <i>quinapril-hydrochlorothiazide</i> 12.5 MG-10 MG, 12.5 MG-20 MG                                | 1         |                      |
| <i>fosinopril sodium &amp; hydrochlorothiazide</i>                                                     | 1         |                      | <i>quinapril-hydrochlorothiazide</i> 25 MG-20 MG                                                 | 1         | QL(1 EA daily)       |
| HYZAAR ( <i>losartan potassium &amp; hydrochlorothiazide</i> )                                         | NF        |                      | <i>telmisartan-amlodipine</i>                                                                    | 1         |                      |
| <i>irbesartan-hydrochlorothiazide</i>                                                                  | 1         |                      | <i>telmisartan-hydrochlorothiazide</i>                                                           | 1         |                      |
| <i>lisinopril &amp; hydrochlorothiazide</i> 12.5 MG-10 MG, 12.5 MG-20 MG                               | 1         |                      | TENORETIC 100 ( <i>atenolol &amp; chlorthalidone</i> )                                           | NF        |                      |
| <i>lisinopril &amp; hydrochlorothiazide</i> 25 MG-20 MG                                                | 1         | QL(2 EA daily)       | TENORETIC 50 ( <i>atenolol &amp; chlorthalidone</i> )                                            | NF        |                      |
| <i>losartan potassium &amp; hydrochlorothiazide</i>                                                    | 1         |                      | <i>trandolapril-verapamil hcl</i>                                                                | 2         |                      |
| LOTENSIN HCT 12.5 MG-10 MG, 12.5 MG-20 MG, 25 MG-20 MG ( <i>benazepril &amp; hydrochlorothiazide</i> ) | NF        |                      | TRIBENZOR ( <i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i> )                         | NF        | ST                   |
| LOTREL 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG ( <i>amlodipine besylate-benazepril hcl</i> )  | NF        | QL(1 EA daily)       | <i>valsartan-hydrochlorothiazide</i> 12.5 MG-160 MG, 12.5 MG-320 MG, 12.5 MG-80 MG, 25 MG-320 MG | 1         |                      |
| <i>metoprolol &amp; hydrochlorothiazide</i> TABS                                                       | 1         |                      | <i>valsartan-hydrochlorothiazide</i> 25 MG-160 MG                                                | 1         | QL(1 EA daily)       |
| MICARDIS HCT ( <i>telmisartan-hydrochlorothiazide</i> )                                                | NF        |                      | VASERETIC 25 MG-10 MG ( <i>enalapril maleate &amp; hydrochlorothiazide</i> )                     | NF        |                      |
| <i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>                                             | 1         | ST                   | ZESTORETIC 12.5 MG-10 MG, 12.5 MG-20 MG ( <i>lisinopril &amp; hydrochlorothiazide</i> )          | NF        |                      |
|                                                                                                        |           |                      | ZESTORETIC 25 MG-20 MG ( <i>lisinopril &amp; hydrochlorothiazide</i> )                           | NF        | QL(2 EA daily)       |
| Antihypertensives - Misc.                                                                              |           |                      |                                                                                                  |           |                      |

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| Drug Name                                                           | Drug Tier | Requirements/ Limits         |
|---------------------------------------------------------------------|-----------|------------------------------|
| VECAMYL                                                             | 3         |                              |
| Direct Renin Inhibitors                                             |           |                              |
| <i>aliskiren fumarate</i>                                           | 1         |                              |
| TEKTURNA ( <i>aliskiren fumarate</i> )                              | NF        |                              |
| Selective Aldosterone Receptor Antagonists (SARAs)                  |           |                              |
| <i>eplerenone</i>                                                   | 1         |                              |
| INSPRA ( <i>eplerenone</i> )                                        | NF        |                              |
| Vasodilators                                                        |           |                              |
| <i>hydralazine hcl TABS</i>                                         | 1         |                              |
| <i>minoxidil 2.5 MG, 10 MG</i>                                      | 1         |                              |
| ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections |           |                              |
| Anti-infective Agents - Misc.                                       |           |                              |
| FLAGYL CAPS ( <i>metronidazole</i> )                                | NF        |                              |
| <i>metronidazole CAPS</i>                                           | 2         |                              |
| <i>metronidazole TABS 250 MG, 500 MG</i>                            | 1         |                              |
| NEBUPENT IN ( <i>pentamidine isethionate</i> )                      | NF        |                              |
| <i>pentamidine isethionate IN</i>                                   | 2         |                              |
| <i>tinidazole 250 MG</i>                                            | 1         | PA                           |
| <i>tinidazole 500 MG</i>                                            | 1         |                              |
| <i>trimethoprim TABS</i>                                            | 1         |                              |
| XIFAXAN 200 MG                                                      | 3         | QL(9 EA per fill retail); PA |
| XIFAXAN 550 MG                                                      | 3         | QL(2 EA daily); PA           |
| Anti-infective Misc. - Combinations                                 |           |                              |
| (Sulfamethoxazole-Trimethoprim)<br>SULFATRIM PEDIATRIC SUSP         | 1         |                              |

| Drug Name                                                | Drug Tier | Requirements/ Limits |
|----------------------------------------------------------|-----------|----------------------|
| BACTRIM DS TABS ( <i>sulfamethoxazole-trimethoprim</i> ) | NF        |                      |
| BACTRIM TABS ( <i>sulfamethoxazole-trimethoprim</i> )    | NF        |                      |
| <i>sulfamethoxazole-trimethoprim SUSP</i>                | 1         |                      |
| <i>sulfamethoxazole-trimethoprim TABS</i>                | 1         |                      |
| Antiprotozoal Agents                                     |           |                      |
| ALINIA SUSR                                              | 3         |                      |
| ALINIA TABS ( <i>nitazoxanide</i> )                      | NF        |                      |
| <i>atovaquone</i>                                        | 2         |                      |
| LAMPIT                                                   | SP        | AC; PA               |
| MEPRON ( <i>atovaquone</i> )                             | NF        |                      |
| <i>nitazoxanide TABS</i>                                 | 2         |                      |
| Carbapenems                                              |           |                      |
| <i>ertapenem sodium IJ</i>                               | SP        | PA                   |
| Glycopeptides                                            |           |                      |
| VANCOCIN CAPS ( <i>vancomycin hcl</i> )                  | NF        | QL(2 EA daily)       |
| <i>vancomycin hcl CAPS</i>                               | 1         | QL(2 EA daily)       |
| Leprostatics                                             |           |                      |
| <i>dapsone 100 MG</i>                                    | 1         | QL(4 EA daily)       |
| <i>dapsone 25 MG</i>                                     | 1         |                      |
| Lincosamides                                             |           |                      |
| CLEOCIN ( <i>clindamycin hcl</i> )                       | NF        |                      |
| CLEOCIN ( <i>clindamycin palmitate hydrochloride</i> )   | NF        |                      |
| <i>clindamycin hcl</i>                                   | 1         |                      |
| <i>clindamycin palmitate hydrochloride</i>               | 1         |                      |
| Monobactams                                              |           |                      |
| CAYSTON                                                  | SP        | PA                   |

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| Drug Name                                                            | Drug Tier | Requirements/ Limits                       | Drug Name                                                                | Drug Tier | Requirements/ Limits                      |
|----------------------------------------------------------------------|-----------|--------------------------------------------|--------------------------------------------------------------------------|-----------|-------------------------------------------|
| Oxazolidinones                                                       |           |                                            | <i>chloroquine phosphate TABS</i>                                        | 1         |                                           |
| <i>linezolid SUSR</i>                                                | 1         | QL(210 ML per 90 day(s) retail)            | <i>hydroxychloroquine sulfate 200 MG</i>                                 | 1         |                                           |
| <i>linezolid TABS</i>                                                | 1         | QL(20 EA per 90 day(s) retail)             | KRINTAFEL                                                                | 2         | QL(2 EA per 30 day(s) retail)             |
| ZYVOX SUSR ( <i>linezolid</i> )                                      | NF        | QL(210 ML per 90 day(s) retail)            | <i>mefloquine hcl</i>                                                    | 1         | QL(6 EA per fill retail; 6 per fill mail) |
| ZYVOX TABS ( <i>linezolid</i> )                                      | NF        | QL(20 EA per 90 day(s) retail)             | PLAQUENIL ( <i>hydroxychloroquine sulfate</i> )                          | NF        |                                           |
| Urinary Anti-infectives                                              |           |                                            | <i>primaquine phosphate TABS</i>                                         | 1         |                                           |
| <i>fosfomycin tromethamine</i>                                       | 1         |                                            | PRIMAQUINE PHOSPHATE TABS ( <i>primaquine phosphate</i> )                | NF        |                                           |
| HIPREX ( <i>methenamine hippurate</i> )                              | NF        |                                            | QUALAQUIN CAPS ( <i>quinine sulfate</i> )                                | NF        | QL(2 EA daily); PA                        |
| MACROBID ( <i>nitrofurantoin monohyd macro</i> )                     | NF        |                                            | <i>quinine sulfate CAPS 324 MG</i>                                       | 1         | QL(2 EA daily); PA                        |
| MACRODANTIN ( <i>nitrofurantoin macrocrystal</i> )                   | NF        |                                            | <b>ANTIMYASTHENIC/CHOLINERGIC AGENTS</b>                                 |           |                                           |
| <i>methenamine hippurate</i>                                         | 1         |                                            | Antimyasthenic/Cholinergic Agents                                        |           |                                           |
| <i>methenamine mandelate 1 GM</i>                                    | 1         |                                            | MESTINON SOLN PO ( <i>pyridostigmine bromide</i> )                       | SP        | PA                                        |
| MONUROL ( <i>fosfomycin tromethamine</i> )                           | NF        |                                            | MESTINON TABS ( <i>pyridostigmine bromide</i> )                          | NF        |                                           |
| <i>nitrofurantoin</i>                                                | 1         |                                            | MESTINON TBCR ( <i>pyridostigmine bromide</i> )                          | NF        |                                           |
| <i>nitrofurantoin macrocrystal</i>                                   | 1         |                                            | NEOSTIGMINE METHYLSULFATE RFID SOSY ( <i>neostigmine methylsulfate</i> ) | SP        | PA                                        |
| <i>nitrofurantoin monohyd macro</i>                                  | 1         |                                            | <i>neostigmine methylsulfate SOSY</i>                                    | SP        | PA                                        |
| <b>ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)</b> |           |                                            | NEOSTIGMINE METHYLSULFATE SOSY 3 MG/3ML                                  | SP        | PA                                        |
| Antimalarial Combinations                                            |           |                                            | <i>pyridostigmine bromide SOLN PO</i>                                    | SP        | PA                                        |
| <i>atovaquone-proguanil hcl</i>                                      | 1         |                                            | <i>pyridostigmine bromide TABS 60 MG</i>                                 | 1         |                                           |
| COARTEM                                                              | 2         | Limit 24 doses per month; QL(0.8 EA daily) |                                                                          |           |                                           |
| MALARONE ( <i>atovaquone-proguanil hcl</i> )                         | NF        |                                            |                                                                          |           |                                           |
| Antimalarials                                                        |           |                                            |                                                                          |           |                                           |

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| Drug Name                                                                            | Drug Tier | Requirements/ Limits |
|--------------------------------------------------------------------------------------|-----------|----------------------|
| <i>pyridostigmine bromide TBCR</i>                                                   | 2         |                      |
| <b>ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)</b> |           |                      |
| Antimycobacterial Agents                                                             |           |                      |
| <i>cycloserine</i>                                                                   | SP        |                      |
| <i>ethambutol hcl TABS</i>                                                           | 1         |                      |
| <i>isoniazid SYRP</i>                                                                | 1         |                      |
| <i>isoniazid TABS</i>                                                                | 1         |                      |
| MYAMBUTOL TABS 400 MG ( <i>ethambutol hcl</i> )                                      | NF        |                      |
| MYCOBUTIN ( <i>rifabutin</i> )                                                       | NF        |                      |
| PRIFTIN                                                                              | 3         |                      |
| <i>pyrazinamide</i>                                                                  | 1         |                      |
| <i>rifabutin</i>                                                                     | 2         |                      |
| <i>rifampin CAPS</i>                                                                 | 1         |                      |
| <b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer</b>              |           |                      |
| Alkylating Agents                                                                    |           |                      |
| <i>busulfan SOLN</i>                                                                 | SP        | PA                   |
| BUSULFEX SOLN ( <i>busulfan</i> )                                                    | SP        | PA                   |
| <i>cyclophosphamide CAPS</i>                                                         | 1         | AC                   |
| <i>cyclophosphamide CAPS</i>                                                         | 1         |                      |
| CYCLOPHOSPHAMIDE TABS                                                                | 2         |                      |
| GLEOSTINE 10 MG, 40 MG, 100 MG                                                       | 2         |                      |
| LEUKERAN                                                                             | 2         | AC                   |
| <i>melphalan</i>                                                                     | 1         | AC                   |
| <i>melphalan hcl IV</i>                                                              | SP        | PA                   |
| MYLERAN TABS                                                                         | 2         | AC                   |
| <i>temozolomide CAPS</i>                                                             | 2         | AC                   |
| Antimetabolites                                                                      |           |                      |
| <i>capecitabine</i>                                                                  | 2         | AC                   |
| <i>fludarabine phosphate SOLR</i>                                                    | SP        | PA                   |

| Drug Name                                                                       | Drug Tier | Requirements/ Limits                                                             |
|---------------------------------------------------------------------------------|-----------|----------------------------------------------------------------------------------|
| <i>mercaptopurine SUSP 2000 MG/100ML</i>                                        | 1         | AL(Up to 13 yrs old); AC                                                         |
| <i>mercaptopurine TABS</i>                                                      | 1         | AC                                                                               |
| <i>methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML</i> | 1         |                                                                                  |
| <i>methotrexate sodium SOLR</i>                                                 | 1         |                                                                                  |
| <i>methotrexate sodium TABS 2.5 MG</i>                                          | 1         | AC                                                                               |
| ONUREG TABS                                                                     | SP        | AC; PA                                                                           |
| PURIXAN SUSP 2000 MG/100ML ( <i>mercaptopurine</i> )                            | NF        | AL(Up to 13 yrs old); AC                                                         |
| TABLOID                                                                         | 2         | AC                                                                               |
| TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG                                         | 3         | AC                                                                               |
| XATMEP SOLN PO                                                                  | SP        | AC; PA                                                                           |
| XELODA ( <i>capecitabine</i> )                                                  | NF        | AC                                                                               |
| Antineoplastic - Angiogenesis Inhibitors                                        |           |                                                                                  |
| INLYTA                                                                          | SP        | Must use AcariaHealth Specialty Rx at 1-844-538-4661; AC; PA                     |
| LENVIMA (10 MG DAILY DOSE)                                                      | SP        | Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 EA daily); SP; AC; PA |
| LENVIMA (12 MG DAILY DOSE)                                                      | SP        | Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 EA daily); SP; AC; PA |

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| Drug Name                         | Drug Tier | Requirements/ Limits                                                             | Drug Name                                       | Drug Tier | Requirements/ Limits                                         |
|-----------------------------------|-----------|----------------------------------------------------------------------------------|-------------------------------------------------|-----------|--------------------------------------------------------------|
| LENVIMA (14 MG DAILY DOSE)        | SP        | Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 EA daily); SP; AC; PA | VENCLEXTA STARTING PACK TBPK                    | SP        | AC; PA                                                       |
| LENVIMA (18 MG DAILY DOSE)        | SP        | Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 EA daily); SP; AC; PA | VENCLEXTA TABS 10 MG                            | SP        | QL(2 EA daily); AC; PA                                       |
| LENVIMA (20 MG DAILY DOSE)        | SP        | Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 EA daily); SP; AC; PA | VENCLEXTA TABS 100 MG                           | SP        | QL(4 EA daily); AC; PA                                       |
| LENVIMA (24 MG DAILY DOSE)        | SP        | Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 EA daily); SP; AC; PA | VENCLEXTA TABS 50 MG                            | SP        | AC; PA                                                       |
| LENVIMA (4 MG DAILY DOSE)         | SP        | Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 EA daily); SP; AC; PA | Antineoplastic - EGFR Inhibitors                |           |                                                              |
| LENVIMA (8 MG DAILY DOSE)         | SP        | Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 EA daily); SP; AC; PA | <i>erlotinib hcl</i>                            | SP        | Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA     |
| Antineoplastic - Anti-HER2 Agents |           |                                                                                  | <i>gefitinib</i>                                | 2         | AC; PA                                                       |
| TRAZIMERA 420 MG                  | SP        | Covered under Medical Benefit; PA                                                | GILOTRIF                                        | SP        | Must use Accredo SP pharmacy; AC; PA                         |
| TUKYSA                            | SP        | PA                                                                               | IRESSA ( <i>gefitinib</i> )                     | NF        | AC; PA                                                       |
| Antineoplastic - BCL-2 Inhibitors |           |                                                                                  | TAGRISSE                                        | SP        | AC; PA                                                       |
|                                   |           |                                                                                  | TARCEVA 100 MG, 150 MG ( <i>erlotinib hcl</i> ) | NF        | Must use AcariaHealth Specialty Rx at 1-844-538-4661; AC     |
|                                   |           |                                                                                  | TARCEVA 25 MG ( <i>erlotinib hcl</i> )          | NF        | Must use AcariaHealth Specialty Rx at 1-844-538-4661         |
|                                   |           |                                                                                  | VIZIMPRO                                        | SP        | AC; PA                                                       |
|                                   |           |                                                                                  | Antineoplastic - Hedgehog Pathway Inhibitors    |           |                                                              |
|                                   |           |                                                                                  | DAURISMO                                        | SP        | AC; PA                                                       |
|                                   |           |                                                                                  | ERIVEDGE                                        | SP        | Must use AcariaHealth Specialty Rx at 1-844-538-4661; AC; PA |
|                                   |           |                                                                                  | ODOMZO                                          | SP        | AC; PA                                                       |
|                                   |           |                                                                                  | Antineoplastic - Hormonal and Related Agents    |           |                                                              |

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| Drug Name                                   | Drug Tier | Requirements/ Limits                                                  | Drug Name                             | Drug Tier | Requirements/ Limits                                                       |
|---------------------------------------------|-----------|-----------------------------------------------------------------------|---------------------------------------|-----------|----------------------------------------------------------------------------|
| (Abiraterone Acetate)<br>ABIRTEGA 250 MG    | SP        | PA; AC; Must use AcariaHlth Specialty pharmacy 1-844-538-4661; AC; PA | LUPRON DEPOT (1-MONTH) KIT IM 7.5 MG  | 2         | covered w-gender transformation diagnosis; PA required for other diagnosis |
| <i>abiraterone acetate</i>                  | SP        | PA; AC; Must use AcariaHlth Specialty pharmacy 1-844-538-4661; AC; PA | LUPRON DEPOT (1-MONTH) KIT IM 3.75 MG | 3         | covered w-gender transformation diagnosis; PA required for other diagnosis |
| <i>anastrozole</i>                          | PV        | AC                                                                    | LYSODREN                              | 2         | AC                                                                         |
| ARIMIDEX ( <i>anastrozole</i> )             | PV        | AC                                                                    | <i>megestrol acetate SUSP</i>         | 1         | AC                                                                         |
| AROMASIN ( <i>exemestane</i> )              | PV        | AC                                                                    | <i>megestrol acetate TABS</i>         | 1         | AC                                                                         |
| <i>bicalutamide</i>                         | 1         | QL(1 EA daily); AC                                                    | NILANDRON ( <i>nilutamide</i> )       | SP        | AC                                                                         |
| CASODEX ( <i>bicalutamide</i> )             | NF        | QL(1 EA daily); AC                                                    | <i>nilutamide</i>                     | SP        | AC                                                                         |
| ELIGARD SC                                  | 3         | PA                                                                    | NUBEQA                                | SP        | Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA           |
| EMCYT                                       | 2         | AC                                                                    | ORGOVYX                               | SP        | PA                                                                         |
| ERLEADA 240 MG                              | SP        | Must use AcariaHealth Specialty Rx at 1-844-538-4661; AC; PA          | SOLTAMOX SOLN                         | PV        | PV; AC                                                                     |
| ERLEADA 60 MG                               | SP        | Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA      | <i>tamoxifen citrate TABS</i>         | PV        | PV; AC                                                                     |
| EULEXIN                                     | 2         | AC                                                                    | <i>toremifene citrate</i>             | 2         | AC                                                                         |
| <i>exemestane</i>                           | PV        | AC                                                                    | VABRINTY KIT SC 22.5 MG, 45 MG        | 3         | PA                                                                         |
| FARESTON ( <i>toremifene citrate</i> )      | NF        | AC                                                                    | XTANDI CAPS                           | SP        | Must use AcariaHealth Specialty Rx at 1-844-538-4661; AC; PA               |
| FEMARA ( <i>letrozole</i> )                 | NF        | AC                                                                    | XTANDI TABS                           | SP        | Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA           |
| <i>letrozole</i>                            | 1         | AC                                                                    | YONSA                                 | SP        | SP; AC; PA                                                                 |
| <i>leuprolide acetate KIT IJ 1 MG/0.2ML</i> | 1         | PA                                                                    |                                       |           |                                                                            |

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| Drug Name                                   | Drug Tier | Requirements/ Limits                                                         | Drug Name                                        | Drug Tier | Requirements/ Limits                                                         |
|---------------------------------------------|-----------|------------------------------------------------------------------------------|--------------------------------------------------|-----------|------------------------------------------------------------------------------|
| ZYTIGA ( <i>abiraterone acetate</i> )       | SP        | PA; AC; Must use AcariaHlth Specialty pharmacy 1-844-538-4661; AC; PA        | AFINITOR TABS ( <i>everolimus</i> )              | SP        | Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 EA daily); AC; PA |
| Antineoplastic - Immunomodulators           |           |                                                                              | ALECENSA                                         | SP        | AC; PA                                                                       |
| POMALYST                                    | SP        | Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA             | ALUNBRIG TABS                                    | SP        | AC; PA                                                                       |
| Antineoplastic Antibiotics                  |           |                                                                              | ALUNBRIG TBPk                                    | SP        | AC; PA                                                                       |
| <i>mitoxantrone hcl 25 MG/12.5ML</i>        | 2         | SP; PA                                                                       | <i>bortezomib SOLR IJ</i>                        | SP        | PA                                                                           |
| Antineoplastic Combinations                 |           |                                                                              | BORTEZOMIB SOLR IJ 1 MG, 2.5 MG                  | SP        | PA                                                                           |
| INQOVI                                      | SP        | PA                                                                           | CABOMETYX TABS                                   | SP        | QL(1 EA daily); AC; PA                                                       |
| KISQALI FEMARA (200 MG DOSE)                | SP        | QL(2 EA daily); SP; AC; PA                                                   | CALQUENCE                                        | SP        | QL(2 EA daily); AC; PA                                                       |
| KISQALI FEMARA (400 MG DOSE)                | SP        | QL(2.5 EA daily); SP; AC; PA                                                 | CAPRELSA                                         | SP        | AC; PA                                                                       |
| KISQALI FEMARA (600 MG DOSE)                | SP        | QL(3.25 EA daily); SP; AC; PA                                                | COMETRIQ (100 MG DAILY DOSE) KIT                 | SP        | AC; PA                                                                       |
| LONSURF                                     | SP        | AC; PA                                                                       | COMETRIQ (140 MG DAILY DOSE) KIT                 | SP        | AC; PA                                                                       |
| Antineoplastic Enzyme Inhibitors            |           |                                                                              | COMETRIQ (60 MG DAILY DOSE) KIT                  | SP        | AC; PA                                                                       |
| (Everolimus) TORPENZ TABS                   | SP        | Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 EA daily); AC; PA | COPIKTRA                                         | SP        | SP; AC; PA                                                                   |
| AFINITOR DISPERZ TBSO ( <i>everolimus</i> ) | SP        | Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 EA daily); AC; PA | COTELLIC                                         | SP        | AC; PA                                                                       |
|                                             |           |                                                                              | <i>dasatinib</i>                                 | SP        | SP; AC; PA                                                                   |
|                                             |           |                                                                              | <i>dasatinib 80 MG</i>                           | SP        | LA; AC; PA                                                                   |
|                                             |           |                                                                              | <i>everolimus TABS</i>                           | SP        | Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 EA daily); AC; PA |
|                                             |           |                                                                              | <i>everolimus TBSO</i>                           | SP        | Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 EA daily); AC; PA |
|                                             |           |                                                                              | GLEEVEC TABS 100 MG ( <i>imatinib mesylate</i> ) | NF        | QL(3 EA daily); AC; PA                                                       |
|                                             |           |                                                                              | GLEEVEC TABS 400 MG ( <i>imatinib mesylate</i> ) | NF        | QL(2 EA daily); AC; PA                                                       |
|                                             |           |                                                                              | IBRANCE CAPS                                     | SP        | QL(1 EA daily); SP; AC; PA                                                   |

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| Drug Name                            | Drug Tier | Requirements/ Limits                                                               | Drug Name                             | Drug Tier | Requirements/ Limits                                             |
|--------------------------------------|-----------|------------------------------------------------------------------------------------|---------------------------------------|-----------|------------------------------------------------------------------|
| IBRANCE TABS                         | SP        | QL(1 EA daily); SP; AC; PA                                                         | LORBRENA                              | SP        | Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA |
| ICLUSIG                              | SP        | Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 EA daily); SP; AC; PA   | LUMAKRAS 120 MG                       | SP        | QL(3 EA daily); AC; PA                                           |
| IDHIFA                               | SP        | AC; PA                                                                             | LUMAKRAS 240 MG, 320 MG               | SP        | QL(2 EA daily); AC; PA                                           |
| <i>imatinib mesylate TABS 400 MG</i> | 2         | QL(2 EA daily); AC; PA                                                             | LYNPARZA TABS                         | SP        | Refer to Accredo SP Rx; QL(4 EA daily); AC; PA                   |
| <i>imatinib mesylate TABS 100 MG</i> | 2         | QL(3 EA daily); AC; PA                                                             | MEKINIST SOLR                         | SP        | PA                                                               |
| IMBRUVICA CAPS 140 MG                | SP        | QL(3 EA daily); AC; PA                                                             | MEKINIST TABS                         | SP        | AC; PA                                                           |
| IMBRUVICA CAPS 70 MG                 | SP        | QL(1 EA daily); AC; PA                                                             | NERLYNX                               | SP        | Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA |
| IMBRUVICA SUSP                       | SP        | QL(8 ML daily); AC; PA                                                             | NEXAVAR ( <i>sorafenib tosylate</i> ) | SP        | Must use AcariaHealth Specialty Rx at 1-844-538-4661; AC; PA     |
| IMBRUVICA TABS                       | SP        | QL(1 EA daily); AC; PA                                                             | <i>nilotinib hcl 50 MG</i>            | SP        | Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA |
| ISTODAX SOLR ( <i>romidepsin</i> )   | SP        | PA                                                                                 | <i>nilotinib hcl 150 MG, 200 MG</i>   | SP        | Must use AcariaHealth Specialty Rx at 1-844-538-4661; AC; PA     |
| JAKAFI                               | SP        | QL(2 EA daily); AC; PA                                                             | NINLARO                               | SP        | Limited to 3 capsules per month;; QL(0.1 EA daily); AC; PA       |
| KISQALI (200 MG DOSE)                | SP        | Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(2 EA daily); SP; AC; PA   | <i>pazopanib hcl</i>                  | SP        | Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA |
| KISQALI (400 MG DOSE)                | SP        | Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(2 EA daily); SP; AC; PA   |                                       |           |                                                                  |
| KISQALI (600 MG DOSE)                | SP        | Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(2.5 EA daily); SP; AC; PA |                                       |           |                                                                  |
| <i>lapatinib ditosylate</i>          | SP        | AC; PA                                                                             |                                       |           |                                                                  |

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| Drug Name                                       | Drug Tier | Requirements/ Limits                                                         | Drug Name                                                  | Drug Tier | Requirements/ Limits                                                         |
|-------------------------------------------------|-----------|------------------------------------------------------------------------------|------------------------------------------------------------|-----------|------------------------------------------------------------------------------|
| PIQRAY (200 MG DAILY DOSE)                      | SP        | AC; PA                                                                       | SUTENT 12.5 MG, 37.5 MG, 50 MG ( <i>sunitinib malate</i> ) | SP        | Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 EA daily); AC; PA |
| PIQRAY (250 MG DAILY DOSE)                      | SP        | QL(2 EA daily); AC; PA                                                       | TAFINLAR CAPS                                              | SP        | Must use AcariaHealth Specialty Rx at 1-844-538-4661; AC; PA                 |
| PIQRAY (300 MG DAILY DOSE)                      | SP        | QL(2 EA daily); AC; PA                                                       | TAFINLAR TBSO                                              | SP        | PA                                                                           |
| <i>romidepsin SOLR</i>                          | SP        | PA                                                                           | TALZENNA 0.25 MG, 1 MG                                     | SP        | AC; PA                                                                       |
| ROZLYTREK CAPS                                  | SP        | AC; PA                                                                       | TASIGNA 50 MG ( <i>nilotinib hcl</i> )                     | NF        | SP; AC                                                                       |
| RUBRACA                                         | SP        | AC; PA                                                                       | TASIGNA 150 MG, 200 MG ( <i>nilotinib hcl</i> )            | NF        | Must use AcariaHealth Specialty Rx at 1-844-538-4661; AC                     |
| RYDAPT                                          | SP        | Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA             | TASIGNA 150 MG, 200 MG ( <i>nilotinib hcl</i> )            | NF        | AC                                                                           |
| <i>sorafenib tosylate</i>                       | SP        | Must use AcariaHealth Specialty Rx at 1-844-538-4661; AC; PA                 | TAZVERIK                                                   | SP        | PA                                                                           |
| SPRYCEL ( <i>dasatinib</i> )                    | NF        | SP; AC                                                                       | <i>temsirolimus</i>                                        | SP        | PA                                                                           |
| STIVARGA                                        | SP        | Must use AcariaHealth Specialty Rx at 1-844-538-4661; AC; PA                 | TORISEL ( <i>temsirolimus</i> )                            | SP        | PA                                                                           |
| <i>sunitinib malate</i> 12.5 MG, 37.5 MG, 50 MG | SP        | Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 EA daily); AC; PA | TYKERB ( <i>lapatinib ditosylate</i> )                     | SP        | AC; PA                                                                       |
| <i>sunitinib malate</i> 25 MG                   | SP        | Must use AcariaHealth Specialty Rx at 1-844-538-4661; AC; PA                 | VELCADE SOLR IJ ( <i>bortezomib</i> )                      | SP        | PA                                                                           |
| SUTENT 25 MG ( <i>sunitinib malate</i> )        | SP        | Must use AcariaHealth Specialty Rx at 1-844-538-4661; AC; PA                 | VERZENIO                                                   | SP        | QL(2 EA daily); SP; AC; PA                                                   |
|                                                 |           |                                                                              | VITRAKVI CAPS                                              | SP        | AC; PA                                                                       |
|                                                 |           |                                                                              | VITRAKVI SOLN                                              | SP        | AC; PA                                                                       |
|                                                 |           |                                                                              | VOTRIENT ( <i>pazopanib hcl</i> )                          | SP        | Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA             |
|                                                 |           |                                                                              | XALKORI CAPS                                               | SP        | Must use AcariaHealth Specialty Rx at 1-844-538-4661; AC; PA                 |
|                                                 |           |                                                                              | XOSPATA                                                    | SP        | AC; PA                                                                       |

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| Drug Name                                                    | Drug Tier | Requirements/ Limits                                             |
|--------------------------------------------------------------|-----------|------------------------------------------------------------------|
| ZEJULA TABS                                                  | SP        | PA                                                               |
| ZELBORAF                                                     | SP        | AC; PA                                                           |
| ZOLINZA                                                      | SP        | AC; PA                                                           |
| ZYDELIG                                                      | 3         | AC; PA                                                           |
| ZYKADIA TABS                                                 | SP        | SP; AC; PA                                                       |
| Antineoplastics Misc.                                        |           |                                                                  |
| ACTIMMUNE 100 MCG/0.5ML                                      | SP        | PA                                                               |
| ALFERON N                                                    | SP        | PA                                                               |
| BESREMI                                                      | SP        | PA                                                               |
| <i>bexarotene</i>                                            | SP        | Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA |
| HYDREA ( <i>hydroxyurea</i> )                                | NF        | AC                                                               |
| <i>hydroxyurea</i>                                           | 1         | AC                                                               |
| MATULANE                                                     | SP        | AC; PA                                                           |
| TARGRETIN ( <i>bexarotene</i> )                              | SP        | Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA |
| <i>tretinoin (chemotherapy)</i>                              | 2         | AC                                                               |
| Chemotherapy Rescue/Antidote/Protective Agents               |           |                                                                  |
| <i>leucovorin calcium SOLR 50 MG, 100 MG, 200 MG, 350 MG</i> | SP        | PA                                                               |
| <i>leucovorin calcium TABS</i>                               | 1         |                                                                  |
| <i>leucovorin calcium TABS</i>                               | 1         | AC                                                               |
| <i>mesna TABS</i>                                            | 1         | AC                                                               |
| MESNEX TABS                                                  | 3         | AC                                                               |
| Mitotic Inhibitors                                           |           |                                                                  |
| ETOPOPHOS                                                    | 3         | PA                                                               |
| <i>etoposide CAPS</i>                                        | 2         |                                                                  |
| Topoisomerase I Inhibitors                                   |           |                                                                  |
| HYCANTIN CAPS                                                | SP        | AC; PA                                                           |

| Drug Name                                                                                                                                           | Drug Tier | Requirements/ Limits |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------|
| HYCANTIN SOLR ( <i>topotecan hcl</i> )                                                                                                              | SP        | PA                   |
| <i>topotecan hcl SOLR</i>                                                                                                                           | SP        | PA                   |
| ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease                                                                       |           |                      |
| Antiparkinson Adjunctive Therapy                                                                                                                    |           |                      |
| <i>carbidopa</i>                                                                                                                                    | 2         |                      |
| LODOSYN ( <i>carbidopa</i> )                                                                                                                        | NF        |                      |
| Antiparkinson Anticholinergics                                                                                                                      |           |                      |
| <i>benztropine mesylate TABS</i>                                                                                                                    | 1         |                      |
| <i>trihexyphenidyl hcl SOLN</i>                                                                                                                     | 1         |                      |
| <i>trihexyphenidyl hcl TABS</i>                                                                                                                     | 1         |                      |
| Antiparkinson COMT Inhibitors                                                                                                                       |           |                      |
| COMTAN ( <i>entacapone</i> )                                                                                                                        | NF        |                      |
| <i>entacapone</i>                                                                                                                                   | 1         |                      |
| TASMAR ( <i>tolcapone</i> )                                                                                                                         | SP        |                      |
| <i>tolcapone</i>                                                                                                                                    | SP        |                      |
| Antiparkinson Dopaminergics                                                                                                                         |           |                      |
| <i>amantadine hcl CAPS</i>                                                                                                                          | 1         |                      |
| <i>amantadine hcl TABS</i>                                                                                                                          | 1         |                      |
| <i>bromocriptine mesylate CAPS</i>                                                                                                                  | 1         |                      |
| <i>bromocriptine mesylate TABS 2.5 MG</i>                                                                                                           | 1         |                      |
| <i>carbidopa-levodopa-entacapone 100 MG-25 MG-200 MG, 125 MG-31.25 MG-200 MG, 150 MG-37.5 MG-200 MG, 200 MG-50 MG-200 MG, 75 MG-18.75 MG-200 MG</i> | 2         |                      |
| <i>carbidopa-levodopa-entacapone 50 MG-12.5 MG-200 MG</i>                                                                                           | 1         |                      |
| <i>carbidopa-levodopa TABS</i>                                                                                                                      | 1         |                      |
| <i>carbidopa-levodopa TBCR 200 MG-50 MG</i>                                                                                                         | 1         |                      |

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| Drug Name                                                                                                     | Drug Tier | Requirements/ Limits | Drug Name                                                                | Drug Tier | Requirements/ Limits |
|---------------------------------------------------------------------------------------------------------------|-----------|----------------------|--------------------------------------------------------------------------|-----------|----------------------|
| <i>carbidopa-levodopa</i><br><i>TBCR 100 MG-25 MG</i>                                                         | 1         | QL(8 EA daily)       | <i>ropinirole hydrochloride</i><br><i>TB24 2 MG, 4 MG, 6 MG, 8 MG</i>    | 1         |                      |
| <i>carbidopa-levodopa</i><br><i>TBDP</i>                                                                      | 2         |                      | <i>ropinirole hydrochloride</i><br><i>TB24 12 MG</i>                     | 1         | QL(2 EA daily)       |
| DHIVY TABS                                                                                                    | 2         |                      | RYTARY CPCR                                                              | 3         | QL(10 EA daily); PA  |
| DUOPA SUSP                                                                                                    | 3         | PA                   | SINEMET TABS 100 MG-10 MG, 100 MG-25 MG<br>( <i>carbidopa-levodopa</i> ) | NF        |                      |
| INBRIJA CAPS                                                                                                  | 3         | PA                   | STALEVO 100<br>( <i>carbidopa-levodopa-entacapone</i> )                  | NF        |                      |
| MIRAPEX ER TB24 0.375 MG, 0.75 MG, 1.5 MG, 2.25 MG, 3.75 MG, 4.5 MG<br>( <i>pramipexole dihydrochloride</i> ) | NF        |                      | STALEVO 125<br>( <i>carbidopa-levodopa-entacapone</i> )                  | NF        |                      |
| MIRAPEX ER TB24 3 MG<br>( <i>pramipexole dihydrochloride</i> )                                                | NF        | QL(1 EA daily)       | STALEVO 150<br>( <i>carbidopa-levodopa-entacapone</i> )                  | NF        |                      |
| NEUPRO                                                                                                        | 3         |                      | STALEVO 200<br>( <i>carbidopa-levodopa-entacapone</i> )                  | NF        |                      |
| PARLODEL CAPS<br>( <i>bromocriptine mesylate</i> )                                                            | NF        |                      | STALEVO 50 ( <i>carbidopa-levodopa-entacapone</i> )                      | NF        |                      |
| PARLODEL TABS<br>( <i>bromocriptine mesylate</i> )                                                            | NF        |                      | STALEVO 75 ( <i>carbidopa-levodopa-entacapone</i> )                      | NF        |                      |
| <i>pramipexole dihydrochloride</i> TABS 1 MG                                                                  | 1         | QL(4 EA daily)       | Antiparkinson Monoamine Oxidase Inhibitors                               |           |                      |
| <i>pramipexole dihydrochloride</i> TABS 0.125 MG, 0.25 MG, 0.5 MG, 0.75 MG                                    | 1         |                      | AZILECT ( <i>rasagiline mesylate</i> )                                   | NF        |                      |
| <i>pramipexole dihydrochloride</i> TABS 1.5 MG                                                                | 1         | QL(3 EA daily)       | <i>rasagiline mesylate</i>                                               | 1         |                      |
| <i>pramipexole dihydrochloride</i> TB24 3 MG                                                                  | 2         | QL(1 EA daily)       | <i>selegiline hcl</i> CAPS                                               | 1         | QL(2 EA daily)       |
| <i>pramipexole dihydrochloride</i> TB24 0.375 MG, 0.75 MG, 1.5 MG, 2.25 MG, 4.5 MG                            | 2         |                      | <i>selegiline hcl</i> TABS                                               | 1         | QL(2 EA daily)       |
| <i>pramipexole dihydrochloride</i> TB24 3.75 MG                                                               | 1         |                      | XADAGO                                                                   | 3         | PA                   |
| <i>ropinirole hydrochloride</i> TABS                                                                          | 1         |                      | ZELAPAR TBDP                                                             | 3         |                      |
|                                                                                                               |           |                      | ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders          |           |                      |
|                                                                                                               |           |                      | Antimanic Agents                                                         |           |                      |
|                                                                                                               |           |                      | <i>lithium</i>                                                           | 1         |                      |
|                                                                                                               |           |                      | <i>lithium carbonate</i> CAPS 300 MG                                     | 1         | QL(6 EA daily)       |

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| Drug Name                                                      | Drug Tier | Requirements/ Limits | Drug Name                                                         | Drug Tier | Requirements/ Limits |
|----------------------------------------------------------------|-----------|----------------------|-------------------------------------------------------------------|-----------|----------------------|
| <i>lithium carbonate CAPS 150 MG, 600 MG</i>                   | 1         |                      | <i>risperidone TABS 0.25 MG, 0.5 MG, 1 MG, 2 MG, 4 MG</i>         | 1         |                      |
| <i>lithium carbonate TABS</i>                                  | 1         |                      | <i>risperidone TBDP</i>                                           | 1         |                      |
| <i>lithium carbonate TBCR</i>                                  | 1         |                      | Butyrophenones                                                    |           |                      |
| LITHOBID TBCR ( <i>lithium carbonate</i> )                     | 3         |                      | <i>haloperidol lactate CONC</i>                                   | 1         |                      |
| Antipsychotics - Misc.                                         |           |                      | <i>haloperidol TABS</i>                                           | 1         |                      |
| EQUETRO                                                        | 3         |                      | Dibenzapines                                                      |           |                      |
| GEODON 20 MG, 40 MG ( <i>ziprasidone hcl</i> )                 | NF        |                      | <i>asenapine maleate</i>                                          | 2         |                      |
| GEODON 60 MG, 80 MG ( <i>ziprasidone hcl</i> )                 | NF        | QL(2 EA daily)       | <i>clozapine TABS</i>                                             | 1         |                      |
| LATUDA ( <i>lurasidone hcl</i> )                               | NF        |                      | <i>clozapine TBDP 12.5 MG</i>                                     | 1         |                      |
| <i>lurasidone hcl</i>                                          | 2         |                      | CLOZARIL TABS ( <i>clozapine</i> )                                | NF        |                      |
| NUPLAZID CAPS                                                  | SP        | QL(1 EA daily); PA   | <i>loxapine succinate</i>                                         | 1         |                      |
| NUPLAZID TABS 10 MG                                            | SP        | QL(1 EA daily); PA   | <i>olanzapine TABS 15 MG, 20 MG</i>                               | 1         | QL(1 EA daily)       |
| VRAYLAR CAPS                                                   | SP        |                      | <i>olanzapine TABS 2.5 MG, 5 MG, 7.5 MG, 10 MG</i>                | 1         |                      |
| VRAYLAR CPPK                                                   | SP        |                      | <i>olanzapine TBDP</i>                                            | 1         |                      |
| <i>ziprasidone hcl 20 MG, 40 MG</i>                            | 1         |                      | <i>quetiapine fumarate TABS 200 MG</i>                            | 1         | QL(4 EA daily)       |
| <i>ziprasidone hcl 60 MG, 80 MG</i>                            | 1         | QL(2 EA daily)       | <i>quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 150 MG</i>      | 1         |                      |
| Benzisoxazoles                                                 |           |                      | <i>quetiapine fumarate TABS 300 MG, 400 MG</i>                    | 1         | QL(2 EA daily)       |
| FANAPT                                                         | SP        | QL(2 EA daily)       | <i>quetiapine fumarate TB24</i>                                   | 1         |                      |
| FANAPT TITRATION PACK A                                        | SP        |                      | SAPHRIS ( <i>asenapine maleate</i> )                              | NF        |                      |
| INVEGA ( <i>paliperidone</i> )                                 | NF        |                      | SECUADO                                                           | 3         | QL(1 EA daily)       |
| <i>paliperidone</i>                                            | 1         |                      | SEROQUEL XR TB24 ( <i>quetiapine fumarate</i> )                   | NF        |                      |
| PERSERIS PRSY                                                  | SP        | PA                   | SEROQUEL TABS 300 MG, 400 MG ( <i>quetiapine fumarate</i> )       | NF        | QL(2 EA daily)       |
| RISPERDAL SOLN ( <i>risperidone</i> )                          | NF        |                      | SEROQUEL TABS 200 MG ( <i>quetiapine fumarate</i> )               | NF        | QL(4 EA daily)       |
| RISPERDAL TABS 0.5 MG, 1 MG, 2 MG, 4 MG ( <i>risperidone</i> ) | NF        |                      | SEROQUEL TABS 25 MG, 50 MG, 100 MG ( <i>quetiapine fumarate</i> ) | NF        |                      |
| RISPERDAL TABS 3 MG ( <i>risperidone</i> )                     | NF        | QL(2 EA daily)       |                                                                   |           |                      |
| <i>risperidone SOLN</i>                                        | 1         |                      |                                                                   |           |                      |
| <i>risperidone TABS 3 MG</i>                                   | 1         | QL(2 EA daily)       |                                                                   |           |                      |

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| Drug Name                                                      | Drug Tier | Requirements/ Limits |
|----------------------------------------------------------------|-----------|----------------------|
| VERSACLOZ SUSP                                                 | SP        | QL(18 ML daily)      |
| ZYPREXA ZYDIS TBDP ( <i>olanzapine</i> )                       | NF        |                      |
| ZYPREXA TABS 2.5 MG, 5 MG, 7.5 MG, 10 MG ( <i>olanzapine</i> ) | NF        |                      |
| ZYPREXA TABS 15 MG, 20 MG ( <i>olanzapine</i> )                | NF        | QL(1 EA daily)       |
| Dihydroindolones                                               |           |                      |
| <i>molindone hcl</i>                                           | 1         |                      |
| Phenothiazines                                                 |           |                      |
| (Prochlorperazine) COMPRO                                      | 1         | QL(2 EA daily)       |
| <i>chlorpromazine hcl TABS</i>                                 | 2         |                      |
| <i>fluphenazine hcl CONC</i>                                   | 1         |                      |
| <i>fluphenazine hcl ELIX</i>                                   | 2         |                      |
| <i>fluphenazine hcl TABS</i>                                   | 1         |                      |
| <i>perphenazine TABS</i>                                       | 1         |                      |
| <i>prochlorperazine</i>                                        | 1         | QL(2 EA daily)       |
| <i>prochlorperazine maleate TABS</i>                           | 1         |                      |
| <i>thioridazine hcl 10 MG, 25 MG, 100 MG</i>                   | 1         |                      |
| <i>thioridazine hcl 50 MG</i>                                  | 1         | QL(4 EA daily)       |
| <i>trifluoperazine hcl TABS</i>                                | 1         |                      |
| Quinolinone Derivatives                                        |           |                      |
| ABILIFY TABS 15 MG ( <i>aripiprazole</i> )                     | NF        | QL(2 EA daily)       |
| ABILIFY TABS 20 MG ( <i>aripiprazole</i> )                     | NF        | QL(1 EA daily)       |
| ABILIFY TABS 2 MG, 5 MG, 10 MG, 30 MG ( <i>aripiprazole</i> )  | NF        |                      |
| <i>aripiprazole SOLN PO</i>                                    | 2         |                      |
| <i>aripiprazole TABS 20 MG</i>                                 | 1         | QL(1 EA daily)       |
| <i>aripiprazole TABS 2 MG, 5 MG, 10 MG, 30 MG</i>              | 1         |                      |
| <i>aripiprazole TABS 15 MG</i>                                 | 1         | QL(2 EA daily)       |

| Drug Name                                                                                        | Drug Tier | Requirements/ Limits |
|--------------------------------------------------------------------------------------------------|-----------|----------------------|
| <i>aripiprazole TBDP</i>                                                                         | 1         | PA                   |
| REXULTI                                                                                          | 3         |                      |
| Thioxanthenes                                                                                    |           |                      |
| <i>thiothixene</i>                                                                               | 1         |                      |
| ANTISEPTICS & DISINFECTANTS                                                                      |           |                      |
| Antiseptics & Disinfectants                                                                      |           |                      |
| <i>formaldehyde SOLN 10 %</i>                                                                    | 1         |                      |
| ANTIVIRALS - Drugs to Treat Viral Infections                                                     |           |                      |
| Antiretrovirals                                                                                  |           |                      |
| <i>abacavir sulfate-lamivudine</i>                                                               | 1         |                      |
| <i>abacavir sulfate SOLN</i>                                                                     | 1         |                      |
| <i>abacavir sulfate TABS</i>                                                                     | 1         |                      |
| APTIVUS CAPS                                                                                     | 2         |                      |
| <i>atazanavir sulfate CAPS</i>                                                                   | 1         |                      |
| BIKTARVY                                                                                         | 2         |                      |
| CIMDUO                                                                                           | 2         |                      |
| COMBIVIR ( <i>lamivudine-zidovudine</i> )                                                        | NF        |                      |
| COMPLERA 200 MG-300 MG-25 MG ( <i>emtricitabine- rilpivirine-tenofovir disoproxil fumarate</i> ) | NF        |                      |
| <i>darunavir TABS</i>                                                                            | 1         |                      |
| DELSTRIGO                                                                                        | 2         |                      |
| DESCOVY 200 MG-25 MG                                                                             | PV        |                      |
| DOVATO                                                                                           | 2         |                      |
| EDURANT                                                                                          | 2         |                      |
| <i>efavirenz CAPS</i>                                                                            | 1         |                      |
| <i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>                                     | 1         | QL(1 EA daily)       |
| <i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>                                        | 1         |                      |
| <i>efavirenz TABS</i>                                                                            | 1         |                      |
| <i>emtricitabine CAPS</i>                                                                        | 1         |                      |

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| Drug Name                                                                                      | Drug Tier | Requirements/ Limits | Drug Name                                                              | Drug Tier | Requirements/ Limits |
|------------------------------------------------------------------------------------------------|-----------|----------------------|------------------------------------------------------------------------|-----------|----------------------|
| <i>emtricitabine-rilpivirine-tenofovir disoproxil fumarate</i>                                 | 1         |                      | <i>lopinavir-ritonavir SOLN</i>                                        | 1         |                      |
| <i>emtricitabine-tenofovir disoproxil fumarate 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG</i> | 1         | QL(1 EA daily)       | <i>lopinavir-ritonavir TABS</i>                                        | 1         |                      |
| <i>emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG</i>                               | PV        | QL(1 EA daily)       | <i>maraviroc TABS</i>                                                  | 1         |                      |
| EMTRIVA CAPS ( <i>emtricitabine</i> )                                                          | NF        |                      | <i>nevirapine SUSP</i>                                                 | 1         |                      |
| EMTRIVA SOLN                                                                                   | 2         |                      | <i>nevirapine TABS</i>                                                 | 1         |                      |
| EPIVIR SOLN ( <i>lamivudine</i> )                                                              | NF        |                      | <i>nevirapine TB24 400 MG</i>                                          | 1         |                      |
| EPIVIR TABS ( <i>lamivudine</i> )                                                              | NF        |                      | NORVIR PACK                                                            | 3         |                      |
| EPZICOM ( <i>abacavir sulfate-lamivudine</i> )                                                 | NF        |                      | NORVIR TABS ( <i>ritonavir</i> )                                       | NF        |                      |
| <i>etravirine</i>                                                                              | 1         |                      | ODEFSEY                                                                | 2         |                      |
| EVOTAZ                                                                                         | 2         |                      | PIFELTRO                                                               | 2         |                      |
| <i>fosamprenavir calcium TABS</i>                                                              | 1         |                      | PREZCOBIX                                                              | 2         |                      |
| FUZEON SOLR                                                                                    | SP        | PA                   | PREZISTA SUSP                                                          | 2         |                      |
| GENVOYA                                                                                        | 2         |                      | PREZISTA TABS 75 MG, 150 MG                                            | 2         |                      |
| INTELENCE ( <i>etravirine</i> )                                                                | NF        |                      | PREZISTA TABS ( <i>darunavir</i> )                                     | NF        |                      |
| INTELENCE 25 MG                                                                                | 2         |                      | RETROVIR CAPS ( <i>zidovudine</i> )                                    | NF        |                      |
| ISENTRESS HD TABS                                                                              | 2         |                      | RETROVIR SYRP ( <i>zidovudine</i> )                                    | NF        |                      |
| ISENTRESS CHEW                                                                                 | 2         |                      | REYATAZ CAPS 200 MG, 300 MG ( <i>atazanavir sulfate</i> )              | NF        |                      |
| ISENTRESS PACK                                                                                 | 2         |                      | REYATAZ PACK                                                           | 2         |                      |
| ISENTRESS TABS                                                                                 | 2         |                      | <i>ritonavir TABS</i>                                                  | 1         |                      |
| JULUCA                                                                                         | 2         |                      | RUKOBIA                                                                | SP        |                      |
| KALETRA SOLN                                                                                   | 2         |                      | SELZENTRY SOLN                                                         | 2         |                      |
| KALETRA TABS ( <i>lopinavir-ritonavir</i> )                                                    | NF        |                      | SELZENTRY TABS ( <i>maraviroc</i> )                                    | NF        |                      |
| <i>lamivudine SOLN</i>                                                                         | 1         |                      | STRIBILD                                                               | 2         |                      |
| <i>lamivudine TABS</i>                                                                         | 1         |                      | SYMFI ( <i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i> )    | NF        |                      |
| <i>lamivudine-zidovudine</i>                                                                   | 1         |                      | SYMFI LO ( <i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i> ) | NF        |                      |
| LEXIVA TABS ( <i>fosamprenavir calcium</i> )                                                   | NF        |                      | SYMTUZA                                                                | 2         |                      |
|                                                                                                |           |                      | <i>tenofovir disoproxil fumarate TABS</i>                              | 1         |                      |
|                                                                                                |           |                      | TIVICAY PD TBSO                                                        | 2         |                      |

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| Drug Name                                                                                                  | Drug Tier | Requirements/ Limits                                                         | Drug Name                                  | Drug Tier | Requirements/ Limits                    |
|------------------------------------------------------------------------------------------------------------|-----------|------------------------------------------------------------------------------|--------------------------------------------|-----------|-----------------------------------------|
| TIVICAY TABS                                                                                               | 2         |                                                                              | CMV Agents                                 |           |                                         |
| TRIUMEQ PD TBSO                                                                                            | 2         |                                                                              | VALCYTE SOLR ( <i>valganciclovir hcl</i> ) | NF        | Limit 630mls per month; QL(21 ML daily) |
| TRIUMEQ TABS                                                                                               | 2         |                                                                              | VALCYTE TABS ( <i>valganciclovir hcl</i> ) | NF        |                                         |
| TRUVADA 200 MG-300 MG ( <i>emtricitabine-tenofovir disoproxil fumarate</i> )                               | PV        | QL(1 EA daily)                                                               | <i>valganciclovir hcl SOLR</i>             | 1         | Limit 630mls per month; QL(21 ML daily) |
| TRUVADA 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG ( <i>emtricitabine-tenofovir disoproxil fumarate</i> ) | NF        | QL(1 EA daily)                                                               | <i>valganciclovir hcl TABS</i>             | 1         |                                         |
| TYBOST                                                                                                     | 2         |                                                                              | Hepatitis Agents                           |           |                                         |
| VIRACEPT TABS                                                                                              | 2         |                                                                              | <i>adefovir dipivoxil</i>                  | 2         |                                         |
| VIREAD POWD                                                                                                | 2         |                                                                              | BARACLUDE TABS ( <i>entecavir</i> )        | NF        |                                         |
| VIREAD TABS 150 MG, 200 MG, 250 MG                                                                         | 2         |                                                                              | <i>entecavir TABS</i>                      | 2         |                                         |
| VIREAD TABS ( <i>tenofovir disoproxil fumarate</i> )                                                       | NF        |                                                                              | EPCLUSA PACK                               | 2         | SP; PA                                  |
| ZIAGEN SOLN ( <i>abacavir sulfate</i> )                                                                    | NF        |                                                                              | EPCLUSA TABS                               | 2         | SP; PA                                  |
| ZIAGEN TABS ( <i>abacavir sulfate</i> )                                                                    | NF        |                                                                              | EPCLUSA TABS                               | 2         | SP; PA                                  |
| <i>zidovudine CAPS</i>                                                                                     | 1         |                                                                              | <i>lamivudine (hbv) TABS</i>               | 2         |                                         |
| <i>zidovudine SYRP</i>                                                                                     | 1         |                                                                              | MAVYRET TABS                               | SP        | PA                                      |
| <i>zidovudine TABS</i>                                                                                     | 1         |                                                                              | PEGASYS SOLN                               | 3         | SP; PA                                  |
| Antiviral Combinations                                                                                     |           |                                                                              | <i>ribavirin (hepatitis c) CAPS</i>        | 1         | PA                                      |
| MOLNUPIRAVIR (MOLNUPIRAVIR CAPS 200MG)                                                                     | 5         | Limits - QL (1 course of therapy (5 days) per month; AL (At least 18 yr old) | VEMLIDY                                    | SP        | SP; ST                                  |
| PAXLOVID (150/100)                                                                                         | PV        |                                                                              | VOSEVI                                     | 2         | SP; PA                                  |
| PAXLOVID (300/100)                                                                                         | PV        | PV                                                                           | Herpes Agents                              |           |                                         |
| PAXLOVID (NIRMATRELVIR 2 X 150MG & RITONAVIR) TAB PAK                                                      | 5         | Limits - QL (1 course of therapy (5 days) per month; AL (At least 12 yr old) | <i>acyclovir CAPS</i>                      | 1         |                                         |
| TPOXX (TECOVIRIMAT)                                                                                        | 5         |                                                                              | <i>acyclovir SUSP</i>                      | 1         |                                         |
|                                                                                                            |           |                                                                              | <i>acyclovir TABS PO 800 MG</i>            | 1         | QL(5 EA daily)                          |
|                                                                                                            |           |                                                                              | <i>acyclovir TABS PO 400 MG</i>            | 1         |                                         |
|                                                                                                            |           |                                                                              | <i>famciclovir</i>                         | 1         |                                         |
|                                                                                                            |           |                                                                              | <i>valacyclovir hcl 1 GM</i>               | 1         | QL(4 EA daily)                          |
|                                                                                                            |           |                                                                              | <i>valacyclovir hcl 500 MG</i>             | 1         | QL(8 EA daily)                          |
|                                                                                                            |           |                                                                              | VALTREX 1 GM ( <i>valacyclovir hcl</i> )   | NF        | QL(4 EA daily)                          |

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| Drug Name                                                  | Drug Tier | Requirements/ Limits            | Drug Name                                                  | Drug Tier | Requirements/ Limits    |
|------------------------------------------------------------|-----------|---------------------------------|------------------------------------------------------------|-----------|-------------------------|
| VALTREX 500 MG<br>( <i>valacyclovir hcl</i> )              | NF        | QL(8 EA daily)                  | COREG CR ( <i>carvedilol phosphate</i> )                   | NF        |                         |
| Influenza Agents                                           |           |                                 | <i>labetalol hcl TABS 100 MG, 200 MG, 300 MG</i>           | 1         |                         |
| <i>oseltamivir phosphate CAPS 75 MG</i>                    | 1         | QL(10 EA per fill retail)       | Beta Blockers Cardio-Selective                             |           |                         |
| <i>oseltamivir phosphate CAPS 30 MG, 45 MG</i>             | 1         |                                 | <i>acebutolol hcl CAPS</i>                                 | 1         |                         |
| <i>oseltamivir phosphate SUSR</i>                          | 1         | QL(75 ML daily; 5 Day(s) limit) | <i>atenolol TABS</i>                                       | 1         |                         |
| RELENZA DISKHALER                                          | 3         |                                 | <i>betaxolol hcl</i>                                       | 1         |                         |
| <i>rimantadine hydrochloride TABS</i>                      | 1         |                                 | <i>bisoprolol fumarate</i>                                 | 1         | QL(1 EA daily)          |
| TAMIFLU CAPS 30 MG, 45 MG ( <i>oseltamivir phosphate</i> ) | NF        |                                 | BYSTOLIC ( <i>nebivolol hcl</i> )                          | NF        |                         |
| TAMIFLU CAPS 75 MG ( <i>oseltamivir phosphate</i> )        | NF        | QL(10 EA per fill retail)       | LOPRESSOR TABS ( <i>metoprolol tartrate</i> )              | NF        |                         |
| TAMIFLU SUSR ( <i>oseltamivir phosphate</i> )              | NF        | QL(75 ML daily; 5 Day(s) limit) | <i>metoprolol succinate TB24</i>                           | 1         |                         |
| Misc. Antivirals                                           |           |                                 | <i>metoprolol tartrate TABS</i>                            | 1         |                         |
| LAGEVRIO                                                   | PV        |                                 | <i>nebivolol hcl</i>                                       | 1         |                         |
| TPOXX CAPS                                                 | PV        |                                 | TENORMIN TABS ( <i>atenolol</i> )                          | NF        |                         |
| Respiratory Syncytial Virus (RSV) Agents                   |           |                                 | TOPROL XL TB24 ( <i>metoprolol succinate</i> )             | NF        |                         |
| <i>ribavirin</i>                                           | 1         |                                 | Beta Blockers Non-Selective                                |           |                         |
| VIRAZOLE ( <i>ribavirin</i> )                              | NF        |                                 | BETAPACE AF ( <i>sotalol hcl (afib/afll)</i> )             | NF        |                         |
| BETA BLOCKERS - Drugs to Treat High Blood Pressure         |           |                                 | BETAPACE TABS 80 MG, 120 MG, 160 MG ( <i>sotalol hcl</i> ) | NF        |                         |
| Alpha-Beta Blockers                                        |           |                                 | CORGARD TABS 20 MG, 40 MG ( <i>nadolol</i> )               | NF        |                         |
| <i>carvedilol 6.25 MG, 12.5 MG, 25 MG</i>                  | 1         |                                 | HEMANGEOL SOLN PO                                          | 3         | AL(Up to 1 yrs old); PA |
| <i>carvedilol 3.125 MG</i>                                 | 1         | QL(2 EA daily)                  | INDERAL LA CP24 ( <i>propranolol hcl</i> )                 | NF        |                         |
| <i>carvedilol phosphate</i>                                | 1         |                                 | INDERAL XL                                                 | 3         |                         |
| COREG 3.125 MG ( <i>carvedilol</i> )                       | NF        | QL(2 EA daily)                  | INNOPRAN XL                                                | 3         |                         |
| COREG 6.25 MG, 12.5 MG, 25 MG ( <i>carvedilol</i> )        | NF        |                                 | <i>nadolol TABS 20 MG, 40 MG, 80 MG</i>                    | 1         |                         |
|                                                            |           |                                 | <i>pindolol TABS</i>                                       | 1         |                         |
|                                                            |           |                                 | <i>propranolol hcl CP24</i>                                | 1         |                         |
|                                                            |           |                                 | <i>propranolol hcl SOLN PO 20 MG/5ML, 40 MG/5ML</i>        | 1         |                         |

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| Drug Name                                                                                           | Drug Tier | Requirements/ Limits | Drug Name                                                        | Drug Tier | Requirements/ Limits |
|-----------------------------------------------------------------------------------------------------|-----------|----------------------|------------------------------------------------------------------|-----------|----------------------|
| <i>propranolol hcl TABS</i>                                                                         | 1         |                      | <i>diltiazem hcl coated beads CP24</i>                           | 1         | QL(1 EA daily)       |
| <i>sotalol hcl (afib/af)</i>                                                                        | 1         |                      | <i>diltiazem hcl extended release beads</i>                      | 1         |                      |
| <i>sotalol hcl TABS</i>                                                                             | 1         |                      | <i>diltiazem hcl CP12</i>                                        | 1         |                      |
| SOTYLIZE SOLN PO                                                                                    | 3         |                      | <i>diltiazem hcl CP24</i>                                        | 1         |                      |
| <i>timolol maleate TABS 10 MG</i>                                                                   | 1         | QL(6 EA daily)       | <i>diltiazem hcl TABS</i>                                        | 1         |                      |
| <i>timolol maleate TABS 5 MG, 20 MG</i>                                                             | 1         | QL(2 EA daily)       | <i>diltiazem hcl TB24</i>                                        | 1         |                      |
| <b>CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure</b>                                |           |                      | <i>felodipine 2.5 MG, 5 MG</i>                                   | 1         |                      |
| Calcium Channel Blockers                                                                            |           |                      | <i>felodipine 10 MG</i>                                          | 1         | QL(1 EA daily)       |
| (Diltiazem Hcl Coated Beads) CARTIA XT CP24 120 MG, 180 MG, 240 MG, 300 MG                          | 1         | QL(1 EA daily)       | <i>isradipine CAPS</i>                                           | 1         |                      |
| (Diltiazem Hcl Extended Release Beads) TAZTIA XT, TIADYLT ER                                        | 1         |                      | <i>nicardipine hcl CAPS</i>                                      | 2         |                      |
| (Diltiazem Hcl Extended Release Beads) TAZTIA XT, TIADYLT ER 120 MG, 180 MG, 240 MG, 300 MG, 360 MG | 1         |                      | <i>nifedipine CAPS</i>                                           | 1         |                      |
| (Diltiazem Hcl) DILT-XR CP24                                                                        | 1         |                      | <i>nifedipine TB24 30 MG, 60 MG</i>                              | 1         |                      |
| (Diltiazem Hcl) MATZIM LA TB24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG                               | 1         |                      | <i>nifedipine TB24</i>                                           | 1         | QL(1 EA daily)       |
| <i>amlodipine besylate TABS 5 MG, 10 MG</i>                                                         | 1         | QL(1 EA daily)       | <i>nimodipine CAPS</i>                                           | 2         |                      |
| <i>amlodipine besylate TABS 2.5 MG</i>                                                              | 1         | QL(2 EA daily)       | <i>nimodipine SOLN</i>                                           | 1         |                      |
| CARDIZEM CD CP24 ( <i>diltiazem hcl coated beads</i> )                                              | NF        | QL(1 EA daily)       | <i>nisoldipine</i>                                               | 2         |                      |
| CARDIZEM LA TB24 ( <i>diltiazem hcl</i> )                                                           | NF        |                      | NORVASC TABS 2.5 MG ( <i>amlodipine besylate</i> )               | NF        | QL(2 EA daily)       |
| CARDIZEM TABS 30 MG, 60 MG, 120 MG ( <i>diltiazem hcl</i> )                                         | NF        |                      | NORVASC TABS 5 MG, 10 MG ( <i>amlodipine besylate</i> )          | NF        | QL(1 EA daily)       |
|                                                                                                     |           |                      | PROCARDIA XL TB24 ( <i>nifedipine</i> )                          | NF        | QL(1 EA daily)       |
|                                                                                                     |           |                      | SULAR 8.5 MG, 17 MG, 34 MG ( <i>nisoldipine</i> )                | NF        |                      |
|                                                                                                     |           |                      | TIAZAC ( <i>diltiazem hcl extended release beads</i> )           | NF        |                      |
|                                                                                                     |           |                      | VERAPAMIL HCL ER CP24 ( <i>verapamil hcl</i> )                   | NF        |                      |
|                                                                                                     |           |                      | <i>verapamil hcl CP24 100 MG, 120 MG, 200 MG, 240 MG, 300 MG</i> | 1         |                      |
|                                                                                                     |           |                      | <i>verapamil hcl CP24 360 MG</i>                                 | 1         | QL(1 EA daily)       |
|                                                                                                     |           |                      | <i>verapamil hcl CP24 180 MG</i>                                 | 1         | QL(2 EA daily)       |
|                                                                                                     |           |                      | <i>verapamil hcl TABS</i>                                        | 1         |                      |

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| Drug Name                                                                                                                                             | Drug Tier | Requirements/ Limits | Drug Name                                                                                                              | Drug Tier | Requirements/ Limits                           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------|------------------------------------------------------------------------------------------------------------------------|-----------|------------------------------------------------|
| <i>verapamil hcl TBCR 120 MG</i>                                                                                                                      | 1         |                      | CADUET 10 MG-10 MG, 5 MG-10 MG, 5 MG-20 MG, 5 MG-40 MG, 5 MG-80 MG ( <i>amlodipine besylate-atorvastatin calcium</i> ) | NF        | PA                                             |
| <i>verapamil hcl TBCR 180 MG, 240 MG</i>                                                                                                              | 1         | QL(2 EA daily)       | CADUET 10 MG-20 MG, 10 MG-40 MG, 10 MG-80 MG ( <i>amlodipine besylate-atorvastatin calcium</i> )                       | NF        |                                                |
| VERELAN PM CP24 ( <i>verapamil hcl</i> )                                                                                                              | 3         |                      | ENTRESTO CPSP                                                                                                          | 3         |                                                |
| VERELAN CP24 180 MG ( <i>verapamil hcl</i> )                                                                                                          | NF        | QL(2 EA daily)       | ENTRESTO TABS 103 MG-97 MG, 26 MG-24 MG, 51 MG-49 MG ( <i>sacubitril-valsartan</i> )                                   | NF        | QL(2 EA daily)                                 |
| VERELAN CP24 360 MG ( <i>verapamil hcl</i> )                                                                                                          | 2         | QL(1 EA daily)       | <i>isosorbide dinitrate-hydralazine hcl</i>                                                                            | 1         |                                                |
| VERELAN CP24 120 MG, 240 MG ( <i>verapamil hcl</i> )                                                                                                  | NF        |                      | <i>sacubitril-valsartan TABS</i>                                                                                       | 1         | QL(2 EA daily)                                 |
| <b>CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm</b>                                                                          |           |                      | <b>Impotence Agents</b>                                                                                                |           |                                                |
| Cardiac Glycosides                                                                                                                                    |           |                      | CIALIS 5 MG, 10 MG, 20 MG ( <i>tadalafil</i> )                                                                         | NF        | QL(0.27 EA daily); AL(At least 21 yrs old); PA |
| <i>digoxin SOLN PO 0.05 MG/ML</i>                                                                                                                     | 1         |                      | CIALIS 2.5 MG ( <i>tadalafil</i> )                                                                                     | NF        | QL(1 EA daily); PA                             |
| <i>digoxin TABS 62.5 MCG, 125 MCG, 250 MCG</i>                                                                                                        | 1         |                      | <i>sildenafil citrate</i>                                                                                              | 1         | QL(0.27 EA daily); PA                          |
| LANOXIN TABS 125 MCG, 250 MCG ( <i>digoxin</i> )                                                                                                      | 3         |                      | <i>tadalafil 5 MG, 10 MG, 20 MG</i>                                                                                    | 1         | QL(0.27 EA daily); AL(At least 21 yrs old); PA |
| LANOXIN TABS 62.5 MCG ( <i>digoxin</i> )                                                                                                              | NF        |                      | <i>tadalafil 2.5 MG</i>                                                                                                | 1         | QL(1 EA daily); PA                             |
| <b>CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions</b>                                                                |           |                      | VIAGRA ( <i>sildenafil citrate</i> )                                                                                   | NF        | QL(0.27 EA daily); PA                          |
| Cardiovascular Agents Misc. - Combinations                                                                                                            |           |                      | <b>Prostaglandin Vasodilators</b>                                                                                      |           |                                                |
| <i>amlodipine besylate-atorvastatin calcium 10 MG-20 MG, 10 MG-40 MG, 10 MG-80 MG</i>                                                                 | 2         |                      | ORENITRAM MONTH 1 TEPK                                                                                                 | SP        | PA                                             |
| <i>amlodipine besylate-atorvastatin calcium 10 MG-10 MG, 2.5 MG-10 MG, 2.5 MG-20 MG, 2.5 MG-40 MG, 5 MG-10 MG, 5 MG-20 MG, 5 MG-40 MG, 5 MG-80 MG</i> | 2         | PA                   | ORENITRAM MONTH 2 TEPK                                                                                                 | SP        | PA                                             |
| BIDIL ( <i>isosorbide dinitrate-hydralazine hcl</i> )                                                                                                 | NF        |                      | ORENITRAM MONTH 3 TEPK                                                                                                 | SP        | PA                                             |
|                                                                                                                                                       |           |                      | ORENITRAM TBCR                                                                                                         | SP        | PA                                             |

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| Drug Name                                             | Drug Tier | Requirements/ Limits                                                     | Drug Name                                                           | Drug Tier | Requirements/ Limits |
|-------------------------------------------------------|-----------|--------------------------------------------------------------------------|---------------------------------------------------------------------|-----------|----------------------|
| TYVASO DPI INSTITUTIONAL KIT POWD                     | SP        | QL(4 EA daily); PA                                                       | (Tadalafil (Pulmonary Hypertension)) ALYQ TABS                      | SP        | QL(2 EA daily); PA   |
| TYVASO DPI MAINTENANCE KIT POWD                       | SP        | QL(4 EA daily); PA                                                       | ADCIRCA TABS ( <i>tadalafil (pulmonary hypertension)</i> )          | SP        | QL(2 EA daily); PA   |
| TYVASO DPI TITRATION KIT POWD                         | SP        | QL(7 EA daily); PA                                                       | REVATIO SUSR ( <i>sildenafil citrate (pulmonary hypertension)</i> ) | SP        | PA                   |
| TYVASO DPI TITRATION KIT POWD                         | SP        | QL(9 EA daily); PA                                                       | REVATIO TABS ( <i>sildenafil citrate (pulmonary hypertension)</i> ) | NF        | QL(3 EA daily); PA   |
| TYVASO REFILL KIT SOLN IN                             | SP        | PA                                                                       | <i>sildenafil citrate (pulmonary hypertension) SUSR</i>             | SP        | PA                   |
| TYVASO STARTER KIT SOLN IN                            | SP        | PA                                                                       | <i>sildenafil citrate (pulmonary hypertension) TABS</i>             | 1         | QL(3 EA daily); PA   |
| TYVASO SOLN IN                                        | SP        | PA                                                                       | <i>tadalafil (pulmonary hypertension) TABS</i>                      | SP        | QL(2 EA daily); PA   |
| VENTAVIS IN                                           | SP        | PA                                                                       | Pulmonary Hypertension - Endothelin Receptor Antagonists            |           |                      |
| <i>ambrisentan</i>                                    | SP        | Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 EA daily); PA | Pulmonary Hypertension - Prostacyclin Receptor Agonist              |           |                      |
| <i>bosentan TABS</i>                                  | SP        | PA                                                                       | UPTRAVI TITRATION TBPk                                              | SP        | PA                   |
| <i>bosentan TBSO 32 MG</i>                            | SP        | PA                                                                       | UPTRAVI TABS                                                        | SP        | QL(2 EA daily); PA   |
| LETAIRIS ( <i>ambrisentan</i> )                       | SP        | Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 EA daily); PA | Pulmonary Hypertension - Sol Guanylate Cyclase Stimulator           |           |                      |
| OPSUMIT                                               | SP        | PA                                                                       | ADEMPAS                                                             | SP        | PA                   |
| TRACLEER TABS 125 MG ( <i>bosentan</i> )              | NF        |                                                                          | Sinus Node Inhibitors                                               |           |                      |
| TRACLEER TABS 62.5 MG ( <i>bosentan</i> )             | NF        | USE BOSENTAN TABS                                                        | CORLANOR TABS ( <i>ivabradine hcl</i> )                             | NF        | QL(2 EA daily); ST   |
| TRACLEER TBSO 32 MG ( <i>bosentan</i> )               | SP        | PA                                                                       | <i>ivabradine hcl TABS</i>                                          | 2         | QL(2 EA daily); ST   |
| Pulmonary Hypertension - Phosphodiesterase Inhibitors |           |                                                                          | CEPHALOSPORINS - Drugs to Treat Bacterial Infections                |           |                      |
|                                                       |           |                                                                          | Cephalosporins - 1st Generation                                     |           |                      |
|                                                       |           |                                                                          | <i>cefadroxil CAPS</i>                                              | 1         |                      |
|                                                       |           |                                                                          | <i>cefadroxil SUSR</i>                                              | 1         |                      |
|                                                       |           |                                                                          | <i>cefadroxil TABS</i>                                              | 1         |                      |

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| Drug Name                                   | Drug Tier | Requirements/ Limits | Drug Name                                                                                                                   | Drug Tier | Requirements/ Limits |
|---------------------------------------------|-----------|----------------------|-----------------------------------------------------------------------------------------------------------------------------|-----------|----------------------|
| <i>cefazolin sodium SOLR IV 1 GM</i>        | SP        | PA                   | (Desogestrel & Ethinyl Estradiol) APRI, CYRED EQ, EMOQUETTE, ENSKYCE, ISIBLOOM, JULEBER, KALLIGA, RECLIPSEN 0.03 MG-0.15 MG | PV        | PV                   |
| <i>cephalexin CAPS</i>                      | 1         |                      | (Desogestrel & Ethinyl Estradiol) APRI, CYRED EQ, EMOQUETTE, ENSKYCE, ISIBLOOM, JULEBER, KALLIGA, RECLIPSEN 30 MCG-0.15 MG  | PV        | PV                   |
| <i>cephalexin SUSR</i>                      | 1         |                      | (Desogestrel-Ethinyl Estradiol (Biphasic)) AZURETTE, KARIVA, PIMTREA, SIMLIYA, VIORELE, VOLNEA                              | PV        | PV                   |
| Cephalosporins - 2nd Generation             |           |                      | (Desogestrel-Ethinyl Estradiol (Triphasic)) VELIVET                                                                         | PV        | PV                   |
| CEFACLOR ER TB12                            | 3         |                      | (Drospirenone-Ethinyl Estradiol) JASMIEL, LO-ZUMANDIMINE, LORYNA, NIKKI, OCELLA, SYEDA, VESTURA, ZUMANDIMINE 0.03 MG-3 MG   | PV        | PV                   |
| <i>cefaclor CAPS</i>                        | 1         |                      | (Drospirenone-Ethinyl Estradiol) JASMIEL, LO-ZUMANDIMINE, LORYNA, NIKKI, OCELLA, SYEDA, VESTURA, ZUMANDIMINE 0.02 MG-3 MG   | PV        | PV                   |
| <i>cefaclor SUSR 125 MG/5ML, 375 MG/5ML</i> | 1         |                      | (Drospirenone-Ethinyl Estradiol-Levomefolate Calcium) TYDEMY 0.03 MG-3 MG-0.451 MG                                          | PV        | PV                   |
| CEFOTAN IJ ( <i>cefotetan disodium</i> )    | SP        | PA                   | (Ethinodiol Diacet & Eth Estrad) KELNOR 1/35, KELNOR 1/50, VALTYA 1/50, ZOVIA 1/35 (28)                                     | PV        | PV                   |
| <i>cefotetan disodium IJ 1 GM, 2 GM</i>     | SP        | PA                   |                                                                                                                             |           |                      |
| <i>cefoxitin sodium IV 1 GM, 2 GM</i>       | SP        | PA                   |                                                                                                                             |           |                      |
| CEFOXITIN SODIUM-DEXTROSE                   | SP        | PA                   |                                                                                                                             |           |                      |
| <i>cefprozil SUSR</i>                       | 1         |                      |                                                                                                                             |           |                      |
| <i>cefprozil TABS</i>                       | 1         |                      |                                                                                                                             |           |                      |
| <i>cefuroxime axetil TABS</i>               | 1         |                      |                                                                                                                             |           |                      |
| Cephalosporins - 3rd Generation             |           |                      |                                                                                                                             |           |                      |
| <i>cefdinir CAPS</i>                        | 1         |                      |                                                                                                                             |           |                      |
| <i>cefdinir SUSR</i>                        | 1         |                      |                                                                                                                             |           |                      |
| <i>cefixime CAPS</i>                        | 1         |                      |                                                                                                                             |           |                      |
| <i>cefixime SUSR</i>                        | 1         |                      |                                                                                                                             |           |                      |
| <i>cefpodoxime proxetil SUSR</i>            | 1         |                      |                                                                                                                             |           |                      |
| <i>cefpodoxime proxetil TABS</i>            | 1         |                      |                                                                                                                             |           |                      |
| SUPRAX CAPS ( <i>cefixime</i> )             | NF        |                      |                                                                                                                             |           |                      |
| SUPRAX CHEW                                 | 3         |                      |                                                                                                                             |           |                      |
| SUPRAX SUSR 500 MG/5ML                      | 3         |                      |                                                                                                                             |           |                      |
| SUPRAX SUSR 200 MG/5ML ( <i>cefixime</i> )  | NF        |                      |                                                                                                                             |           |                      |
| CONTRACEPTIVES - Drugs to Prevent Pregnancy |           |                      |                                                                                                                             |           |                      |
| Combination Contraceptives - Oral           |           |                      |                                                                                                                             |           |                      |

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| Drug Name                                                                                                                                                                                                                     | Drug Tier | Requirements/ Limits | Drug Name                                                                                                                                                                                         | Drug Tier | Requirements/ Limits |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------|
| (Ethinodiol Diacet & Eth Estrad) KELNOR 1/35, KELNOR 1/50, VALTYA 1/50, ZOVIA 1/35 (28) 50 MCG-1 MG                                                                                                                           | PV        | PV                   | (Levonorgestrel-Eth Estradiol (Triphasic)) ENPRESSE-28, LEVONEST, TRIVORA (28)                                                                                                                    | PV        | PV                   |
| (Ethinodiol Diacet & Eth Estrad) KELNOR 1/35, KELNOR 1/50, VALTYA 1/50, ZOVIA 1/35 (28) 35 MCG-1 MG                                                                                                                           | PV        | PV                   | (Levonorgestrel-Ethinyl Estradiol (91-Day)) AMETHIA, ASHLYNA, CAMRESE, CAMRESE LO, DAYSEE, ICLEVIA, INTROVALE, JAIMIESS, JOLESSA, LOJAIMIESS, RIVELSA, ROSYRAH, SETLAKIN, SIMPESE                 | PV        | PV                   |
| (Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA EQ, AVIANE, AYUNA, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LESSINA, LEVORA 0.15/30 (28), LUTERA, MARLISSA, ORSYTHIA, PORTIA-28, SRONYX, VIENVA TABS 0.03 MG-0.15 MG | PV        | PV                   | (Levonorgestrel-Ethinyl Estradiol (91-Day)) AMETHIA, ASHLYNA, CAMRESE, CAMRESE LO, DAYSEE, ICLEVIA, INTROVALE, JAIMIESS, JOLESSA, LOJAIMIESS, RIVELSA, ROSYRAH, SETLAKIN, SIMPESE 0.03 MG-0.15 MG | PV        | PV                   |
| (Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA EQ, AVIANE, AYUNA, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LESSINA, LEVORA 0.15/30 (28), LUTERA, MARLISSA, ORSYTHIA, PORTIA-28, SRONYX, VIENVA TABS 20 MCG-0.1 MG   | PV        | PV                   | (Levonorgestrel-Ethinyl Estradiol (Continuous)) AMETHYST, DOLISHALE                                                                                                                               | PV        | PV                   |
| (Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA EQ, AVIANE, AYUNA, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LESSINA, LEVORA 0.15/30 (28), LUTERA, MARLISSA, ORSYTHIA, PORTIA-28, SRONYX, VIENVA TABS 30 MCG-0.15 MG  | PV        | PV                   | (Levonorgestrel-Ethinyl Estradiol-Iron) JOYEAUX, MINZOYA                                                                                                                                          | PV        | PV                   |

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| Drug Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Drug Tier | Requirements/ Limits | Drug Name                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Drug Tier | Requirements/ Limits |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------|
| (Norethin Acet & Estrad-Fe) AUROVELA 24 FE, AUROVELA FE 1.5/30, AUROVELA FE 1/20, BLISOVI 24 FE, BLISOVI FE 1.5/30, BLISOVI FE 1/20, FEIRZA 1.5/30, FEIRZA 1/20, HAILEY 24 FE, HAILEY FE 1.5/30, HAILEY FE 1/20, JUNEL FE 1.5/30, JUNEL FE 1/20, JUNEL FE 24, LARIN 24 FE, LARIN FE 1.5/30, LARIN FE 1/20, LOESTRIN FE 1.5/30, LOESTRIN FE 1/20, MICROGESTIN 24 FE, MICROGESTIN FE 1.5/30, MICROGESTIN FE 1/20, TARINA 24 FE, TARINA FE 1/20 EQ TABS 1.5 MG-30 MCG-75 MG | PV        | PV                   | (Norethin Acet & Estrad-Fe) AUROVELA 24 FE, AUROVELA FE 1.5/30, AUROVELA FE 1/20, BLISOVI 24 FE, BLISOVI FE 1.5/30, BLISOVI FE 1/20, FEIRZA 1.5/30, FEIRZA 1/20, HAILEY 24 FE, HAILEY FE 1.5/30, HAILEY FE 1/20, JUNEL FE 1.5/30, JUNEL FE 1/20, JUNEL FE 24, LARIN 24 FE, LARIN FE 1.5/30, LARIN FE 1/20, LOESTRIN FE 1.5/30, LOESTRIN FE 1/20, MICROGESTIN 24 FE, MICROGESTIN FE 1.5/30, MICROGESTIN FE 1/20, TARINA 24 FE, TARINA FE 1/20 EQ TABS 1 MG-20 MCG-75 MG | PV        | PV                   |
| (Norethin Acet & Estrad-Fe) AUROVELA 24 FE, AUROVELA FE 1.5/30, AUROVELA FE 1/20, BLISOVI 24 FE, BLISOVI FE 1.5/30, BLISOVI FE 1/20, FEIRZA 1.5/30, FEIRZA 1/20, HAILEY 24 FE, HAILEY FE 1.5/30, HAILEY FE 1/20, JUNEL FE 1.5/30, JUNEL FE 1/20, JUNEL FE 24, LARIN 24 FE, LARIN FE 1.5/30, LARIN FE 1/20, LOESTRIN FE 1.5/30, LOESTRIN FE 1/20, MICROGESTIN 24 FE, MICROGESTIN FE 1.5/30, MICROGESTIN FE 1/20, TARINA 24 FE, TARINA FE 1/20 EQ TABS                     | PV        | PV                   | (Norethin Acet & Estrad-Fe) CHARLOTTE 24 FE, FINZALA, MIBELAS 24 FE CHEW                                                                                                                                                                                                                                                                                                                                                                                               | PV        | PV                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |           |                      | (Norethin Acet & Estrad-Fe) GEMMILY, MERZEE, TAYSOFY CAPS                                                                                                                                                                                                                                                                                                                                                                                                              | PV        | PV                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |           |                      | (Norethindrone & Eth Estradiol) ALYACEN 1/35, BALZIVA, BRIELLYN, DASETTA 1/35 (28), NECON 0.5/35 (28), NORTREL 0.5/35 (28), NORTREL 1/35 (21), NORTREL 1/35 (28), NYLIA 1/35, PHILITH, VYFEMLA, WERA 35 MCG-0.4 MG                                                                                                                                                                                                                                                     | PV        | PV                   |

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| Drug Name                                                                                                                                                                                                                                           | Drug Tier | Requirements/ Limits | Drug Name                                                                                                                                                                                                                                                         | Drug Tier | Requirements/ Limits |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------|
| (Norethindrone & Eth Estradiol) ALYACEN 1/35, BALZIVA, BRIELLYN, DASETTA 1/35 (28), NECON 0.5/35 (28), NORTREL 0.5/35 (28), NORTREL 1/35 (21), NORTREL 1/35 (28), NYLIA 1/35, PHILITH, VYFEMLA, WERA 35 MCG-1 MG                                    | PV        | PV                   | (Norethindrone Acet & Eth Estra) AUROVELA 1.5/30, AUROVELA 1/20, HAILEY 1.5/30, JUNEL 1.5/30, JUNEL 1/20, LARIN 1.5/30, LARIN 1/20, LOESTRIN 1.5/30 (21), LOESTRIN 1/20 (21), LUIZZA 1.5/30, LUIZZA 1/20, MICROGESTIN 1.5/30, MICROGESTIN 1/20 TABS 1 MG-20 MCG   | PV        | PV                   |
| (Norethindrone & Eth Estradiol) ALYACEN 1/35, BALZIVA, BRIELLYN, DASETTA 1/35 (28), NECON 0.5/35 (28), NORTREL 0.5/35 (28), NORTREL 1/35 (21), NORTREL 1/35 (28), NYLIA 1/35, PHILITH, VYFEMLA, WERA 35 MCG-0.5 MG                                  | PV        | PV                   | (Norethindrone Acet & Eth Estra) AUROVELA 1.5/30, AUROVELA 1/20, HAILEY 1.5/30, JUNEL 1.5/30, JUNEL 1/20, LARIN 1.5/30, LARIN 1/20, LOESTRIN 1.5/30 (21), LOESTRIN 1/20 (21), LUIZZA 1.5/30, LUIZZA 1/20, MICROGESTIN 1.5/30, MICROGESTIN 1/20 TABS 1.5 MG-30 MCG | PV        | PV                   |
| (Norethindrone & Ethinyl Estradiol-Fe) GALBRIELA, KAITLIB FE, LAYOLIS FE, WYMZYA FE, XELRIA FE 35 MCG-0.4 MG                                                                                                                                        | PV        | PV                   | (Norethindrone Acetate-Ethinyl Estradiol-Fe) TILIA FE, TRI-LEGEST FE, XARAH FE                                                                                                                                                                                    | PV        | PV                   |
| (Norethindrone & Ethinyl Estradiol-Fe) GALBRIELA, KAITLIB FE, LAYOLIS FE, WYMZYA FE, XELRIA FE                                                                                                                                                      | PV        | PV                   | (Norethindrone-Eth Estradiol (Triphasic)) ALYACEN 7/7/7, ARANELLE, DASETTA 7/7/7, LEENA, NORTREL 7/7/7, NYLIA 7/7/7                                                                                                                                               | PV        | PV                   |
| (Norethindrone & Ethinyl Estradiol-Fe) GALBRIELA, KAITLIB FE, LAYOLIS FE, WYMZYA FE, XELRIA FE 25 MCG-0.8 MG-75 MG                                                                                                                                  | PV        | PV                   | (Norgestimate-Ethinyl Estradiol (Triphasic)) TRI-ESTARYLLA, TRI-LINYAH, TRI-MILI, TRI-NYMYO, TRI-PREVIFEM, TRI-SPRINTEC, TRI-VYLIBRA                                                                                                                              | PV        | PV                   |
| (Norethindrone Acet & Eth Estra) AUROVELA 1.5/30, AUROVELA 1/20, HAILEY 1.5/30, JUNEL 1.5/30, JUNEL 1/20, LARIN 1.5/30, LARIN 1/20, LOESTRIN 1.5/30 (21), LOESTRIN 1/20 (21), LUIZZA 1.5/30, LUIZZA 1/20, MICROGESTIN 1.5/30, MICROGESTIN 1/20 TABS | PV        | PV                   | (Norgestimate-Ethinyl Estradiol) ESTARYLLA, MILI, MONO-LINYAH, NYMYO, PREVIFEM, SPRINTEC 28, VYLIBRA                                                                                                                                                              | PV        | PV                   |

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| Drug Name                                                                                 | Drug Tier | Requirements/ Limits | Drug Name                                                                        | Drug Tier | Requirements/ Limits |
|-------------------------------------------------------------------------------------------|-----------|----------------------|----------------------------------------------------------------------------------|-----------|----------------------|
| (Norgestrel & Ethinyl Estradiol) CRYSELLE-28, ELINEST, LOW-OGESTREL, TURQOZ 30 MCG-0.3 MG | PV        | PV                   | <i>norethin acet &amp; estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG</i> | PV        | PV                   |
| BALCOLTRA ( <i>levonorgestrel-ethinyl estradiol-iron</i> )                                | PV        | PV                   | <i>norethindrone &amp; ethinyl estradiol-fe</i>                                  | PV        | PV                   |
| BEYAZ ( <i>drospirenone-ethinyl estradiol-levomefolate calcium</i> )                      | PV        | PV                   | <i>norethindrone acet &amp; eth estra TABS</i>                                   | PV        | PV                   |
| <i>desogestrel-ethinyl estradiol (biphasic)</i>                                           | PV        | PV                   | <i>norethindrone acetate-ethinyl estradiol-fe</i>                                | PV        | PV                   |
| <i>drospirenone-ethinyl estradiol</i>                                                     | PV        | PV                   | <i>norgestimate-ethinyl estradiol</i>                                            | PV        | PV                   |
| <i>drospirenone-ethinyl estradiol-levomefolate calcium</i>                                | PV        | PV                   | <i>norgestimate-ethinyl estradiol (triphasic)</i>                                | PV        | PV                   |
| <i>ethynodiol diacet &amp; eth estrad</i>                                                 | PV        | PV                   | SAFYRAL ( <i>drospirenone-ethinyl estradiol-levomefolate calcium</i> )           | PV        | PV                   |
| GENERESS FE ( <i>norethindrone &amp; ethinyl estradiol-fe</i> )                           | PV        | PV                   | TAYTULLA CAPS ( <i>norethin acet &amp; estrad-fe</i> )                           | PV        | PV                   |
| <i>levonorgestrel &amp; eth estradiol TABS</i>                                            | PV        | PV                   | TYBLUME CHEW                                                                     | PV        | PV                   |
| <i>levonorgestrel-eth estradiol (triphasic)</i>                                           | PV        | PV                   | YASMIN 28 ( <i>drospirenone-ethinyl estradiol</i> )                              | PV        | PV                   |
| <i>levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG</i>                          | PV        | PV                   | YAZ ( <i>drospirenone-ethinyl estradiol</i> )                                    | PV        | PV                   |
| <i>levonorgestrel-ethinyl estradiol (continuous)</i>                                      | PV        | PV                   | Combination Contraceptives - Transdermal                                         |           |                      |
| <i>levonorgestrel-ethinyl estradiol-iron</i>                                              | PV        | PV                   | (Norelgestromin-Ethinyl Estradiol) XULANE, ZAFEMY                                | PV        | PV                   |
| LO LOESTRIN FE TABS                                                                       | PV        | PV                   | <i>norelgestromin-ethinyl estradiol</i>                                          | PV        | PV                   |
| MINASTRIN 24 FE CHEW ( <i>norethin acet &amp; estrad-fe</i> )                             | PV        | PV                   | TWIRLA                                                                           | PV        | PV                   |
| NATAZIA                                                                                   | PV        | PV                   | Combination Contraceptives - Vaginal                                             |           |                      |
| NEXTSTELLIS                                                                               | PV        | PV                   | (Etonogestrel-Ethinyl Estradiol) ELURYNG, ENILLORING, HALOETTE                   | PV        | PV                   |
| <i>norethin acet &amp; estrad-fe CAPS</i>                                                 | PV        | PV                   | ANNOVERA                                                                         | PV        | PV                   |
| <i>norethin acet &amp; estrad-fe CHEW</i>                                                 | PV        | PV                   | <i>etonogestrel-ethinyl estradiol</i>                                            | PV        | PV                   |
|                                                                                           |           |                      | NUVARING ( <i>etonogestrel-ethinyl estradiol</i> )                               | PV        | PV                   |

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| Drug Name                                                                                                                                                                | Drug Tier | Requirements/ Limits                   | Drug Name                                                                                      | Drug Tier | Requirements/ Limits |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------------|------------------------------------------------------------------------------------------------|-----------|----------------------|
| Emergency Contraceptives                                                                                                                                                 |           |                                        | (Dexamethasone) HIDEX 6-DAY, TAPERDEX 6-DAY TBPk                                               | 1         |                      |
| (Levonorgestrel (Emergency OC)) AFTERA, AFTERPILL, CURAE, ECONTRA ONE-STEP, HER STYLE, MY CHOICE, MY WAY, NEW DAY, OPCICON ONE-STEP, OPTION 2, REACT, TAKE ACTION 1.5 MG | PV        | PV                                     | (Dexamethasone) HIDEX 6-DAY, TAPERDEX 6-DAY TBPk                                               | 1         |                      |
| ELLA                                                                                                                                                                     | PV        | PV                                     | (Dexamethasone) TAPERDEX 12-DAY, TAPERDEX 7-DAY TBPk                                           | 1         |                      |
| <i>levonorgestrel (emergency oc) 1.5 MG</i>                                                                                                                              | PV        | PV                                     | (Prednisolone) MILLIPRED TABS                                                                  | 1         |                      |
| PLAN B ONE-STEP ( <i>levonorgestrel (emergency oc)</i> )                                                                                                                 | PV        | PV                                     | AGAMREE                                                                                        | SP        | SP; PA               |
| Progestin Contraceptives - Injectable                                                                                                                                    |           |                                        | <i>budesonide CPEP</i>                                                                         | 2         | QL(3 EA daily)       |
| DEPO-SUBQ PROVERA 104 (MEDROXYPROGESTERONE ACETATE 104MG/0.65ML) SUSP PREF SYR                                                                                           | 5         | Available through the Medical Benefit  | <i>budesonide TB24</i>                                                                         | 1         | PA                   |
| DEPO-SUBQ PROVERA 104 SUSY SC                                                                                                                                            | PV        | Provided under the Medical Benefit; PA | CORTEF TABS ( <i>hydrocortisone</i> )                                                          | NF        |                      |
| Progestin Contraceptives - Oral                                                                                                                                          |           |                                        | DEXAMETHASONE INTENSOL CONC                                                                    | 2         |                      |
| (Norethindrone (Contraceptive)) CAMILA, DEBLITANE, EMZAHH, ERRIN, HEATHER, INCASSIA, JENCYCLA, LYLEQ, LYZA, MELEYA, NORA-BE, NORLYROC, ORQUIDEA, SHAROBEL                | PV        | PV                                     | <i>dexamethasone ELIX</i>                                                                      | 1         |                      |
| <i>norethindrone (contraceptive)</i>                                                                                                                                     | PV        | PV                                     | <i>dexamethasone SOLN</i>                                                                      | 1         |                      |
| OPILL                                                                                                                                                                    | PV        |                                        | <i>dexamethasone TABS</i>                                                                      | 1         |                      |
| SLYND                                                                                                                                                                    | PV        | PV                                     | <i>dexamethasone TBPk</i>                                                                      | 1         |                      |
| CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions                                                                                            |           |                                        | <i>hydrocortisone TABS</i>                                                                     | 1         |                      |
| Glucocorticosteroids                                                                                                                                                     |           |                                        | MEDROL TABS 4 MG, 8 MG, 16 MG ( <i>methylprednisolone</i> )                                    | NF        |                      |
|                                                                                                                                                                          |           |                                        | MEDROL TABS                                                                                    | 2         |                      |
|                                                                                                                                                                          |           |                                        | MEDROL TBPk ( <i>methylprednisolone</i> )                                                      | NF        |                      |
|                                                                                                                                                                          |           |                                        | <i>methylprednisolone TABS</i>                                                                 | 1         |                      |
|                                                                                                                                                                          |           |                                        | <i>methylprednisolone TBPk</i>                                                                 | 1         |                      |
|                                                                                                                                                                          |           |                                        | ORAPRED ODT TBPk ( <i>prednisolone sodium phosphate</i> )                                      | NF        |                      |
|                                                                                                                                                                          |           |                                        | PEDIAPRED SOLN ( <i>prednisolone sodium phosphate</i> )                                        | NF        |                      |
|                                                                                                                                                                          |           |                                        | <i>prednisolone sodium phosphate SOLN 5 MG/5ML, 10 MG/5ML, 15 MG/5ML, 20 MG/5ML, 25 MG/5ML</i> | 1         |                      |

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| Drug Name                                                                            | Drug Tier | Requirements/ Limits | Drug Name                                                                                                                                                                                                                                                                                  | Drug Tier | Requirements/ Limits |
|--------------------------------------------------------------------------------------|-----------|----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------|
| <i>prednisolone sodium phosphate TBDP</i>                                            | 1         |                      | (Guaifenesin-Codeine) GUAIFENESIN AC SYRP                                                                                                                                                                                                                                                  | 1         |                      |
| <i>prednisolone SOLN</i>                                                             | 1         |                      | (Phenylephrine W/ DM-GG) ALTIPRES PEDIATRIC, BIOGTUSS, DESGEN PEDIATRIC, DESPEC EDA, G-SUPPRESS DX PEDIATRIC, GILTUSS COUGH & COLD, GILTUSS COUGH & COLD CHILDRENS, IGUALTUSS, PRES GEN PEDIATRIC, SUPPRESS-DX PEDIATRIC, TUSNEL DM PEDIATRIC, TUSSLIN LIQD                                | 1         |                      |
| <i>prednisolone TABS</i>                                                             | 1         |                      |                                                                                                                                                                                                                                                                                            |           |                      |
| PREDNISON INTENSOL CONC                                                              | 2         |                      |                                                                                                                                                                                                                                                                                            |           |                      |
| <i>prednisone SOLN</i>                                                               | 1         |                      |                                                                                                                                                                                                                                                                                            |           |                      |
| <i>prednisone TABS</i>                                                               | 1         |                      |                                                                                                                                                                                                                                                                                            |           |                      |
| <i>prednisone TBPk</i>                                                               | 1         |                      |                                                                                                                                                                                                                                                                                            |           |                      |
| UCERIS TB24 ( <i>budesonide</i> )                                                    | NF        | PA                   |                                                                                                                                                                                                                                                                                            |           |                      |
| Mineralocorticoids                                                                   |           |                      |                                                                                                                                                                                                                                                                                            |           |                      |
| <i>fludrocortisone acetate TABS</i>                                                  | 1         |                      |                                                                                                                                                                                                                                                                                            |           |                      |
| COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms                 |           |                      |                                                                                                                                                                                                                                                                                            |           |                      |
| Antitussives                                                                         |           |                      |                                                                                                                                                                                                                                                                                            |           |                      |
| (Hydrocodone Bitartrate-Homatropine Methylbromide) HYDROMET SOLN                     | 1         |                      | (Phenylephrine W/ DM-GG) ALTIPRES PEDIATRIC, BIOGTUSS, DESGEN PEDIATRIC, DESPEC EDA, G-SUPPRESS DX PEDIATRIC, GILTUSS COUGH & COLD, GILTUSS COUGH & COLD CHILDRENS, IGUALTUSS, PRES GEN PEDIATRIC, SUPPRESS-DX PEDIATRIC, TUSNEL DM PEDIATRIC, TUSSLIN LIQD 10 MG/5ML-388 MG/5ML-28 MG/5ML | 1         |                      |
| <i>benzonatate</i>                                                                   | 1         |                      |                                                                                                                                                                                                                                                                                            |           |                      |
| HYCODAN SOLN ( <i>hydrocodone bitartrate-homatropine methylbromide</i> )             | NF        |                      |                                                                                                                                                                                                                                                                                            |           |                      |
| HYCODAN TABS 1.5 MG-5 MG ( <i>hydrocodone bitartrate-homatropine methylbromide</i> ) | NF        |                      |                                                                                                                                                                                                                                                                                            |           |                      |
| <i>hydrocodone bitartrate-homatropine methylbromide SOLN</i>                         | 1         |                      | (Promethazine-Phenylephrine-Codeine) PROMETHAZINE VC/CODEINE                                                                                                                                                                                                                               | 1         |                      |
| <i>hydrocodone bitartrate-homatropine methylbromide TABS</i>                         | 1         |                      | (Pseudoephed-Bromphen-DM) BROMFED DM SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML                                                                                                                                                                                                                     | 1         |                      |
| Cough/Cold/Allergy Combinations                                                      |           |                      | ACTIDOM DMX LIQD                                                                                                                                                                                                                                                                           | 3         |                      |
| (Guaifenesin-Codeine) G TUSSIN AC, MAXI-TUSS AC SOLN 10 MG/5ML-100 MG/5ML            | 1         |                      | CODITUSSIN AC LIQD                                                                                                                                                                                                                                                                         | 3         |                      |
|                                                                                      |           |                      | DOMETUSS-DMX LIQD                                                                                                                                                                                                                                                                          | 3         |                      |
|                                                                                      |           |                      | GILPHEX TR TABS 10 MG-388 MG                                                                                                                                                                                                                                                               | 3         | RX/OTC               |

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| Drug Name                                                        | Drug Tier | Requirements/ Limits |
|------------------------------------------------------------------|-----------|----------------------|
| GILTUSS COUGH & COLD TABS                                        | 3         |                      |
| GILTUSS SINUS & CONGESTION TABS                                  | 3         | RX/OTC               |
| <i>guaifenesin-codeine SOLN</i>                                  | 1         |                      |
| <i>hydrocodone polistirex-chlorpheniramine polistirex SUER</i>   | 1         |                      |
| NEOTUSS PLUS LIQD                                                | 3         |                      |
| <i>promethazine w/codeine SOLN</i>                               | 1         | QL(30 ML daily)      |
| <i>promethazine w/codeine SYRP</i>                               | 1         | QL(30 ML daily)      |
| <i>promethazine-dm SYRP</i>                                      | 1         | QL(30 ML daily)      |
| PRO-RED AC SYRP 9 MG/5ML-5 MG/5ML-1 MG/5ML                       | 3         |                      |
| <i>pseudoephed-bromphen-dm SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML</i> | 1         |                      |
| TUSNEL TABS                                                      | 3         |                      |
| TUSSLIN PEDIATRIC LIQD                                           | 3         |                      |
| Expectorants                                                     |           |                      |
| <i>potassium iodide (expectorant) SOLN</i>                       | 1         |                      |
| SSKI SOLN ( <i>potassium iodide (expectorant)</i> )              | NF        |                      |
| Misc. Respiratory Inhalants                                      |           |                      |
| (Sodium Chloride (Inhalant)) NEBUSAL, PULMOSAL NEBU 3 %          | 1         |                      |
| (Sodium Chloride (Inhalant)) NEBUSAL, PULMOSAL NEBU 7 %          | 2         |                      |
| HYPERSAL NEBU ( <i>sodium chloride (inhalant)</i> )              | NF        |                      |
| HYPERSAL NEBU                                                    | 3         |                      |
| NEBUSAL NEBU                                                     | 3         |                      |

| Drug Name                                                               | Drug Tier | Requirements/ Limits                                                                                   |
|-------------------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------|
| <i>sodium chloride (inhalant) NEBU 7 %</i>                              | 2         |                                                                                                        |
| <i>sodium chloride (inhalant) NEBU 0.9 %, 3 %</i>                       | 1         |                                                                                                        |
| Mucolytics                                                              |           |                                                                                                        |
| <i>acetylcysteine SOLN</i>                                              | 1         |                                                                                                        |
| DERMATOLOGICALS - Drugs to Treat Skin Conditions                        |           |                                                                                                        |
| Acne Products                                                           |           |                                                                                                        |
| (Adapalene) ADAPALENE TREATMENT, CVS ADAPALENE, GNP ADAPALENE GEL 0.1 % | 1         | Limit 45gms per month; QL(1.5 GM daily); RX/OTC                                                        |
| (Clindamycin Phosphate (Topical)) CLINDACIN ETZ, CLINDACIN-P SWAB       | 1         |                                                                                                        |
| (Clindamycin Phosphate (Topical)) CLINDACIN FOAM                        | 1         |                                                                                                        |
| (Clindamycin Phosphate-Benzoyl Peroxide (Refrigerate)) NEUAC            | 1         |                                                                                                        |
| (Erythromycin (Acne Aid)) ERY PADS                                      | 1         |                                                                                                        |
| (Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, ZENATANE 10 MG            | 1         | QL(4 EA daily); 150 day(s) max supply per 210 day(s) retail; 150 day(s) max supply per 210 day(s) mail |
| (Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, ZENATANE 20 MG            | 1         | QL(5 EA daily); 150 day(s) max supply per 210 day(s) retail; 150 day(s) max supply per 210 day(s) mail |

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| Drug Name                                                                          | Drug Tier | Requirements/ Limits                                                                                   | Drug Name                                                 | Drug Tier | Requirements/ Limits                                                                                   |
|------------------------------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------|
| (Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, ZENATANE 40 MG                       | 1         | QL(2 EA daily); 150 day(s) max supply per 210 day(s) retail; 150 day(s) max supply per 210 day(s) mail | ABSORICA 35 MG, 40 MG ( <i>isotretinoin</i> )             | NF        | QL(2 EA daily); 150 day(s) max supply per 210 day(s) retail; 150 day(s) max supply per 210 day(s) mail |
| (Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, ZENATANE 30 MG                       | 1         | QL(3 EA daily); 150 day(s) max supply per 210 day(s) retail; 150 day(s) max supply per 210 day(s) mail | ACZONE 5 % ( <i>dapsone (topical)</i> )                   | NF        | PA                                                                                                     |
|                                                                                    |           |                                                                                                        | ACZONE 7.5 % ( <i>dapsone (topical)</i> )                 | NF        | QL(2 GM daily)                                                                                         |
|                                                                                    |           |                                                                                                        | <i>adapalene-benzoyl peroxide GEL</i>                     | 1         |                                                                                                        |
| (Sulfacetamide Sodium W/ Sulfur) BP 10-1, SULFAMEZ WASH EMUL 10 %-1 %              | 2         |                                                                                                        | <i>adapalene CREA</i>                                     | 1         | Limit 45gms per month; QL(1.5 GM daily)                                                                |
| (Sulfacetamide Sodium W/ Sulfur) SSS 10-5 FOAM                                     | 1         |                                                                                                        | <i>adapalene GEL 0.3 %</i>                                | 1         | QL(45 GM per fill retail; 135 per fill mail)                                                           |
| (Sulfacetamide Sodium-Sulfur In Urea Vehicle) BP CLEANSING WASH EMUL 10 %-10 %-4 % | 1         |                                                                                                        | <i>adapalene GEL 0.1 %</i>                                | 1         | Limit 45gms per month; QL(1.5 GM daily); RX/OTC                                                        |
| (Tretinoin) AVITA CREA 0.025 %                                                     | 1         |                                                                                                        | ATRALIN GEL ( <i>tretinoin</i> )                          | NF        |                                                                                                        |
| ABSORICA 20 MG ( <i>isotretinoin</i> )                                             | NF        | QL(5 EA daily); 150 day(s) max supply per 210 day(s) retail; 150 day(s) max supply per 210 day(s) mail | BENZAMYCIN GEL ( <i>benzoyl peroxide-erythromycin</i> )   | NF        | QL(2 GM daily)                                                                                         |
|                                                                                    |           |                                                                                                        | <i>benzoyl peroxide-erythromycin GEL</i>                  | 1         | QL(2 GM daily)                                                                                         |
|                                                                                    |           |                                                                                                        | CLEOCIN-T LOTN ( <i>clindamycin phosphate (topical)</i> ) | NF        |                                                                                                        |
| ABSORICA 30 MG ( <i>isotretinoin</i> )                                             | NF        | QL(3 EA daily); 150 day(s) max supply per 210 day(s) retail; 150 day(s) max supply per 210 day(s) mail | CLINDAGEL GEL ( <i>clindamycin phosphate (topical)</i> )  | NF        | AL(At least 12 yrs old)                                                                                |
|                                                                                    |           |                                                                                                        | <i>clindamycin phosphate (topical) FOAM</i>               | 1         |                                                                                                        |
|                                                                                    |           |                                                                                                        | <i>clindamycin phosphate (topical) GEL</i>                | 1         | AL(At least 12 yrs old)                                                                                |
| ABSORICA 10 MG, 25 MG ( <i>isotretinoin</i> )                                      | NF        | QL(4 EA daily); 150 day(s) max supply per 210 day(s) retail; 150 day(s) max supply per 210 day(s) mail | <i>clindamycin phosphate (topical) LOTN</i>               | 1         |                                                                                                        |
|                                                                                    |           |                                                                                                        | <i>clindamycin phosphate (topical) SOLN</i>               | 1         |                                                                                                        |

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| Drug Name                                                   | Drug Tier | Requirements/ Limits                            |
|-------------------------------------------------------------|-----------|-------------------------------------------------|
| <i>clindamycin phosphate (topical) SWAB</i>                 | 1         |                                                 |
| <i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i> | 1         |                                                 |
| <i>clindamycin phosphate-benzoyl peroxide GEL 5 %-1 %</i>   | 1         |                                                 |
| <i>clindamycin phosphate-tretinoin</i>                      | 1         |                                                 |
| <i>dapsone (topical) 7.5 %</i>                              | 1         | QL(2 GM daily)                                  |
| <i>dapsone (topical) 5 %</i>                                | 1         | PA                                              |
| DIFFERIN CREA ( <i>adapalene</i> )                          | NF        | Limit 45gms per month; QL(1.5 GM daily)         |
| DIFFERIN GEL 0.3 % ( <i>adapalene</i> )                     | NF        | QL(45 GM per fill retail; 135 per fill mail)    |
| DIFFERIN GEL 0.1 % ( <i>adapalene</i> )                     | NF        | Limit 45gms per month; QL(1.5 GM daily); RX/OTC |
| DIFFERIN LOTN                                               | 2         |                                                 |
| EPIDUO FORTE GEL ( <i>adapalene-benzoyl peroxide</i> )      | NF        |                                                 |
| EPIDUO GEL ( <i>adapalene-benzoyl peroxide</i> )            | NF        |                                                 |
| ERYGEL GEL ( <i>erythromycin (acne aid)</i> )               | NF        |                                                 |
| <i>erythromycin (acne aid) GEL</i>                          | 1         |                                                 |
| <i>erythromycin (acne aid) SOLN</i>                         | 1         |                                                 |
| FABIOR FOAM                                                 | 3         | Limit 50gms per month; QL(1.67 GM daily)        |

| Drug Name                                                 | Drug Tier | Requirements/ Limits                                                                                   |
|-----------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------|
| <i>isotretinoin 10 MG, 25 MG</i>                          | 1         | QL(4 EA daily); 150 day(s) max supply per 210 day(s) retail; 150 day(s) max supply per 210 day(s) mail |
| <i>isotretinoin 35 MG, 40 MG</i>                          | 1         | QL(2 EA daily); 150 day(s) max supply per 210 day(s) retail; 150 day(s) max supply per 210 day(s) mail |
| <i>isotretinoin 30 MG</i>                                 | 1         | QL(3 EA daily); 150 day(s) max supply per 210 day(s) retail; 150 day(s) max supply per 210 day(s) mail |
| <i>isotretinoin 20 MG</i>                                 | 1         | QL(5 EA daily); 150 day(s) max supply per 210 day(s) retail; 150 day(s) max supply per 210 day(s) mail |
| KLARON ( <i>sulfacetamide sodium (acne)</i> )             | NF        |                                                                                                        |
| PLEXION CREA ( <i>sulfacetamide sodium w/ sulfur</i> )    | NF        |                                                                                                        |
| PLEXION LOTN ( <i>sulfacetamide sodium w/ sulfur</i> )    | NF        | PA                                                                                                     |
| RETIN-A MICRO 0.04 % ( <i>tretinoin microsphere</i> )     | NF        | Limit 45gms per month; QL(1.7 GM daily)                                                                |
| RETIN-A MICRO 0.1 % ( <i>tretinoin microsphere</i> )      | NF        | QL(1.67 GM daily)                                                                                      |
| RETIN-A MICRO PUMP 0.1 % ( <i>tretinoin microsphere</i> ) | NF        | QL(1.67 GM daily)                                                                                      |

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| Drug Name                                                  | Drug Tier | Requirements/ Limits                     | Drug Name                                                 | Drug Tier | Requirements/ Limits                     |
|------------------------------------------------------------|-----------|------------------------------------------|-----------------------------------------------------------|-----------|------------------------------------------|
| RETIN-A MICRO PUMP 0.04 % ( <i>tretinoin microsphere</i> ) | NF        | Limit 45gms per month; QL(1.7 GM daily)  | <i>mupirocin OINT</i>                                     | 1         |                                          |
| RETIN-A CREA ( <i>tretinoin</i> )                          | NF        |                                          | Antifungals - Topical                                     |           |                                          |
| RETIN-A GEL ( <i>tretinoin</i> )                           | NF        |                                          | (Ciclopirox) CICLODAN SOLN                                | 1         |                                          |
| <i>sulfacetamide sodium (acne)</i>                         | 1         |                                          | (Iodoquinol-Hydrocortisone In Aloe Vehicle) IODOQUIMEZ-HC | 1         |                                          |
| <i>sulfacetamide sodium w/ sulfur CREA 9.8 %-4.8 %</i>     | 1         |                                          | (Ketoconazole (Topical)) KETODAN FOAM                     | 2         |                                          |
| <i>sulfacetamide sodium w/ sulfur LOTN 9.8 %-4.8 %</i>     | 1         | PA                                       | (Nystatin (Topical)) KLAYESTA, NYAMYC, NYSTOP POWD EX     | 1         |                                          |
| <i>sulfacetamide sodium w/ sulfur LOTN 10 %-5 %</i>        | 1         | QL(1 GM daily)                           | <i>ciclopirox olamine CREA</i>                            | 1         |                                          |
| SULFACETAMIDE-SULFUR IN UREA EMUL                          | 3         |                                          | <i>ciclopirox olamine SUSP</i>                            | 1         |                                          |
| TAZAROTENE FOAM                                            | 3         | Limit 50gms per month; QL(1.67 GM daily) | <i>ciclopirox GEL</i>                                     | 1         |                                          |
| <i>tretinoin microsphere 0.04 %</i>                        | 1         | Limit 45gms per month; QL(1.7 GM daily)  | <i>ciclopirox SHAM</i>                                    | 2         |                                          |
| <i>tretinoin microsphere 0.1 %</i>                         | 1         | QL(1.67 GM daily)                        | <i>ciclopirox SOLN</i>                                    | 1         |                                          |
| <i>tretinoin CREA 0.025 %, 0.05 %, 0.1 %</i>               | 1         |                                          | <i>clotrimazole w/ betamethasone CREA</i>                 | 1         | Limit 1 tube per month; QL(1.5 GM daily) |
| <i>tretinoin GEL 0.01 %, 0.025 %, 0.05 %</i>               | 1         |                                          | <i>clotrimazole w/ betamethasone LOTN</i>                 | 1         | QL(2 ML daily)                           |
| VELTIN ( <i>clindamycin phosphate-tretinoin</i> )          | NF        |                                          | <i>econazole nitrate CREA</i>                             | 1         |                                          |
| ZIANA ( <i>clindamycin phosphate-tretinoin</i> )           | NF        |                                          | ERTACZO                                                   | SP        | QL(1 GM daily); PA                       |
| Agents for External Genital and Perianal Warts             |           |                                          | EXELDERM CREA ( <i>sulconazole nitrate</i> )              | 3         |                                          |
| VEREGEN                                                    | 3         | QL(30 GM per fill retail)                | EXELDERM SOLN                                             | 2         |                                          |
| Antibiotics - Topical                                      |           |                                          | EXODERM                                                   | 3         |                                          |
| ALTABAX                                                    | 3         |                                          | <i>iodoquinol-hydrocortisone in aloe vehicle</i>          | 1         |                                          |
| <i>gentamicin sulfate (topical) CREA</i>                   | 1         |                                          | <i>ketoconazole (topical) CREA</i>                        | 1         | QL(2 GM daily)                           |
| <i>gentamicin sulfate (topical) OINT</i>                   | 1         |                                          | <i>ketoconazole (topical) FOAM</i>                        | 2         |                                          |
|                                                            |           |                                          | <i>ketoconazole (topical) SHAM 2 %</i>                    | 1         |                                          |
|                                                            |           |                                          | LOPROX SUSP ( <i>ciclopirox olamine</i> )                 | NF        |                                          |
|                                                            |           |                                          | <i>naftifine hcl CREA</i>                                 | 1         |                                          |

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| Drug Name                                                             | Drug Tier | Requirements/ Limits | Drug Name                                                                                                                                                                                                                                                                                                                                                                                                                                               | Drug Tier | Requirements/ Limits |
|-----------------------------------------------------------------------|-----------|----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------|
| <i>naftifine hcl GEL 2 %</i>                                          | 1         |                      | (Diclofenac Sodium (Topical)) ALEVE ARTHRITIS PAIN, ARTHRITIS PAIN RELIEVER, ASPERCREME ARTHRITIS PAIN, CVS DICLOFENAC SODIUM, EQ ARTHRITIS PAIN, EQ ARTHRITIS PAIN RELIEVER, FT ARTHRITIS PAIN, GNP ARTHRITIS PAIN, GNP DICLOFENAC SODIUM, GOODSENSE ARTHRITIS PAIN, KLS ARTHRITIS PAIN RELIEF, KLS DICLOFENAC SODIUM, MM ARTHRITIS PAIN RELIEVER, MOTRIN ARTHRITIS PAIN, PHARMACIST CHOICE DICLOFENAC, QC DICLOFENAC SODIUM, SM ARTHRITIS PAIN GEL EX | 1         | RX/OTC               |
| NAFTIN GEL ( <i>naftifine hcl</i> )                                   | NF        |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                         |           |                      |
| <i>nystatin (topical) CREA</i>                                        | 1         |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                         |           |                      |
| <i>nystatin (topical) OINT</i>                                        | 1         |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                         |           |                      |
| <i>nystatin (topical) POWD EX</i>                                     | 1         |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                         |           |                      |
| <i>nystatin-triamcinolone CREA</i>                                    | 1         |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                         |           |                      |
| <i>nystatin-triamcinolone OINT</i>                                    | 1         |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                         |           |                      |
| <i>oxiconazole nitrate CREA</i>                                       | 1         |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                         |           |                      |
| OXISTAT CREA ( <i>oxiconazole nitrate</i> )                           | NF        |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                         |           |                      |
| OXISTAT LOTN                                                          | 3         |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                         |           |                      |
| <i>sulconazole nitrate CREA</i>                                       | 1         |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                         |           |                      |
| <i>sulconazole nitrate SOLN</i>                                       | 1         |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                         |           |                      |
| VYTONE 1.9 %-1 % ( <i>iodoquinol-hydrocortisone in aloe vehicle</i> ) | NF        |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                         |           |                      |
| Anti-inflammatory Agents - Topical                                    |           |                      | <i>diclofenac sodium (topical) GEL EX</i>                                                                                                                                                                                                                                                                                                                                                                                                               | 1         | RX/OTC               |
|                                                                       |           |                      | <i>diclofenac sodium (topical) SOLN EX 1.5 %</i>                                                                                                                                                                                                                                                                                                                                                                                                        | 1         | QL(5 ML daily)       |
|                                                                       |           |                      | <i>diclofenac sodium (topical) SOLN EX 2 %</i>                                                                                                                                                                                                                                                                                                                                                                                                          | 1         | QL(4 GM daily); PA   |
|                                                                       |           |                      | PENNSAID SOLN EX 2 % ( <i>diclofenac sodium (topical)</i> )                                                                                                                                                                                                                                                                                                                                                                                             | NF        | QL(4 GM daily); PA   |
|                                                                       |           |                      | VOLTAREN ARTHRITIS PAIN GEL EX ( <i>diclofenac sodium (topical)</i> )                                                                                                                                                                                                                                                                                                                                                                                   | NF        | RX/OTC               |
|                                                                       |           |                      | Antineoplastic or Premalignant Lesion Agents - Topical                                                                                                                                                                                                                                                                                                                                                                                                  |           |                      |
|                                                                       |           |                      | <i>bexarotene (topical)</i>                                                                                                                                                                                                                                                                                                                                                                                                                             | SP        | SP; PA               |
|                                                                       |           |                      | CARAC CREA ( <i>fluorouracil (topical)</i> )                                                                                                                                                                                                                                                                                                                                                                                                            | SP        | QL(1 GM daily)       |
|                                                                       |           |                      | <i>diclofenac sodium (actinic keratoses) EX</i>                                                                                                                                                                                                                                                                                                                                                                                                         | 2         | PA                   |

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| Drug Name                                                 | Drug Tier | Requirements/ Limits                                                                         | Drug Name                               | Drug Tier | Requirements/ Limits                                                                         |
|-----------------------------------------------------------|-----------|----------------------------------------------------------------------------------------------|-----------------------------------------|-----------|----------------------------------------------------------------------------------------------|
| EFUDEX CREA<br>( <i>fluorouracil (topical)</i> )          | NF        |                                                                                              | COSENTYX<br>SENSOREADY (300 MG)<br>SOAJ | SP        | Must use<br>AcariaHealth<br>Specialty Rx at<br>1-844-538-<br>4661; QL(0.072<br>ML daily); PA |
| <i>fluorouracil (topical)</i><br>CREA 5 %                 | 1         |                                                                                              |                                         |           |                                                                                              |
| <i>fluorouracil (topical)</i><br>CREA 0.5 %               | SP        | QL(1 GM daily)                                                                               | COSENTYX<br>SENSOREADY PEN<br>SOAJ      | SP        | Must use<br>AcariaHealth<br>Specialty Rx at<br>1-844-538-<br>4661; QL(0.072<br>ML daily); PA |
| <i>fluorouracil (topical)</i><br>SOLN                     | 1         |                                                                                              |                                         |           |                                                                                              |
| PANRETIN                                                  | 3         | PA                                                                                           | COSENTYX UNOREADY<br>SOAJ               | SP        | QL(0.072 ML<br>daily); PA                                                                    |
| TARGRETIN ( <i>bexarotene</i><br>( <i>topical</i> ))      | SP        | SP; PA                                                                                       | COSENTYX SOSY 75<br>MG/0.5ML            | SP        | QL(0.18 ML<br>daily); PA                                                                     |
| VALCHLOR                                                  | SP        | PA                                                                                           | COSENTYX SOSY 150<br>MG/ML              | SP        | QL(0.036 ML<br>daily); PA                                                                    |
| Antipruritics - Topical                                   |           |                                                                                              | <i>methoxsalen rapid</i>                | 2         |                                                                                              |
| <i>doxepin hcl (antipruritic)</i>                         | 2         |                                                                                              | PYZCHIVA 45 MG/0.5ML                    | SP        | QL(0.17 ML<br>daily); PA                                                                     |
| PRUDOXIN ( <i>doxepin hcl</i><br>( <i>antipruritic</i> )) | NF        |                                                                                              | PYZCHIVA SC 45<br>MG/0.5ML              | SP        | QL(0.17 ML<br>daily); PA                                                                     |
| ZONALON ( <i>doxepin hcl</i><br>( <i>antipruritic</i> ))  | NF        |                                                                                              | PYZCHIVA 90 MG/ML                       | SP        | QL(0.04 ML<br>daily); PA                                                                     |
| Antipsoriatics                                            |           |                                                                                              | SKYRIZI PEN SOAJ                        | SP        | QL(1 ML per 84<br>day(s) retail; 1<br>ML per 84 days<br>mail); PA                            |
| (Calcipotriene)<br>CALCITRENE OINT                        | 1         | QL(5 GM daily)                                                                               | SKYRIZI SOSY                            | SP        | QL(1 ML per 84<br>day(s) retail; 1<br>ML per 84 days<br>mail); PA                            |
| <i>acitretin 17.5 MG</i>                                  | 2         |                                                                                              | SORILUX FOAM                            | SP        | PA                                                                                           |
| <i>acitretin 25 MG</i>                                    | 2         | QL(2 EA daily)                                                                               | STELARA SOLN 45<br>MG/0.5ML             | SP        | QL(0.02 ML<br>daily); PA                                                                     |
| <i>acitretin 10 MG</i>                                    | 2         | QL(1 EA daily)                                                                               | STELARA SOSY 45<br>MG/0.5ML             | SP        | QL(0.17 ML<br>daily); PA                                                                     |
| <i>calcipotriene CREA</i>                                 | 2         | QL(5 GM daily)                                                                               | STELARA SOSY 90<br>MG/ML                | SP        | QL(0.04 ML<br>daily); PA                                                                     |
| CALCIPOTRIENE FOAM                                        | SP        | PA                                                                                           | STEQEYMA 45 MG/0.5ML                    | SP        | QL(0.17 ML<br>daily); PA                                                                     |
| <i>calcipotriene OINT</i>                                 | 1         | QL(5 GM daily)                                                                               | STEQEYMA 90 MG/ML                       | SP        | QL(0.04 ML<br>daily); PA                                                                     |
| <i>calcipotriene SOLN</i>                                 | 1         |                                                                                              | <i>tazarotene CREA</i>                  | 1         |                                                                                              |
| <i>calcitriol (topical)</i>                               | 1         | Limit 100gms<br>per month;<br>QL(3.4 GM<br>daily)                                            | <i>tazarotene GEL</i>                   | 1         |                                                                                              |
| COSENTYX (300 MG<br>DOSE) SOSY                            | SP        | Must use<br>AcariaHealth<br>Specialty Rx at<br>1-844-538-<br>4661; QL(0.072<br>ML daily); PA |                                         |           |                                                                                              |

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| Drug Name                                            | Drug Tier | Requirements/ Limits                     | Drug Name                                                             | Drug Tier | Requirements/ Limits |
|------------------------------------------------------|-----------|------------------------------------------|-----------------------------------------------------------------------|-----------|----------------------|
| TAZORAC CREA ( <i>tazarotene</i> )                   | NF        |                                          | ZOVIRAX OINT ( <i>acyclovir topical</i> )                             | NF        | QL(1 GM daily)       |
| TAZORAC GEL ( <i>tazarotene</i> )                    | NF        |                                          | Burn Products                                                         |           |                      |
| TREMFYA ONE-PRESS SOAJ 100 MG/ML                     | SP        | QL(0.018 ML daily); PA                   | (Silver Sulfadiazine) SSD                                             | 1         |                      |
| TREMFYA PEN SOAJ 100 MG/ML                           | SP        | QL(0.018 ML daily); PA                   | <i>mafenide acetate</i> PACK                                          | 1         |                      |
| TREMFYA SOSY 100 MG/ML                               | SP        | QL(0.018 ML daily); PA                   | SILVADENE ( <i>silver sulfadiazine</i> )                              | NF        |                      |
| VECTICAL ( <i>calcitriol topical</i> )               | NF        | Limit 100gms per month; QL(3.4 GM daily) | <i>silver sulfadiazine</i>                                            | 1         |                      |
| YESINTEK SOLN 45 MG/0.5ML                            | SP        | QL(0.17 ML daily); PA                    | SULFAMYLON CREA                                                       | 3         |                      |
| YESINTEK SOSY 90 MG/ML                               | SP        | QL(0.04 ML daily); PA                    | SULFAMYLON PACK 5 % ( <i>mafenide acetate</i> )                       | NF        |                      |
| YESINTEK SOSY 45 MG/0.5ML                            | SP        | QL(0.17 ML daily); PA                    | Corticosteroids - Topical                                             |           |                      |
| Antiseborrheic Products                              |           |                                          | (Clobetasol Propionate Emollient Base) CLOBETASOL PROPIONATE E 0.05 % | 1         |                      |
| OVACE PLUS WASH LIQD ( <i>sulfacetamide sodium</i> ) | NF        |                                          | (Clobetasol Propionate Emulsion) TOVET                                | 1         |                      |
| OVACE PLUS SHAM ( <i>sulfacetamide sodium</i> )      | NF        |                                          | (Clobetasol Propionate) CLODAN SHAM                                   | 1         |                      |
| OVACE WASH LIQD ( <i>sulfacetamide sodium</i> )      | NF        |                                          | (Hydrocortisone (Topical)) ALA SCALP LOTN 2 %                         | 1         |                      |
| <i>selenium sulfide</i> LOTN 2.5 %                   | 1         |                                          | (Hydrocortisone (Topical)) TEXACORT SOLN 2.5 %                        | 1         |                      |
| SODIUM SULFACETAMIDE-BAKUCHIOL LIQD                  | 3         |                                          | (Triamcinolone Acetonide (Topical)) TRIDERM CREA 0.5 %                | 1         |                      |
| <i>sulfacetamide sodium</i> LIQD                     | 1         |                                          | <i>alclometasone dipropionate</i> CREA                                | 1         |                      |
| <i>sulfacetamide sodium</i> SHAM 10 %                | 1         |                                          | <i>alclometasone dipropionate</i> OINT                                | 1         |                      |
| Antivirals - Topical                                 |           |                                          | <i>amcinonide</i> LOTN                                                | 1         |                      |
| <i>acyclovir topical</i> CREA                        | 1         |                                          | APEXICON E CREA                                                       | 2         |                      |
| <i>acyclovir topical</i> OINT                        | 1         | QL(1 GM daily)                           | <i>betamethasone dipropionate (topical)</i> CREA                      | 1         |                      |
| ZOVIRAX CREA ( <i>acyclovir topical</i> )            | NF        |                                          | <i>betamethasone dipropionate (topical)</i> LOTN                      | 1         |                      |

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| Drug Name                                              | Drug Tier | Requirements/ Limits | Drug Name                                                   | Drug Tier | Requirements/ Limits |
|--------------------------------------------------------|-----------|----------------------|-------------------------------------------------------------|-----------|----------------------|
| <i>betamethasone dipropionate (topical) OINT</i>       | 1         |                      | <i>clobetasol propionate OINT 0.05 %</i>                    | 1         |                      |
| <i>betamethasone dipropionate augmented CREA</i>       | 1         |                      | <i>clobetasol propionate SHAM</i>                           | 1         |                      |
| <i>betamethasone dipropionate augmented GEL 0.05 %</i> | 1         |                      | <i>clobetasol propionate SOLN 0.05 %</i>                    | 1         |                      |
| <i>betamethasone dipropionate augmented LOTN</i>       | 1         |                      | CLOBEX SPRAY LIQD ( <i>clobetasol propionate</i> )          | NF        |                      |
| <i>betamethasone dipropionate augmented OINT</i>       | 1         |                      | CLOBEX LOTN 0.05 % ( <i>clobetasol propionate</i> )         | NF        |                      |
| <i>betamethasone valerate CREA</i>                     | 1         |                      | CLOBEX SHAM ( <i>clobetasol propionate</i> )                | NF        |                      |
| <i>betamethasone valerate FOAM</i>                     | 1         |                      | <i>clocortolone pivalate</i>                                | 1         |                      |
| <i>betamethasone valerate LOTN</i>                     | 1         |                      | CLODERM ( <i>clocortolone pivalate</i> )                    | NF        |                      |
| <i>betamethasone valerate OINT</i>                     | 1         |                      | CORDRAN CREA ( <i>flurandrenolide</i> )                     | NF        |                      |
| <i>calcipotriene-betamethasone dipropionate OINT</i>   | 1         | ST                   | CORDRAN TAPE                                                | SP        |                      |
| <i>calcipotriene-betamethasone dipropionate SUSP</i>   | 1         | QL(2 GM daily)       | CORTANE-B                                                   | 3         |                      |
| <i>clobetasol propionate emollient base 0.05 %</i>     | 1         |                      | DERMA-SMOOTH/FS BODY OIL ( <i>fluocinolone acetonide</i> )  | NF        |                      |
| <i>clobetasol propionate emulsion</i>                  | 1         |                      | DERMA-SMOOTH/FS SCALP OIL ( <i>fluocinolone acetonide</i> ) | NF        |                      |
| <i>clobetasol propionate CREA 0.05 %</i>               | 1         |                      | <i>desonide CREA</i>                                        | 1         |                      |
| <i>clobetasol propionate FOAM</i>                      | 1         |                      | <i>desonide GEL</i>                                         | 1         |                      |
| <i>clobetasol propionate GEL 0.05 %</i>                | 1         |                      | <i>desonide LOTN</i>                                        | 1         |                      |
| <i>clobetasol propionate LIQD</i>                      | 2         |                      | <i>desonide OINT</i>                                        | 1         |                      |
| <i>clobetasol propionate LOTN</i>                      | 2         |                      | <i>desoximetasone CREA 0.05 %</i>                           | 2         |                      |
|                                                        |           |                      | <i>desoximetasone CREA 0.25 %</i>                           | 1         |                      |
|                                                        |           |                      | <i>desoximetasone GEL</i>                                   | 1         |                      |
|                                                        |           |                      | <i>desoximetasone LIQD</i>                                  | 2         | ST                   |
|                                                        |           |                      | <i>desoximetasone OINT</i>                                  | 1         |                      |
|                                                        |           |                      | <i>diflorasone diacetate CREA</i>                           | 2         |                      |
|                                                        |           |                      | <i>diflorasone diacetate OINT</i>                           | 1         |                      |

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| Drug Name                                                | Drug Tier | Requirements/ Limits | Drug Name                                                   | Drug Tier | Requirements/ Limits |
|----------------------------------------------------------|-----------|----------------------|-------------------------------------------------------------|-----------|----------------------|
| DIPROLENE OINT<br>(betamethasone dipropionate augmented) | NF        |                      | hydrocortisone butyrate CREA                                | 1         |                      |
| EPIFOAM FOAM                                             | 3         |                      | hydrocortisone butyrate OINT                                | 1         |                      |
| fluocinolone acetonide CREA                              | 1         |                      | hydrocortisone butyrate SOLN                                | 1         |                      |
| fluocinolone acetonide OIL                               | 1         |                      | hydrocortisone valerate CREA                                | 1         |                      |
| fluocinolone acetonide OINT                              | 1         |                      | hydrocortisone valerate OINT                                | 1         |                      |
| fluocinolone acetonide SOLN                              | 1         |                      | KENALOG AERS<br>(triamcinolone acetonide (topical))         | NF        |                      |
| fluocinonide emulsified base                             | 1         |                      | LOCOID LIPOCREAM                                            | 3         |                      |
| fluocinonide CREA                                        | 1         |                      | mometasone furoate CREA                                     | 1         |                      |
| fluocinonide GEL                                         | 1         |                      | mometasone furoate OINT                                     | 1         |                      |
| fluocinonide OINT                                        | 1         |                      | mometasone furoate SOLN                                     | 1         |                      |
| fluocinonide SOLN                                        | 1         |                      | NUCORT LOTN                                                 | 3         |                      |
| flurandrenolide CREA                                     | 1         |                      | OLUX-E (clobetasol propionate emulsion)                     | NF        |                      |
| fluticasone propionate CREA 0.05 %                       | 1         |                      | PRAMOSONE LOTN                                              | 3         |                      |
| fluticasone propionate LOTN                              | 1         |                      | PRAMOSONE OINT                                              | 3         |                      |
| fluticasone propionate OINT                              | 1         |                      | SYNALAR CREA<br>(fluocinolone acetonide)                    | NF        |                      |
| halcinonide SOLN 0.1 %                                   | 1         |                      | SYNALAR OINT<br>(fluocinolone acetonide)                    | NF        |                      |
| halobetasol propionate CREA                              | 1         |                      | SYNALAR SOLN<br>(fluocinolone acetonide)                    | NF        |                      |
| halobetasol propionate OINT                              | 1         |                      | TACLONEX OINT<br>(calcipotriene-betamethasone dipropionate) | NF        | ST                   |
| HALOG SOLN                                               | 3         |                      | TACLONEX SUSP<br>(calcipotriene-betamethasone dipropionate) | NF        | QL(2 GM daily)       |
| hydrocortisone (topical) CREA 2.5 %                      | 1         |                      | TOPICORT SPRAY LIQD<br>(desoximetasone)                     | NF        | ST                   |
| hydrocortisone (topical) LOTN 2 %, 2.5 %                 | 1         |                      | TOPICORT CREA<br>(desoximetasone)                           | NF        |                      |
| hydrocortisone (topical) OINT 2.5 %                      | 1         |                      |                                                             |           |                      |
| hydrocortisone (topical) SOLN 2.5 %                      | 1         |                      |                                                             |           |                      |
| hydrocortisone butyrate hydrophilic lipo base            | 1         |                      |                                                             |           |                      |

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| Drug Name                                                           | Drug Tier | Requirements/ Limits                                                         | Drug Name                                  | Drug Tier | Requirements/ Limits                    |
|---------------------------------------------------------------------|-----------|------------------------------------------------------------------------------|--------------------------------------------|-----------|-----------------------------------------|
| TOPICORT GEL ( <i>desoximetasone</i> )                              | NF        |                                                                              | (Urea) CEROVEL LOTN 40 %                   | 1         |                                         |
| TOPICORT OINT ( <i>desoximetasone</i> )                             | NF        |                                                                              | <i>urea LOTN 40 %</i>                      | 1         |                                         |
| <i>triamcinolone acetonide (topical) AERS</i>                       | 1         |                                                                              | Emollients                                 |           |                                         |
| <i>triamcinolone acetonide (topical) CREA</i>                       | 1         |                                                                              | <i>lactic acid (ammonium lactate) CREA</i> | 1         | RX/OTC                                  |
| <i>triamcinolone acetonide (topical) LOTN</i>                       | 1         |                                                                              | Enzymes - Topical                          |           |                                         |
| <i>triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %, 0.5 %</i> | 1         |                                                                              | SANTYL OINT                                | 3         |                                         |
| TRIDESILON CREA 0.05 % ( <i>desonide</i> )                          | NF        |                                                                              | Immunomodulating Agents - Topical          |           |                                         |
| VANOS CREA ( <i>fluocinonide</i> )                                  | NF        |                                                                              | <i>imiquimod 5 %</i>                       | 1         |                                         |
| Eczema Agents                                                       |           |                                                                              | ZYCLARA ( <i>imiquimod</i> )               | NF        | QL(1 EA daily)                          |
| DUPIXENT SOAJ 300 MG/2ML                                            | SP        | Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.29 ML daily); PA  | ZYCLARA PUMP ( <i>imiquimod</i> )          | NF        | QL(1 GM daily)                          |
| DUPIXENT SOAJ 200 MG/1.14ML                                         | SP        | Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.082 ML daily); PA | Immunosuppressive Agents - Topical         |           |                                         |
| DUPIXENT SOSY 100 MG/0.67ML                                         | SP        | QL(0.048 ML daily); PA                                                       | ELIDEL ( <i>pimecrolimus</i> )             | NF        | QL(2 GM daily)                          |
| DUPIXENT SOSY 200 MG/1.14ML                                         | SP        | Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.082 ML daily); PA | <i>pimecrolimus</i>                        | 1         | QL(2 GM daily)                          |
| DUPIXENT SOSY 300 MG/2ML                                            | SP        | Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.29 ML daily); PA  | <i>tacrolimus (topical) OINT 0.03 %</i>    | 1         | QL(2 GM daily); AL(At least 2 yrs old)  |
| Emollient/Keratolytic Agents                                        |           |                                                                              | <i>tacrolimus (topical) OINT 0.1 %</i>     | 1         | QL(2 GM daily); AL(At least 15 yrs old) |
|                                                                     |           |                                                                              | Keratolytic/Antimitotic/Vesicant Agents    |           |                                         |
|                                                                     |           |                                                                              | (Salicylic Acid) KERALYT SHAM 6 %          | 1         |                                         |
|                                                                     |           |                                                                              | BENSAL HP OINT                             | 3         | RX/OTC                                  |
|                                                                     |           |                                                                              | CONDYLOX GEL ( <i>podofilox</i> )          | NF        |                                         |
|                                                                     |           |                                                                              | MG217 PSORIASIS MULTI-SYMPTOM OINT         | 3         | RX/OTC                                  |
|                                                                     |           |                                                                              | PODOCON-25 SOLN                            | 3         |                                         |
|                                                                     |           |                                                                              | <i>podofilox GEL</i>                       | 2         |                                         |
|                                                                     |           |                                                                              | <i>podofilox SOLN</i>                      | 1         |                                         |
|                                                                     |           |                                                                              | SALICYLIC ACID OINT                        | 3         | RX/OTC                                  |
|                                                                     |           |                                                                              | <i>salicylic acid SHAM 6 %</i>             | 1         |                                         |
|                                                                     |           |                                                                              | SALIMEZ CREA                               | 3         |                                         |
|                                                                     |           |                                                                              | SALYCIM CREA                               | 3         |                                         |

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| Drug Name                                                   | Drug Tier | Requirements/ Limits                           | Drug Name                                         | Drug Tier | Requirements/ Limits                    |
|-------------------------------------------------------------|-----------|------------------------------------------------|---------------------------------------------------|-----------|-----------------------------------------|
| Local Anesthetics - Topical                                 |           |                                                | <i>metronidazole (topical) CREA</i>               | 1         |                                         |
| (Lidocaine) LIDOCAN, TRIDACAINE II, TRIDACAINE III PTCH 5 % | 1         | Limited to 3 patches per day; QL(3 EA daily)   | <i>metronidazole (topical) GEL 1 %</i>            | 1         |                                         |
| CETACAINE AERO                                              | 3         |                                                | <i>metronidazole (topical) GEL 0.75 %</i>         | 1         | Limit 45gms per month; QL(1.5 GM daily) |
| <i>lidocaine hcl SOLN</i>                                   | 1         |                                                | <i>metronidazole (topical) LOTN</i>               | 1         | QL(2 ML daily)                          |
| <i>lidocaine-prilocaine CREA</i>                            | 1         |                                                | MIRVASO ( <i>brimonidine tartrate (topical)</i> ) | NF        | PA                                      |
| <i>lidocaine PTCH 5 %</i>                                   | 1         | Limited to 3 patches per day; QL(3 EA daily)   | NORITATE CREA                                     | SP        | PA                                      |
| LIDODERM PTCH ( <i>lidocaine</i> )                          | NF        | Limited to 3 patches per day; QL(3 EA daily)   | ORACEA ( <i>doxycycline (rosacea)</i> )           | 3         | QL(1 EA daily); PA                      |
| PREMIUM SCAR                                                | 3         |                                                | RHOFADE                                           | 3         | PA                                      |
| Misc. Topical                                               |           |                                                | SOOLANTRA ( <i>ivermectin (rosacea)</i> )         | NF        | QL(1.5 GM daily); PA                    |
| DRYSOL SOLN                                                 | 2         |                                                | Scabicides & Pediculicides                        |           |                                         |
| XERAC AC                                                    | 3         |                                                | ELIMITE CREA ( <i>permethrin</i> )                | NF        | QL(2 GM daily)                          |
| Phosphodiesterase 4 (PDE4) Inhibitors - Topical             |           |                                                | <i>malathion</i>                                  | 2         |                                         |
| EUCRISA                                                     | 3         | Limited to 60 gm per month; QL(2 GM daily); PA | OVIDE ( <i>malathion</i> )                        | NF        |                                         |
| Rosacea Agents                                              |           |                                                | <i>permethrin CREA</i>                            | 1         | QL(2 GM daily)                          |
| <i>azelaic acid GEL</i>                                     | 1         |                                                | DIAGNOSTIC PRODUCTS                               |           |                                         |
| <i>brimonidine tartrate (topical)</i>                       | 1         | PA                                             | Diagnostic Drugs                                  |           |                                         |
| <i>doxycycline (rosacea)</i>                                | 1         | QL(1 EA daily); PA                             | METOPIRONE                                        | 3         |                                         |
| FINACEA FOAM                                                | 3         |                                                | Diagnostic Tests                                  |           |                                         |
| FINACEA GEL ( <i>azelaic acid</i> )                         | NF        |                                                | ACCU-CHEK AVIVA PLUS STRP                         | 2         | QL(6.7 EA daily); RX/OTC                |
| <i>ivermectin (rosacea)</i>                                 | 1         | QL(1.5 GM daily); PA                           | ACCU-CHEK GUIDE TEST STRP                         | 2         | QL(6.7 EA daily); RX/OTC                |
| METROCREAM CREA ( <i>metronidazole (topical)</i> )          | NF        |                                                | ACCU-CHEK SMARTVIEW STRP                          | 2         | QL(6.7 EA daily); RX/OTC                |
| METROGEL GEL 1 % ( <i>metronidazole (topical)</i> )         | NF        |                                                | ADVIN COVID-19 ANTIGEN TEST KIT                   | PV        | QL(8 EA per fill retail); PV            |
|                                                             |           |                                                | BINAXNOW COVID-19 AG HOME TEST KIT                | PV        | QL(8 EA per fill retail); PV            |
|                                                             |           |                                                | CARESTART COVID-19 HOME TEST KIT                  | PV        | QL(8 EA per fill retail); PV            |

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| Drug Name                          | Drug Tier | Requirements/ Limits                          | Drug Name                                                    | Drug Tier | Requirements/ Limits                          |
|------------------------------------|-----------|-----------------------------------------------|--------------------------------------------------------------|-----------|-----------------------------------------------|
| CLEARDETECT COVID-19 AG HOME KIT   | PV        | QL(8 EA per fill retail); PV                  | FREESTYLE TEST STRP                                          | 2         | Limit 200 per month; QL(6.7 EA daily); RX/OTC |
| CLINITEST RAPID COVID-19 TEST KIT  | PV        | QL(8 EA per fill retail); PV                  | GENABIO COVID-19 RAPID TEST KIT                              | PV        | QL(8 EA per fill retail); PV                  |
| COVID-19 AT HOME ANTIGEN TEST KIT  | PV        | QL(8 EA per fill retail); PV                  | GOTOKNOW COVID-19 ANTIGEN RAPI KIT                           | PV        | QL(8 EA per fill retail); PV                  |
| COVID-19 AT HOME TEST KITS         | 5         | Up to 8 tests per month                       | IHEALTH COVID-19 RAPID TEST KIT                              | PV        | QL(8 EA per fill retail); PV                  |
| COVID-19 AT-HOME TEST KIT          | PV        | QL(8 EA per fill retail); PV                  | INDICAID COVID-19 RAPID TEST KIT                             | PV        | QL(8 EA per fill retail); PV                  |
| COVID-19 FLU A&B 3-IN-1 TEST       | PV        |                                               | INTELISWAB COVID-19 RAPID TEST KIT                           | PV        | QL(8 EA per fill retail); PV                  |
| COVID-19 FLU A+B ANTIGEN TEST      | PV        |                                               | OHC COVID-19 ANTIGEN SELF TEST KIT                           | PV        | QL(8 EA per fill retail); PV                  |
| COVID-19 OTC ANTIGEN 1-PACK KIT    | PV        | QL(8 EA per fill retail); PV                  | ON/GO COVID-19 ANTIGEN TEST KIT                              | PV        | QL(8 EA per fill retail); PV                  |
| COVID-19 OTC ANTIGEN 2-PACK KIT    | PV        | QL(8 EA per fill retail); PV                  | ON/GO ONE COVID-19 HOME TEST KIT                             | PV        | QL(8 EA per fill retail); PV                  |
| CVS COVID-19 AT HOME TEST KIT KIT  | PV        | QL(8 EA per fill retail); PV                  | PILOT COVID-19 AT-HOME TEST KIT                              | PV        | QL(8 EA per fill retail); PV                  |
| DIATRUST COVID-19 HOME TEST KIT    | PV        | QL(8 EA per fill retail); PV                  | PRECISION XTRA BLOOD GLUCOSE STRP                            | 2         | Limit 200 per month; QL(6.7 EA daily); RX/OTC |
| ELLUME COVID-19 HOME TEST KIT      | PV        | QL(8 EA per fill retail); PV                  | PRECISION XTRA KETONE                                        | 2         | QL(0.36 EA daily)                             |
| FASTEP COVID-19 ANTIGEN TEST KIT   | PV        | QL(8 EA per fill retail); PV                  | QUICKVUE AT-HOME COVID-19 TEST KIT                           | PV        | QL(8 EA per fill retail); PV                  |
| FLOWFLEX COVID-19 AG HOME TEST KIT | PV        | QL(8 EA per fill retail); PV                  | RAPIDGO FLU A/B COVID-19 HOME                                | PV        |                                               |
| FLOWFLEX PLUS COVID-19/FLU A/B     | PV        |                                               | SPEEDY SWAB COVID-19 ANTIGEN KIT                             | PV        | QL(8 EA per fill retail); PV                  |
| FREESTYLE INSULINX TEST STRP       | 2         | QL(6.7 EA daily); RX/OTC                      | SPEEDY SWAB COVID-19/FLU HOME                                | PV        |                                               |
| FREESTYLE LITE TEST STRP           | 2         | Limit 200 per month; QL(6.7 EA daily); RX/OTC | <b>DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes</b> |           |                                               |
| FREESTYLE PRECISION NEO TEST STRP  | 2         | Limit 200 per month; QL(6.7 EA daily); RX/OTC | <b>Digestive Enzymes</b>                                     |           |                                               |
| FREESTYLE PRECISION NEO TEST STRP  | 2         | QL(6.7 EA daily); RX/OTC                      | CREON CPEP                                                   | 2         |                                               |

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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, 252600 UNIT-189600 UNIT-60000 UNIT, 42000 UNIT-32000 UNIT-10000 UNIT, 63000 UNIT-47000 UNIT-15000 UNIT, 84000 UNIT-63000 UNIT-20000 UNIT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 2         |                      | <i>bumetanide TABS 0.5 MG, 1 MG</i>                                                                                                    | 1         |                      |
| <b>DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure</b><br>Carbonic Anhydrase Inhibitors<br><i>acetazolamide CP12</i> 1 QL(2 EA daily)<br><i>acetazolamide TABS 125 MG</i> 1<br><i>acetazolamide TABS 250 MG</i> 1 QL(4 EA daily)<br><i>methazolamide TABS</i> 1<br>Diuretic Combinations<br><i>amiloride &amp; hydrochlorothiazide</i> 1<br>MAXZIDE-25 TABS ( <i>triamterene &amp; hydrochlorothiazide</i> ) NF QL(2 EA daily)<br>MAXZIDE TABS ( <i>triamterene &amp; hydrochlorothiazide</i> ) NF QL(1 EA daily)<br><i>spironolactone &amp; hydrochlorothiazide</i> 1<br><i>triamterene &amp; hydrochlorothiazide CAPS 25 MG-37.5 MG</i> 1<br><i>triamterene &amp; hydrochlorothiazide TABS 50 MG-75 MG</i> 1 QL(1 EA daily)<br><i>triamterene &amp; hydrochlorothiazide TABS 25 MG-37.5 MG</i> 1 QL(2 EA daily)<br>Loop Diuretics |           |                      | <i>bumetanide TABS 2 MG</i>                                                                                                            | 1         | QL(5 EA daily)       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |           |                      | BUMEX TABS 0.5 MG ( <i>bumetanide</i> )                                                                                                | NF        |                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |           |                      | EDECIN ( <i>ethacrynic acid</i> )                                                                                                      | NF        | ST                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |           |                      | <i>ethacrynic acid</i>                                                                                                                 | 2         | ST                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |           |                      | <i>furosemide SOLN PO 8 MG/ML, 10 MG/ML</i>                                                                                            | 1         |                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |           |                      | <i>furosemide TABS</i>                                                                                                                 | 1         |                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |           |                      | LASIX TABS ( <i>furosemide</i> )                                                                                                       | NF        |                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |           |                      | SOAANZ TABS 20 MG                                                                                                                      | 3         |                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |           |                      | <i>torsemide TABS 5 MG, 10 MG, 20 MG</i>                                                                                               | 1         |                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |           |                      | <i>torsemide TABS 100 MG</i>                                                                                                           | 1         | QL(2 EA daily)       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |           |                      | Potassium Sparing Diuretics                                                                                                            |           |                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |           |                      | ALDACTONE TABS ( <i>spironolactone</i> )                                                                                               | NF        |                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |           |                      | <i>amiloride hcl TABS</i>                                                                                                              | 1         |                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |           |                      | DYRENIUM CAPS ( <i>triamterene</i> )                                                                                                   | NF        |                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |           |                      | <i>spironolactone TABS</i>                                                                                                             | 1         |                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |           |                      | <i>triamterene CAPS</i>                                                                                                                | 2         |                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |           |                      | Thiazides and Thiazide-Like Diuretics                                                                                                  |           |                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |           |                      | <i>chlorthalidone 25 MG, 50 MG</i>                                                                                                     | 1         |                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |           |                      | DIURIL SUSP                                                                                                                            | 3         |                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |           |                      | <i>hydrochlorothiazide CAPS</i>                                                                                                        | 1         |                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |           |                      | <i>hydrochlorothiazide TABS</i>                                                                                                        | 1         |                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |           |                      | <i>indapamide TABS 1.25 MG, 2.5 MG</i>                                                                                                 | 1         |                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |           |                      | <i>metolazone</i>                                                                                                                      | 1         |                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |           |                      | THALITONE                                                                                                                              | 2         |                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |           |                      | <b>ENDOCRINE AND METABOLIC AGENTS - MISC.</b><br><b>- Drugs to Treat Bone Disease and Regulate Hormones</b><br>Bone Density Regulators |           |                      |

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| Drug Name                                         | Drug Tier | Requirements/ Limits                          |
|---------------------------------------------------|-----------|-----------------------------------------------|
| ACTONEL TABS 150 MG ( <i>risedronate sodium</i> ) | NF        | Limited to 1 per month; QL(0.04 EA daily); ST |
| ACTONEL TABS 35 MG ( <i>risedronate sodium</i> )  | NF        | ST                                            |
| <i>alendronate sodium SOLN</i>                    | 1         |                                               |
| <i>alendronate sodium TABS 70 MG</i>              | 1         | Limit 1 tab per week; QL(0.15 EA daily)       |
| <i>alendronate sodium TABS 35 MG</i>              | 1         | Limit 1 tab per week; QL(0.144 EA daily)      |
| <i>alendronate sodium TABS 5 MG, 10 MG</i>        | 1         | QL(1 EA daily)                                |
| <i>calcitonin (salmon) IJ</i>                     | SP        | PA                                            |
| <i>calcitonin (salmon) NA</i>                     | 1         |                                               |
| FORTEO SOPN ( <i>teriparatide</i> )               | NF        |                                               |
| FORTEO SOPN ( <i>teriparatide</i> )               | NF        | SP                                            |
| FOSAMAX TABS 70 MG ( <i>alendronate sodium</i> )  | NF        | Limit 1 tab per week; QL(0.15 EA daily)       |
| <i>ibandronate sodium TABS</i>                    | 1         | Limit 1 per month; QL(0.04 EA daily)          |
| MIACALCIN IJ ( <i>calcitonin (salmon)</i> )       | SP        | PA                                            |
| PROLIA SOSY                                       | SP        | PA                                            |
| <i>risedronate sodium TABS 5 MG, 30 MG, 35 MG</i> | 1         | ST                                            |
| <i>risedronate sodium TABS 150 MG</i>             | 1         | Limited to 1 per month; QL(0.04 EA daily); ST |
| <i>teriparatide SOPN</i>                          | 2         | SP; PA                                        |
| TYMLOS                                            | SP        | PA                                            |
| Growth Hormone Receptor Antagonists               |           |                                               |
| SOMAVERT                                          | SP        | PA                                            |
| Growth Hormones                                   |           |                                               |
| HUMATROPE CART IJ                                 | SP        | PA                                            |

| Drug Name                                        | Drug Tier | Requirements/ Limits                                                       |
|--------------------------------------------------|-----------|----------------------------------------------------------------------------|
| NORDITROPIN FLEXPPO SOPN 15 MG/1.5ML, 30 MG/3ML  | SP        | PA                                                                         |
| NORDITROPIN FLEXPPO SOPN 5 MG/1.5ML, 10 MG/1.5ML | SP        | PA                                                                         |
| SEROSTIM SC 4 MG, 5 MG, 6 MG                     | SP        | PA                                                                         |
| ZOMACTON SOLR SC 10 MG                           | SP        | PA                                                                         |
| ZORBTIVE SC                                      | SP        | PA                                                                         |
| Hormone Receptor Modulators                      |           |                                                                            |
| EVISTA ( <i>raloxifene hcl</i> )                 | PV        | PV                                                                         |
| OSPHENA                                          | 3         | QL(1 EA daily); PA                                                         |
| <i>raloxifene hcl</i>                            | PV        | PV                                                                         |
| Insulin-Like Growth Factors (Somatomedins)       |           |                                                                            |
| INCRELEX                                         | SP        | PA                                                                         |
| LHRH/GnRH Agonist Analog Pituitary Suppressants  |           |                                                                            |
| FENSOLVI (6 MONTH) SC                            | 3         | PA                                                                         |
| LUPRON DEPOT-PED (1-MONTH) 7.5 MG                | 2         | covered w-gender transformation diagnosis; PA required for other diagnosis |
| SYNAREL                                          | 2         |                                                                            |
| Metabolic Modifiers                              |           |                                                                            |
| <i>betaine</i>                                   | SP        | PA                                                                         |
| BUPHENYL POWD ( <i>sodium phenylbutyrate</i> )   | SP        | PA                                                                         |
| BUPHENYL TABS ( <i>sodium phenylbutyrate</i> )   | SP        | PA                                                                         |
| <i>calcitriol CAPS 0.25 MCG</i>                  | 1         |                                                                            |
| <i>calcitriol CAPS 0.5 MCG</i>                   | 1         | QL(4 EA daily)                                                             |
| <i>calcitriol SOLN PO</i>                        | 1         |                                                                            |

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| Drug Name                                                                    | Drug Tier | Requirements/ Limits                                                           | Drug Name                                             | Drug Tier | Requirements/ Limits |
|------------------------------------------------------------------------------|-----------|--------------------------------------------------------------------------------|-------------------------------------------------------|-----------|----------------------|
| CARNITOR SF SOLN PO<br>( <i>levocarnitine (metabolic modifiers)</i> )        | NF        |                                                                                | ROCALTROL SOLN PO<br>( <i>calcitriol</i> )            | NF        |                      |
| CARNITOR SOLN PO 1 GM/10ML<br>( <i>levocarnitine (metabolic modifiers)</i> ) | NF        |                                                                                | <i>sapropterin dihydrochloride</i> PACK               | SP        |                      |
| CARNITOR TABS<br>( <i>levocarnitine (metabolic modifiers)</i> )              | NF        |                                                                                | <i>sapropterin dihydrochloride</i> TABS               | SP        |                      |
| <i>cinacalcet hcl</i>                                                        | 1         | PA                                                                             | SENSIPAR ( <i>cinacalcet hcl</i> )                    | NF        | PA                   |
| CYSTADANE ( <i>betaine</i> )                                                 | SP        | PA                                                                             | <i>sodium phenylbutyrate</i> POWD                     | SP        | PA                   |
| <i>doxercalciferol</i> CAPS                                                  | 2         |                                                                                | <i>sodium phenylbutyrate</i> TABS                     | SP        | PA                   |
| GALAFOLD                                                                     | SP        | Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.5 EA daily); SP; PA | XURIDEN                                               | SP        |                      |
| KUVAN PACK<br>( <i>sapropterin dihydrochloride</i> )                         | NF        |                                                                                | ZEMPLAR CAPS 1 MCG, 2 MCG ( <i>paricalcitol</i> )     | NF        |                      |
| KUVAN TABS<br>( <i>sapropterin dihydrochloride</i> )                         | NF        |                                                                                | Posterior Pituitary Hormones                          |           |                      |
| <i>levocarnitine (metabolic modifiers)</i> SOLN PO 1 GM/10ML                 | 1         |                                                                                | DDAVP TABS 0.1 MG ( <i>desmopressin acetate</i> )     | NF        |                      |
| <i>levocarnitine (metabolic modifiers)</i> TABS                              | 2         |                                                                                | DDAVP TABS 0.2 MG ( <i>desmopressin acetate</i> )     | NF        | QL(6 EA daily)       |
| MYALEPT                                                                      | SP        | PA                                                                             | <i>desmopressin acetate</i> spray                     | 1         |                      |
| <i>nitisinone</i> CAPS                                                       | 1         | PA                                                                             | <i>desmopressin acetate</i> spray refrigerated 0.01 % | 1         |                      |
| NITYR TABS                                                                   | SP        | PA                                                                             | DESMOPRESSIN ACETATE SOLN NA                          | 3         |                      |
| ORFADIN CAPS ( <i>nitisinone</i> )                                           | NF        | PA                                                                             | <i>desmopressin acetate</i> TABS 0.1 MG               | 1         |                      |
| ORFADIN SUSP                                                                 | SP        | PA                                                                             | <i>desmopressin acetate</i> TABS 0.2 MG               | 1         | QL(6 EA daily)       |
| PALYNZIQ                                                                     | SP        | SP; PA                                                                         | Progesterone Receptor Antagonists                     |           |                      |
| <i>paricalcitol</i> CAPS                                                     | 1         |                                                                                | MIFEPREX ( <i>mifepristone</i> )                      | PV        |                      |
| ROCALTROL CAPS 0.25 MCG ( <i>calcitriol</i> )                                | NF        |                                                                                | <i>mifepristone</i>                                   | PV        |                      |
| ROCALTROL CAPS 0.5 MCG ( <i>calcitriol</i> )                                 | NF        | QL(4 EA daily)                                                                 | Prolactin Inhibitors                                  |           |                      |
|                                                                              |           |                                                                                | <i>cabergoline</i>                                    | 1         |                      |
|                                                                              |           |                                                                                | Somatostatic Agents                                   |           |                      |
|                                                                              |           |                                                                                | <i>octreotide acetate</i> SOLN                        | SP        | PA                   |

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| Drug Name                                                                                 | Drug Tier | Requirements/ Limits                                 |
|-------------------------------------------------------------------------------------------|-----------|------------------------------------------------------|
| <i>octreotide acetate SOSY 50 MCG/ML, 100 MCG/ML</i>                                      | SP        | PA                                                   |
| SANDOSTATIN SOLN 500 MCG/ML ( <i>octreotide acetate</i> )                                 | SP        | PA                                                   |
| SANDOSTATIN SOLN 50 MCG/ML, 100 MCG/ML ( <i>octreotide acetate</i> )                      | NF        | Must use AcariaHealth Specialty Rx at 1-844-538-4661 |
| SIGNIFOR                                                                                  | SP        | PA                                                   |
| <b>ESTROGENS - Hormone Replacement/Modifying Drugs</b>                                    |           |                                                      |
| Estrogen Combinations                                                                     |           |                                                      |
| (Estradiol & Norethindrone Acetate) ABIGALE, ABIGALE LO, AMABELZ, MIMVEY TABS 1 MG-0.5 MG | 1         |                                                      |
| (Estradiol & Norethindrone Acetate) ABIGALE, ABIGALE LO, AMABELZ, MIMVEY TABS             | 1         |                                                      |
| (Estradiol & Norethindrone Acetate) ABIGALE, ABIGALE LO, AMABELZ, MIMVEY TABS             | 1         |                                                      |
| (Norethindrone Acetate-Ethinyl Estradiol) FYAVOLV, JINTELI                                | 1         |                                                      |
| (Norethindrone Acetate-Ethinyl Estradiol) FYAVOLV, JINTELI 1 MG-5 MCG                     | 1         |                                                      |
| ACTIVELLA TABS 1 MG-0.5 MG ( <i>estradiol &amp; norethindrone acetate</i> )               | NF        |                                                      |
| ANGELIQ                                                                                   | 3         |                                                      |
| CLIMARA PRO                                                                               | 2         |                                                      |
| COMBIPATCH PTTW                                                                           | 3         |                                                      |
| DUAVEE                                                                                    | 3         |                                                      |

| Drug Name                                                                                                               | Drug Tier | Requirements/ Limits                          |
|-------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------------------------------|
| <i>estradiol &amp; norethindrone acetate TABS</i>                                                                       | 1         |                                               |
| <i>norethindrone acetate-ethinyl estradiol</i>                                                                          | 1         |                                               |
| ORIAHNN                                                                                                                 | SP        | PA                                            |
| PREMPHASE                                                                                                               | 2         |                                               |
| PREMPRO                                                                                                                 | 2         |                                               |
| Estrogens                                                                                                               |           |                                               |
| (Estradiol) DOTTI, LYLLANA PTTW                                                                                         | 1         | QL(0.29 EA daily)                             |
| ALORA PTTW 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR                                                                    | 2         | QL(0.29 EA daily)                             |
| CLIMARA PTWK 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.06 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR ( <i>estradiol</i> ) | NF        | Limit 4 patches per month; QL(0.143 EA daily) |
| DELESTROGEN ( <i>estradiol valerate</i> )                                                                               | NF        | QL(5 ML daily)                                |
| DIVIGEL GEL ( <i>estradiol</i> )                                                                                        | NF        |                                               |
| ELESTRIN GEL                                                                                                            | 3         |                                               |
| ESTRACE TABS ( <i>estradiol</i> )                                                                                       | NF        |                                               |
| <i>estradiol valerate</i>                                                                                               | 1         | QL(5 ML daily)                                |
| <i>estradiol GEL</i>                                                                                                    | 1         |                                               |
| <i>estradiol GEL</i>                                                                                                    | 1         | Limit 50gms per month; QL(1.67 GM daily)      |
| <i>estradiol PTTW</i>                                                                                                   | 1         | QL(0.29 EA daily)                             |
| <i>estradiol PTWK</i>                                                                                                   | 1         | Limit 4 patches per month; QL(0.143 EA daily) |
| <i>estradiol TABS</i>                                                                                                   | 1         |                                               |
| ESTROGEL GEL ( <i>estradiol</i> )                                                                                       | NF        | Limit 50gms per month; QL(1.67 GM daily)      |
| EVAMIST SOLN                                                                                                            | 3         |                                               |

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| Drug Name                                                                     | Drug Tier | Requirements/ Limits                                   |
|-------------------------------------------------------------------------------|-----------|--------------------------------------------------------|
| MENEST 2.5 MG                                                                 | 2         |                                                        |
| MENOSTAR PTWK                                                                 | 3         | Limit 4 patches per month; QL(0.143 EA daily)          |
| MINIVELLE PTTW ( <i>estradiol</i> )                                           | NF        | QL(0.29 EA daily)                                      |
| PREMARIN TABS 0.9 MG                                                          | 2         |                                                        |
| PREMARIN TABS 0.3 MG, 0.45 MG, 0.625 MG, 1.25 MG                              | 2         | QL(1 EA daily)                                         |
| VIVELLE-DOT PTTW ( <i>estradiol</i> )                                         | NF        | QL(0.29 EA daily)                                      |
| <b>FLUOROQUINOLONES - Drugs to Treat Bacterial Infections</b>                 |           |                                                        |
| Fluoroquinolones                                                              |           |                                                        |
| <i>ciprofloxacin hcl TABS</i>                                                 | 1         |                                                        |
| CIPRO SUSR                                                                    | 2         |                                                        |
| CIPRO TABS 250 MG, 500 MG ( <i>ciprofloxacin hcl</i> )                        | NF        |                                                        |
| <i>levofloxacin SOLN PO</i>                                                   | 1         |                                                        |
| <i>levofloxacin TABS</i>                                                      | 1         | QL(14 EA per fill retail)                              |
| <i>moxifloxacin hcl TABS</i>                                                  | 1         |                                                        |
| <i>ofloxacin 300 MG</i>                                                       | 1         |                                                        |
| <i>ofloxacin 400 MG</i>                                                       | 1         | QL(28 EA per 90 day(s) retail; 28 EA per 90 days mail) |
| <b>GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs</b> |           |                                                        |
| 5-HT4 Receptor Agonists                                                       |           |                                                        |
| MOTEGRITY ( <i>prucalopride succinate</i> )                                   | NF        | QL(1 EA daily)                                         |
| <i>prucalopride succinate</i>                                                 | 1         | QL(1 EA daily)                                         |
| Agents for Chronic Idiopathic Constipation (CIC)                              |           |                                                        |
| TRULANCE                                                                      | 2         | QL(1 EA daily)                                         |
| Farnesoid X Receptor (FXR) Agonists                                           |           |                                                        |

| Drug Name                                              | Drug Tier | Requirements/ Limits                     |
|--------------------------------------------------------|-----------|------------------------------------------|
| OCALIVA                                                | SP        | QL(1 EA daily); PA                       |
| Gallstone Solubilizing Agents                          |           |                                          |
| (Chenodiol) CHENODAL                                   | SP        | PA                                       |
| CTEXLI 250 MG                                          | SP        | PA                                       |
| URSO 250 TABS ( <i>ursodiol</i> )                      | NF        |                                          |
| URSO FORTE TABS ( <i>ursodiol</i> )                    | NF        |                                          |
| <i>ursodiol CAPS</i>                                   | 2         |                                          |
| <i>ursodiol TABS</i>                                   | 1         |                                          |
| Gastrointestinal Chloride Channel Activators           |           |                                          |
| AMITIZA ( <i>lubiprostone</i> )                        | NF        |                                          |
| <i>lubiprostone</i>                                    | 1         |                                          |
| Gastrointestinal Stimulants                            |           |                                          |
| <i>metoclopramide hcl SOLN PO 5 MG/5ML, 10 MG/10ML</i> | 2         |                                          |
| <i>metoclopramide hcl TABS</i>                         | 1         |                                          |
| <i>metoclopramide hcl TBDP</i>                         | 2         |                                          |
| REGLAN TABS ( <i>metoclopramide hcl</i> )              | NF        |                                          |
| Inflammatory Bowel Agents                              |           |                                          |
| APRISO CP24 ( <i>mesalamine</i> )                      | NF        | QL(4 EA daily)                           |
| AZULFIDINE EN-TABS TBEC ( <i>sulfasalazine</i> )       | NF        | QL(8 EA daily)                           |
| AZULFIDINE TABS ( <i>sulfasalazine</i> )               | NF        | QL(8 EA daily)                           |
| <i>balsalazide disodium CAPS</i>                       | 1         | Limit 280 caps per month; QL(9 EA daily) |
| CANASA SUPP ( <i>mesalamine</i> )                      | NF        | QL(1 EA daily)                           |
| COLAZAL CAPS ( <i>balsalazide disodium</i> )           | NF        | Limit 280 caps per month; QL(9 EA daily) |
| DELZICOL CPDR ( <i>mesalamine</i> )                    | NF        | QL(6 EA daily)                           |
| DIPENTUM                                               | 3         |                                          |

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|---------------------------------------------|-----------|---------------------------------------------------------------|------------------------------------------------------|-----------|----------------------|
| INFLECTRA SOLR                              | SP        | Must use AcariaHealth Specialty Rx at 1-844-538-4661;; SP; PA | Intestinal Acidifiers                                |           |                      |
| LIALDA TBEC ( <i>mesalamine</i> )           | NF        | QL(4 EA daily)                                                | (Lactulose (Encephalopathy)) ENULOSE, GENERLAC       | 1         |                      |
| <i>mesalamine CP24</i>                      | 2         | QL(4 EA daily)                                                | <i>lactulose (encephalopathy)</i>                    | 1         |                      |
| <i>mesalamine CPCR</i>                      | 1         | QL(8 EA daily); PA                                            | Irritable Bowel Syndrome (IBS) Agents                |           |                      |
| <i>mesalamine CPDR</i>                      | 2         | QL(6 EA daily)                                                | <i>alosecron hcl</i>                                 | 2         |                      |
| <i>mesalamine ENEM</i>                      | 2         | QL(60 ML daily)                                               | LINZESS                                              | 2         | QL(1 EA daily)       |
| <i>mesalamine SUPP</i>                      | 2         | QL(1 EA daily)                                                | LOTROX (alosecron hcl)                               | NF        |                      |
| <i>mesalamine TBEC 1.2 GM</i>               | 2         | QL(4 EA daily)                                                | VIBERZI                                              | 3         | QL(2 EA daily); PA   |
| <i>mesalamine TBEC 800 MG</i>               | 1         |                                                               | Peripheral Opioid Receptor Antagonists               |           |                      |
| PENTASA CPCR 500 MG                         | 3         | QL(8 EA daily); PA                                            | <i>alvimopan</i>                                     | SP        |                      |
| PENTASA CPCR 250 MG                         | 3         | PA                                                            | ENTEREG ( <i>alvimopan</i> )                         | SP        |                      |
| RENFLEXIS                                   | SP        | Must use AcariaHealth Specialty Rx at 1-844-538-4661;; PA     | MOVANTIK                                             | 3         | QL(1 EA daily)       |
| SKYRIZI SOCT 360 MG/2.4ML                   | SP        | Check Plan Documents for coverage; QL(0.086 ML daily); PA     | Phosphate Binder Agents                              |           |                      |
| SKYRIZI SOCT 180 MG/1.2ML                   | SP        | Check Plan Documents for coverage; QL(0.043 ML daily); PA     | (Calcium Acetate (Phosphate Binder)) CALPHRON TABS   | 1         | RX/OTC               |
| <i>sulfasalazine TABS</i>                   | 1         | QL(8 EA daily)                                                | <i>calcium acetate (phosphate binder) CAPS</i>       | 1         |                      |
| <i>sulfasalazine TBEC</i>                   | 1         | QL(8 EA daily)                                                | <i>calcium acetate (phosphate binder) TABS</i>       | 1         | RX/OTC               |
| TREMFYA CROHNS INDUCTION SOAJ SC 200 MG/2ML | SP        | QL(0.0715 ML daily); SP; PA                                   | FOSRENOL CHEW 500 MG ( <i>lanthanum carbonate</i> )  | NF        |                      |
| TREMFYA PEN SOAJ SC 200 MG/2ML              | SP        | QL(0.0715 ML daily); SP; PA                                   | FOSRENOL CHEW 1000 MG ( <i>lanthanum carbonate</i> ) | NF        | QL(3 EA daily)       |
| TREMFYA SOSY SC 200 MG/2ML                  | SP        | QL(0.0715 ML daily); SP; PA                                   | FOSRENOL CHEW 750 MG ( <i>lanthanum carbonate</i> )  | NF        | QL(4 EA daily)       |
|                                             |           |                                                               | FOSRENOL PACK                                        | 3         |                      |
|                                             |           |                                                               | <i>lanthanum carbonate CHEW 1000 MG</i>              | 2         | QL(3 EA daily)       |
|                                             |           |                                                               | <i>lanthanum carbonate CHEW 500 MG</i>               | 2         |                      |

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| Drug Name                                                           | Drug Tier | Requirements/ Limits                       | Drug Name                                                   | Drug Tier | Requirements/ Limits                    |
|---------------------------------------------------------------------|-----------|--------------------------------------------|-------------------------------------------------------------|-----------|-----------------------------------------|
| <i>lanthanum carbonate CHEW 750 MG</i>                              | 2         | QL(4 EA daily)                             | ORACIT                                                      | 3         |                                         |
| RENVELA PACK 0.8 GM ( <i>sevelamer carbonate</i> )                  | NF        |                                            | ORAL CITRATE                                                | 3         |                                         |
| RENVELA PACK 2.4 GM ( <i>sevelamer carbonate</i> )                  | NF        | QL(5 EA daily)                             | <i>pot &amp; sod citrates w/citric ac SOLN</i>              | 1         |                                         |
| RENVELA TABS ( <i>sevelamer carbonate</i> )                         | NF        |                                            | <i>potassium citrate (alkalinizer) TBCR</i>                 | 1         |                                         |
| <i>sevelamer carbonate PACK 0.8 GM</i>                              | 1         |                                            | <i>potassium citrate-citric acid SOLN</i>                   | 1         | RX/OTC                                  |
| <i>sevelamer carbonate PACK 2.4 GM</i>                              | 1         | QL(5 EA daily)                             | <i>sodium citrate &amp; citric acid</i>                     | 1         | RX/OTC                                  |
| <i>sevelamer carbonate TABS</i>                                     | 1         |                                            | UROCIT-K 10 TBCR ( <i>potassium citrate (alkalinizer)</i> ) | NF        |                                         |
| <i>sevelamer hcl 800 MG</i>                                         | 2         | QL(16 EA daily)                            | UROCIT-K 15 TBCR ( <i>potassium citrate (alkalinizer)</i> ) | NF        |                                         |
| <i>sevelamer hcl 400 MG</i>                                         | 1         |                                            | UROCIT-K 5 TBCR ( <i>potassium citrate (alkalinizer)</i> )  | NF        |                                         |
| Short Bowel Syndrome (SBS) Agents                                   |           |                                            | Cystinosis Agents                                           |           |                                         |
| GATTEX                                                              | SP        | Specialty Drug refer to Caremark SP RX; PA | CYSTAGON CAPS                                               | SP        | PA                                      |
| Tryptophan Hydroxylase Inhibitors                                   |           |                                            | PROCYSBI CPDR                                               | SP        |                                         |
| XERMELO                                                             | SP        | Not available through mail; PA             | PROCYSBI PACK                                               | SP        | PA                                      |
| <b>GENITOURINARY AGENTS - MISCELLANEOUS -</b>                       |           |                                            | Interstitial Cystitis Agents                                |           |                                         |
| Miscellaneous Drugs to Treat Reproductive Organs and Urinary System |           |                                            | ELMIRON CAPS                                                | 3         | QL(3 EA daily); PA                      |
| Acidifiers                                                          |           |                                            | Prostatic Hypertrophy Agents                                |           |                                         |
| K-PHOS NO 2                                                         | 2         |                                            | <i>alfuzosin hcl</i>                                        | 1         | QL(1 EA daily)                          |
| Alkalinizers                                                        |           |                                            | AVODART ( <i>dutasteride</i> )                              | NF        | AL(At least 40 yrs old)                 |
| (Potassium Citrate-Citric Acid) CYTRA K CRYSTALS PACK               | 1         |                                            | CARDURA XL                                                  | 3         |                                         |
| (Potassium Citrate-Citric Acid) CYTRA-K SOLN                        | 1         | RX/OTC                                     | <i>dutasteride</i>                                          | 1         | AL(At least 40 yrs old)                 |
| (Sodium Citrate & Citric Acid) CYTRA-2                              | 1         | RX/OTC                                     | <i>dutasteride-tamsulosin hcl</i>                           | 1         |                                         |
| CYTRA-3 SYRP                                                        | 3         |                                            | <i>finasteride</i>                                          | 1         | QL(1 EA daily); AL(At least 40 yrs old) |
|                                                                     |           |                                            | JALYN ( <i>dutasteride-tamsulosin hcl</i> )                 | NF        |                                         |
|                                                                     |           |                                            | PROSCAR ( <i>finasteride</i> )                              | NF        | QL(1 EA daily); AL(At least 40 yrs old) |

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| Drug Name                                                            | Drug Tier | Requirements/ Limits |
|----------------------------------------------------------------------|-----------|----------------------|
| RAPAFLO 4 MG<br>( <i>silodosin</i> )                                 | NF        |                      |
| RAPAFLO 8 MG<br>( <i>silodosin</i> )                                 | NF        | QL(1 EA daily)       |
| <i>silodosin 4 MG</i>                                                | 1         |                      |
| <i>silodosin 8 MG</i>                                                | 1         | QL(1 EA daily)       |
| <i>tamsulosin hcl</i>                                                | 1         | QL(2 EA daily)       |
| UROXATRAL ( <i>alfuzosin hcl</i> )                                   | NF        | QL(1 EA daily)       |
| Urinary Stone Agents                                                 |           |                      |
| LITHOSTAT                                                            | 3         |                      |
| <b>GOUT AGENTS - Drugs to Treat Gout</b>                             |           |                      |
| Gout Agent Combinations                                              |           |                      |
| <i>colchicine w/ probenecid</i>                                      | 1         |                      |
| Gout Agents                                                          |           |                      |
| <i>allopurinol 100 MG</i>                                            | 1         | QL(3 EA daily)       |
| <i>allopurinol 300 MG</i>                                            | 1         | QL(2 EA daily)       |
| <i>colchicine CAPS</i>                                               | 1         |                      |
| <i>colchicine TABS</i>                                               | 1         |                      |
| COLCRYS TABS<br>( <i>colchicine</i> )                                | NF        |                      |
| <i>febuxostat 40 MG</i>                                              | 1         | QL(2 EA daily)       |
| <i>febuxostat 80 MG</i>                                              | 1         | QL(1 EA daily)       |
| MITIGARE CAPS<br>( <i>colchicine</i> )                               | 1         |                      |
| ULORIC 40 MG<br>( <i>febuxostat</i> )                                | NF        | QL(2 EA daily)       |
| ULORIC 80 MG<br>( <i>febuxostat</i> )                                | NF        | QL(1 EA daily)       |
| ZYLOPRIM 300 MG<br>( <i>allopurinol</i> )                            | NF        | QL(2 EA daily)       |
| ZYLOPRIM 100 MG<br>( <i>allopurinol</i> )                            | NF        | QL(3 EA daily)       |
| Uricosurics                                                          |           |                      |
| <i>probenecid</i>                                                    | 1         |                      |
| <b>HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders</b> |           |                      |

| Drug Name                                               | Drug Tier | Requirements/ Limits                                      |
|---------------------------------------------------------|-----------|-----------------------------------------------------------|
| Antihemophilic Products                                 |           |                                                           |
| ALPHANATE SOLR                                          | SP        | Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA  |
| ALPHANINE SD 500 UNIT, 1000 UNIT, 1500 UNIT             | SP        | Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA  |
| COAGADEX                                                | SP        | Must use AcariaHealth Specialty Rx at 1-844-538-4661;; PA |
| CORIFACT                                                | SP        | Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA  |
| FEIBA                                                   | SP        | Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA  |
| HEMOFIL M SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1700 UNIT | 3         | Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA  |
| HUMATE-P SOLR                                           | SP        | Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA  |
| IXINITY SOLR                                            | SP        | Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA  |
| KCENTRA                                                 | SP        | Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA  |

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| Drug Name                                                                            | Drug Tier | Requirements/ Limits                                     | Drug Name                                   | Drug Tier | Requirements/ Limits                                     |
|--------------------------------------------------------------------------------------|-----------|----------------------------------------------------------|---------------------------------------------|-----------|----------------------------------------------------------|
| KOATE-DVI SOLR 500 UNIT, 1000 UNIT                                                   | 3         | Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA | TRETTEN                                     | SP        | Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA |
| KOATE SOLR                                                                           | 3         | Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA | VONVENDI                                    | SP        | Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA |
| NOVOSEVEN RT                                                                         | SP        | Must use AcariaHlth Sp Rx 1-844-538-4661; PA             | WILATE KIT                                  | SP        | Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA |
| NUWIQ KIT 2500 UNIT, 3000 UNIT, 4000 UNIT                                            | SP        | SP- Acaria Health; SP; PA                                | Bradykinin B2 Receptor Antagonists          |           |                                                          |
| NUWIQ KIT 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT                                   | SP        | Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA | (Icatibant Acetate) SAJAZIR SOSY            | SP        | PA                                                       |
| NUWIQ SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT | SP        | Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA | FIRAZYR SOSY ( <i>icatibant acetate</i> )   | SP        | PA                                                       |
| OBIZUR                                                                               | SP        | Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA | <i>icatibant acetate</i> SOSY               | SP        | PA                                                       |
| PROFILNINE                                                                           | SP        | Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA | Complement Inhibitors                       |           |                                                          |
| RECOMBINATE SOLR                                                                     | SP        | Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA | HAEGARDA SOLR SC                            | SP        | PA                                                       |
| RIXUBIS SOLR                                                                         | SP        | Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA | Hematorheologic Agents                      |           |                                                          |
|                                                                                      |           |                                                          | <i>pentoxifylline</i>                       | 1         | QL(3 EA daily)                                           |
|                                                                                      |           |                                                          | Human Protein C                             |           |                                                          |
|                                                                                      |           |                                                          | CEPROTIN                                    | SP        | PA                                                       |
|                                                                                      |           |                                                          | Plasma Kallikrein Inhibitors                |           |                                                          |
|                                                                                      |           |                                                          | ORLADEYO                                    | SP        | PA                                                       |
|                                                                                      |           |                                                          | TAKHZYRO SOLN                               | SP        | PA                                                       |
|                                                                                      |           |                                                          | TAKHZYRO SOSY                               | SP        | PA                                                       |
|                                                                                      |           |                                                          | Platelet Aggregation Inhibitors             |           |                                                          |
|                                                                                      |           |                                                          | AGRYLIN 0.5 MG ( <i>anagrelide hcl</i> )    | NF        |                                                          |
|                                                                                      |           |                                                          | <i>anagrelide hcl</i>                       | 1         |                                                          |
|                                                                                      |           |                                                          | <i>aspirin-dipyridamole</i>                 | 1         |                                                          |
|                                                                                      |           |                                                          | BRILINTA 60 MG, 90 MG ( <i>ticagrelor</i> ) | NF        | QL(2 EA daily)                                           |
|                                                                                      |           |                                                          | <i>cilostazol</i>                           | 1         | QL(2 EA daily)                                           |

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| Drug Name                                     | Drug Tier | Requirements/Limits |
|-----------------------------------------------|-----------|---------------------|
| <i>clopidogrel bisulfate</i>                  | 1         | QL(2 EA daily)      |
| <i>dipyridamole</i>                           | 1         |                     |
| EFFIENT ( <i>prasugrel hcl</i> )              | NF        |                     |
| PLAVIX 75 MG ( <i>clopidogrel bisulfate</i> ) | NF        | QL(2 EA daily)      |
| <i>prasugrel hcl</i>                          | 1         |                     |
| <i>ticagrelor 60 MG, 90 MG</i>                | 1         | QL(2 EA daily)      |

#### HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders

| Agents for Gaucher Disease                                                                                                                                                                                |    |        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--------|
| (Miglustat) YARGESA                                                                                                                                                                                       | SP | PA     |
| CERDELGA                                                                                                                                                                                                  | SP | PA     |
| <i>miglustat</i>                                                                                                                                                                                          | SP | PA     |
| ZAVESCA ( <i>miglustat</i> )                                                                                                                                                                              | SP | PA     |
| Agents for Sickle Cell Disease                                                                                                                                                                            |    |        |
| DROXIA CAPS                                                                                                                                                                                               | 2  |        |
| ENDARI ( <i>glutamine (sickle cell)</i> )                                                                                                                                                                 | NF | PA     |
| <i>glutamine (sickle cell)</i>                                                                                                                                                                            | 2  | PA     |
| SIKLOS TABS                                                                                                                                                                                               | SP | PA     |
| SIKLOS TABS                                                                                                                                                                                               | SP | AC; PA |
| Folic Acid/Folates                                                                                                                                                                                        |    |        |
| (Folic Acid) CVS FOLIC ACID, FOLATE, FT FOLIC ACID, GNP FOLIC ACID, HM FOLIC ACID, KP FOLIC ACID, PX FOLIC ACID, QC FOLIC ACID, RA FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 400 MCG | PV | PV     |

| Drug Name                                                                                                                                                                                                          | Drug Tier | Requirements/Limits |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------------|
| (Folic Acid) CVS FOLIC ACID, FOLATE, FT FOLIC ACID, GNP FOLIC ACID, HM FOLIC ACID, KP FOLIC ACID, PX FOLIC ACID, QC FOLIC ACID, RA FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 800 MCG          | PV        | PV                  |
| (Folic Acid) CVS FOLIC ACID, FOLATE, FT FOLIC ACID, GNP FOLIC ACID, HM FOLIC ACID, KP FOLIC ACID, PX FOLIC ACID, QC FOLIC ACID, RA FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 400 MCG, 800 MCG | PV        | PV                  |
| (Folic Acid) KP FOLIC ACID, TRUE FOLIC ACID TABS 1 MG                                                                                                                                                              | 1         | RX/OTC              |
| <i>folic acid TABS 400 MCG, 800 MCG</i>                                                                                                                                                                            | PV        | PV                  |
| <i>folic acid TABS 1 MG</i>                                                                                                                                                                                        | 1         | RX/OTC              |
| Hematopoietic Growth Factors                                                                                                                                                                                       |           |                     |
| <i>eltrombopag olamine PACK 12.5 MG, 25 MG</i>                                                                                                                                                                     | 2         | QL(1 EA daily); PA  |
| <i>eltrombopag olamine TABS 12.5 MG, 25 MG, 50 MG, 75 MG</i>                                                                                                                                                       | 2         | QL(1 EA daily); PA  |
| NYVEPRIA                                                                                                                                                                                                           | SP        | PA                  |
| PROMACTA PACK 12.5 MG, 25 MG ( <i>eltrombopag olamine</i> )                                                                                                                                                        | NF        | QL(1 EA daily); PA  |
| PROMACTA TABS 12.5 MG, 25 MG, 50 MG, 75 MG ( <i>eltrombopag olamine</i> )                                                                                                                                          | NF        | QL(1 EA daily); PA  |
| RETACRIT                                                                                                                                                                                                           | SP        | PA                  |
| UDENYCA ONBODY SOSY                                                                                                                                                                                                | SP        | PA                  |
| UDENYCA SOAJ                                                                                                                                                                                                       | SP        | PA                  |

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| Drug Name                                                  | Drug Tier | Requirements/ Limits                                      |
|------------------------------------------------------------|-----------|-----------------------------------------------------------|
| UDENYCA SOSY                                               | SP        | PA                                                        |
| ZARXIO                                                     | SP        | Must use AcariaHealth Specialty Rx at 1-844-538-4661;; PA |
| Hematopoietic Mixtures                                     |           |                                                           |
| FOLIVANE-F                                                 | 2         |                                                           |
| INTEGRA F                                                  | 2         |                                                           |
| IRON FOLATE-F                                              | 2         |                                                           |
| HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders |           |                                                           |
| Hemostatics - Systemic                                     |           |                                                           |
| <i>aminocaproic acid SOLN PO 0.25 GM/ML</i>                | 2         |                                                           |
| <i>aminocaproic acid TABS</i>                              | 2         |                                                           |
| CYKLOKAPRON SOLN ( <i>tranexamic acid</i> )                | SP        | PA                                                        |
| <i>tranexamic acid SOLN 1000 MG/10ML</i>                   | SP        | PA                                                        |
| <i>tranexamic acid TABS</i>                                | 1         | QL(6 EA daily; 5 Day(s) limit)                            |
| HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS                  |           |                                                           |
| Barbiturate Hypnotics                                      |           |                                                           |
| <i>phenobarbital ELIX</i>                                  | 1         |                                                           |
| <i>phenobarbital TABS</i>                                  | 1         |                                                           |
| Non-Barbiturate Hypnotics                                  |           |                                                           |
| AMBIEN CR TBCR ( <i>zolpidem tartrate</i> )                | NF        | QL(1 EA daily)                                            |
| AMBIEN TABS ( <i>zolpidem tartrate</i> )                   | NF        | QL(1 EA daily)                                            |
| DORAL ( <i>quazepam</i> )                                  | NF        |                                                           |
| <i>estazolam</i>                                           | 1         |                                                           |
| <i>eszopiclone</i>                                         | 1         | QL(1 EA daily)                                            |
| HALCION 0.25 MG ( <i>triazolam</i> )                       | NF        | QL(1 EA daily)                                            |
| LUNESTA ( <i>eszopiclone</i> )                             | NF        | QL(1 EA daily)                                            |

| Drug Name                                                                                 | Drug Tier | Requirements/ Limits            |
|-------------------------------------------------------------------------------------------|-----------|---------------------------------|
| <i>midazolam hcl SYRP</i>                                                                 | 1         |                                 |
| <i>quazepam</i>                                                                           | 3         |                                 |
| RESTORIL 7.5 MG ( <i>temazepam</i> )                                                      | NF        |                                 |
| RESTORIL 22.5 MG, 30 MG ( <i>temazepam</i> )                                              | NF        | QL(1 EA daily)                  |
| RESTORIL 15 MG ( <i>temazepam</i> )                                                       | NF        | QL(2 EA daily)                  |
| <i>temazepam 15 MG</i>                                                                    | 1         | QL(2 EA daily)                  |
| <i>temazepam 22.5 MG, 30 MG</i>                                                           | 1         | QL(1 EA daily)                  |
| <i>temazepam 7.5 MG</i>                                                                   | 1         |                                 |
| <i>triazolam 0.125 MG</i>                                                                 | 1         |                                 |
| <i>triazolam 0.25 MG</i>                                                                  | 1         | QL(1 EA daily)                  |
| <i>zaleplon</i>                                                                           | 1         | QL(1 EA daily)                  |
| <i>zolpidem tartrate TABS</i>                                                             | 1         | QL(1 EA daily)                  |
| <i>zolpidem tartrate TBCR</i>                                                             | 1         | QL(1 EA daily)                  |
| Orexin Receptor Antagonists                                                               |           |                                 |
| BELSOMRA                                                                                  | 2         | QL(1 EA daily); ST              |
| Selective Melatonin Receptor Agonists                                                     |           |                                 |
| <i>ramelteon</i>                                                                          | 1         | QL(1 EA daily); ST              |
| ROZEREM ( <i>ramelteon</i> )                                                              | NF        | QL(1 EA daily); ST              |
| LAXATIVES - Bowel Treatment Drugs                                                         |           |                                 |
| Laxative Combinations                                                                     |           |                                 |
| (PEG 3350-Kcl-NaCl-Na Sulfate-Na Ascorbate-Ascorbic Acid) PEG-3350/ELECTROLYTES/A SCORBAT | PV        | PV                              |
| (PEG 3350-Kcl-Sod Bicarb-Sod Chloride-Sod Sulfate) GAVILYTE-G SOLR 236 GM                 | PV        | QL(4000 ML per fill retail); PV |
| (PEG 3350-Potassium Chloride-Sod Bicarbonate-Sod Chloride) GAVILYTE-N WITH FLAVOR PACK    | PV        | PV                              |

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| Drug Name                                                                                                                                                                                                                                                                                               | Drug Tier | Requirements/ Limits                      | Drug Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Drug Tier | Requirements/ Limits                      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------------------------------------------|
| GOLYTELY SOLR ( <i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i> )                                                                                                                                                                                                                               | PV        | QL(4000 ML per fill retail); PV           | MIRALAX POWD ( <i>polyethylene glycol 3350</i> )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | NF        | Limit 528gms per month; QL(17.6 GM daily) |
| <i>peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid</i>                                                                                                                                                                                                                                          | PV        | PV                                        | <i>polyethylene glycol 3350 POWD</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 1         | Limit 528gms per month; QL(17.6 GM daily) |
| <i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR 236 GM</i>                                                                                                                                                                                                                                     | PV        | QL(4000 ML per fill retail); PV           | Stimulant Laxatives                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |           |                                           |
| <i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>                                                                                                                                                                                                                                         | PV        | PV                                        | (Bisacodyl) ALOPHEN, BISACODYL EC, CVS C-LAX LAXATIVE, CVS GENTLE LAXATIVE, CVS GENTLE LAXATIVE WOMENS, EQ GENTLE LAXATIVE, EQL GENTLE LAXATIVE, EQL LAXATIVE, EX-LAX ULTRA, FLEET STIMULANT, FT LAXATIVE, GENTLE LAXATIVE, GNP GENTLE LAXATIVE, GNP WOMENS GENTLE LAXATIVE, GOODSENSE BISACODYL EC, GOODSENSE BISACODYL LAXATIVE, GOODSENSE WOMENS LAXATIVE, HM LAXATIVE, KP BISACODYL, LAXATIVE, PX LAXATIVE, QC GENTLE LAXATIVE, QC GENTLE LAXATIVE WOMENS, QC LAXATIVE, RA LAXATIVE, RA WOMENS LAXATIVE, SB BISACODYL LAXATIVE EC, SB GENTLE LAX-WOMEN, SM GENTLE LAXATIVE, WOMANS LAXATIVE, WOMENS LAXATIVE TBEC | 1         |                                           |
| PEG-PREP                                                                                                                                                                                                                                                                                                | PV        | QL(1 EA per fill retail); PV              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |           |                                           |
| <i>sodium sulfate-potassium sulfate-magnesium sulfate</i>                                                                                                                                                                                                                                               | PV        | PV                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |           |                                           |
| SUPREP BOWEL PREP KIT ( <i>sodium sulfate-potassium sulfate-magnesium sulfate</i> )                                                                                                                                                                                                                     | PV        | PV                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |           |                                           |
| Laxatives - Miscellaneous                                                                                                                                                                                                                                                                               |           |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |           |                                           |
| (Lactulose) CONSTULOSE SOLN 10 GM/15ML                                                                                                                                                                                                                                                                  | 1         |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |           |                                           |
| (Polyethylene Glycol 3350) CLEARLAX, CVS PURELAX, EQ CLEARLAX, EQL CLEARLAX, FT CLEARLAX, GAVILAX, GENTLELAX, GLYCOLAX, GNP CLEARLAX, GOODSENSE CLEARLAX, HM CLEARLAX, KLS LAXACLEAR, MM CLEARLAX, QC NATURA-LAX, RA LAXATIVE, SB POLYETHYLENE GLYCOL 3350, SM CLEARLAX, SMOOTH LAX, TRUE LAXATIVE POWD | 1         | Limit 528gms per month; QL(17.6 GM daily) |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |           |                                           |
| <i>lactulose SOLN</i>                                                                                                                                                                                                                                                                                   | 1         |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |           |                                           |

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| Drug Name                                                                                                                                                                                                                                          | Drug Tier | Requirements/ Limits                                                                                        | Drug Name                                                   | Drug Tier | Requirements/ Limits      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|-----------|---------------------------|
| (Bisacodyl) BISACODYL LAXATIVE, CVS GENTLE LAXATIVE, FT GENTLE LAXATIVE, GENTLE LAXATIVE, GNP GENTLE LAXATIVE, HM GENTLE LAXATIVE, LAXATIVE, ONELAX, PROCTOZONE-B, QC GENTLE LAXATIVE, RA FAST RELIEF LAXATIVE, SB LAXATIVE, THE MAGIC BULLET SUPP | 1         | Available for members in non-grandfathered plans ages 50-74; AL(At least 50 yrs old - Up to 74 yrs old); PV | <b>azithromycin TABS 600 MG</b>                             | 1         | QL(10 EA per fill retail) |
|                                                                                                                                                                                                                                                    |           |                                                                                                             | ZITHROMAX TRI-PAK TABS ( <b>azithromycin</b> )              | NF        | QL(3 EA daily)            |
|                                                                                                                                                                                                                                                    |           |                                                                                                             | ZITHROMAX Z-PAK TABS ( <b>azithromycin</b> )                | NF        | QL(6 EA per fill retail)  |
|                                                                                                                                                                                                                                                    |           |                                                                                                             | ZITHROMAX PACK                                              | 3         |                           |
|                                                                                                                                                                                                                                                    |           |                                                                                                             | ZITHROMAX SUSR ( <b>azithromycin</b> )                      | NF        |                           |
|                                                                                                                                                                                                                                                    |           |                                                                                                             | ZITHROMAX TABS 500 MG ( <b>azithromycin</b> )               | NF        | QL(3 EA daily)            |
| <b>bisacodyl SUPP</b>                                                                                                                                                                                                                              | 1         | Available for members in non-grandfathered plans ages 50-74; AL(At least 50 yrs old - Up to 74 yrs old); PV | ZITHROMAX TABS 250 MG ( <b>azithromycin</b> )               | NF        | QL(6 EA per fill retail)  |
|                                                                                                                                                                                                                                                    |           |                                                                                                             | Clarithromycin                                              |           |                           |
|                                                                                                                                                                                                                                                    |           |                                                                                                             | <b>clarithromycin SUSR</b>                                  | 1         |                           |
|                                                                                                                                                                                                                                                    |           |                                                                                                             | <b>clarithromycin TABS</b>                                  | 1         |                           |
|                                                                                                                                                                                                                                                    |           |                                                                                                             | <b>clarithromycin TB24</b>                                  | 1         | QL(14 EA per fill retail) |
| <b>bisacodyl TBEC</b>                                                                                                                                                                                                                              | 1         |                                                                                                             | Erythromycins                                               |           |                           |
| DULCOLAX PINK LAXATIVE TBEC ( <b>bisacodyl</b> )                                                                                                                                                                                                   | NF        |                                                                                                             | (Erythromycin Base) ERY-TAB TBEC                            | 1         |                           |
| DULCOLAX SUPP ( <b>bisacodyl</b> )                                                                                                                                                                                                                 | NF        | Available for members in non-grandfathered plans ages 50-74; AL(At least 50 yrs old - Up to 74 yrs old); PV | (Erythromycin Ethylsuccinate) E.E.S. 400 TABS               | 2         |                           |
|                                                                                                                                                                                                                                                    |           |                                                                                                             | (Erythromycin Stearate) ERYTHROCIN STEARATE TABS 250 MG     | 1         |                           |
| DULCOLAX TBEC ( <b>bisacodyl</b> )                                                                                                                                                                                                                 | NF        |                                                                                                             | E.E.S. GRANULES SUSR ( <b>erythromycin ethylsuccinate</b> ) | NF        |                           |
| MACROLIDES - Drugs to Treat Bacterial Infections                                                                                                                                                                                                   |           |                                                                                                             | ERYPED 200 SUSR ( <b>erythromycin ethylsuccinate</b> )      | NF        |                           |
| Azithromycin                                                                                                                                                                                                                                       |           |                                                                                                             | ERYPED 400 SUSR ( <b>erythromycin ethylsuccinate</b> )      | NF        |                           |
| <b>azithromycin PACK</b>                                                                                                                                                                                                                           | 1         |                                                                                                             | <b>erythromycin base CPEP</b>                               | 2         |                           |
| <b>azithromycin SUSR</b>                                                                                                                                                                                                                           | 1         |                                                                                                             | <b>erythromycin base TABS</b>                               | 1         |                           |
| <b>azithromycin TABS 250 MG</b>                                                                                                                                                                                                                    | 1         | QL(6 EA per fill retail)                                                                                    | <b>erythromycin base TBEC</b>                               | 1         |                           |
| <b>azithromycin TABS 500 MG</b>                                                                                                                                                                                                                    | 1         | QL(3 EA daily)                                                                                              |                                                             |           |                           |

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| Drug Name                                  | Drug Tier | Requirements/ Limits                                           |
|--------------------------------------------|-----------|----------------------------------------------------------------|
| <i>erythromycin ethylsuccinate SUSR</i>    | 1         |                                                                |
| <i>erythromycin ethylsuccinate TABS</i>    | 2         |                                                                |
| Fidaxomicin                                |           |                                                                |
| DIFICID TABS 200 MG ( <i>fidaxomicin</i> ) | NF        |                                                                |
| <i>fidaxomicin TABS 200 MG</i>             | 1         |                                                                |
| <b>MEDICAL DEVICES AND SUPPLIES</b>        |           |                                                                |
| Contraceptives                             |           |                                                                |
| AIMSCO LUBRICATED MISC                     | PV        | QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV |
| CAYA DPRH                                  | PV        | QL(1 EA per 365 day(s) retail); PV                             |
| CONDOMS                                    | PV        |                                                                |
| DUREX EXTRA SENSITIVE THIN DEVI            | PV        | QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV |
| DUREX EXTRA SENSITIVE THIN MISC            | PV        | QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV |
| DUREX TROPICAL MISC                        | PV        | QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV |
| FANTASY LUBRICATED/SPERMICI DE MISC        | PV        | QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV |
| FANTASY LUBRICATED MISC                    | PV        | QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV |
| FC2 FEMALE CONDOM                          | PV        | PV                                                             |
| FEMCAP DEVI                                | PV        | PV                                                             |
| KAMELEON LUBRICATED MISC                   | PV        | QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV |

| Drug Name                          | Drug Tier | Requirements/ Limits                                           |
|------------------------------------|-----------|----------------------------------------------------------------|
| KIMONO COLORS DEVI                 | PV        | QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV |
| KIMONO MAXX-LARGE FLARE MISC       | PV        | QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV |
| KIMONO MICRO THIN PLUS MISC        | PV        | QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV |
| KIMONO MICRO THIN MISC             | PV        | QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV |
| KIMONO PLUS MISC                   | PV        | QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV |
| KIMONO PS PLUS MISC                | PV        | QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV |
| KIMONO PS MISC                     | PV        | QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV |
| KIMONO SENSATION PLUS MISC         | PV        | QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV |
| KIMONO SENSATION MISC              | PV        | QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV |
| KIMONO SPECIAL DEVI                | PV        | QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV |
| KIMONO MISC                        | PV        | QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV |
| K-Y ME & YOU EXTRA LUBRICATED DEVI | PV        | QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV |

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| Drug Name                          | Drug Tier | Requirements/ Limits                                           | Drug Name                           | Drug Tier | Requirements/ Limits                                           |
|------------------------------------|-----------|----------------------------------------------------------------|-------------------------------------|-----------|----------------------------------------------------------------|
| K-Y ME & YOU INTENSE DEVI          | PV        | QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV | TRUE COVER DEVI                     | PV        | QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV |
| MAXX PLUS MISC                     | PV        | QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV | TRUSTEX COLOR CONDOMS + LUBE MISC   | PV        | QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV |
| MAXX MISC                          | PV        | QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV | TRUSTEX LUB/RIBBED/STUDED MISC      | PV        | QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV |
| OMNIFLEX DIAPHRAGM                 | PV        | PV                                                             | TRUSTEX LUB/SPERMICIDE EX ST MISC   | PV        | QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV |
| REALITY LATEX CONDOMS MISC         | PV        | QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV | TRUSTEX LUB/SPERMICIDE XL MISC      | PV        | QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV |
| REALITY LATEX/ULTRA TEXTURED DEVI  | PV        | QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV | TRUSTEX LUBRICATED EX LARGE MISC    | PV        | QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV |
| REALITY LATEX/ULTRA THIN DEVI      | PV        | QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV | TRUSTEX LUBRICATED EXTRA ST MISC    | PV        | QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV |
| TROJAN ENZ MISC                    | PV        | QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV | TRUSTEX LUBRICATED/SPERMICI DE MISC | PV        | QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV |
| TROJAN MAGNUM MISC                 | PV        | QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV | TRUSTEX LUBRICATED MISC             | PV        | QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV |
| TROJAN ULTRA THIN/SPERMICIDAL MISC | PV        | QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV | TRUSTEX NATURAL CONDOMS + LUBE MISC | PV        | QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV |
| TROJAN ULTRA THIN MISC             | PV        | QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV | TRUSTEX NON-LUBRICATED MISC         | PV        | QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV |
| TROJAN-ENZ LUBRICATED MISC         | PV        | QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV | TRUSTEX RIA LUB/SPERMICIDE MISC     | PV        | QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV |
| TROJAN-ENZ/SPERMICIDAL MISC        | PV        | QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV |                                     |           |                                                                |

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| Drug Name                         | Drug Tier | Requirements/ Limits                                           | Drug Name                      | Drug Tier | Requirements/ Limits                           |
|-----------------------------------|-----------|----------------------------------------------------------------|--------------------------------|-----------|------------------------------------------------|
| TRUSTEX RIA LUBRICATED MISC       | PV        | QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV | ACCU-CHEK SAFE-T PRO LANCETS   | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| TRUSTEX RIA NON-LUBRICATED MISC   | PV        | QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV | ACCU-CHEK SOFTCLIX LANCETS     | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| TRUSTEX-NONOXYNOL-9/RIB/STUD MISC | PV        | QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV | ACTI-LANCE 28G                 | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| WIDE-SEAL DIAPHRAGM 60            | PV        | PV                                                             | ACTI-LANCE LITE LANCETS 28G    | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| WIDE-SEAL DIAPHRAGM 65            | PV        | PV                                                             | ACTI-LANCE SPECIAL LANCETS 17G | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| WIDE-SEAL DIAPHRAGM 70            | PV        | PV                                                             | ACTI-LANCE UNIVERSAL 23G       | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| WIDE-SEAL DIAPHRAGM 75            | PV        | PV                                                             | ADVANCED MOBILE LANCET         | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| WIDE-SEAL DIAPHRAGM 80            | PV        | PV                                                             | ADVOCATE LANCETS               | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| WIDE-SEAL DIAPHRAGM 85            | PV        | PV                                                             | ADVOCATE LANCETS 30G           | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| WIDE-SEAL DIAPHRAGM 90            | PV        | PV                                                             | ADVOCATE SAFETY LANCETS        | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| WIDE-SEAL DIAPHRAGM 95            | PV        | PV                                                             | ADVOCATE SAFETY LANCETS 21G    | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| Diabetic Supplies                 |           |                                                                | ADVOCATE SAFETY LANCETS 23G    | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| ACCU-CHEK FASTCLIX LANCETS        | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC                 |                                |           |                                                |
| ACCU-CHEK GUIDE ME KIT            | 2         | QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); RX/OTC |                                |           |                                                |
| ACCU-CHEK GUIDE KIT               | 2         | QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); RX/OTC |                                |           |                                                |

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| Drug Name                     | Drug Tier | Requirements/ Limits                           | Drug Name                      | Drug Tier | Requirements/ Limits                           |
|-------------------------------|-----------|------------------------------------------------|--------------------------------|-----------|------------------------------------------------|
| ADVOCATE SAFETY LANCETS 26G   | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | ASSURE LANCE LANCETS           | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| ADVOCATE SAFETY LANCETS 28G   | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | ASSURE LANCE LANCETS 21G       | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| AGAMATRIX ULTRA-THIN LANCETS  | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | ASSURE LANCE PLUS SAFETY 25G   | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| AIMSCO TWIST LANCETS 32G      | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | ASSURE LANCE PLUS SAFETY 30G   | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| AIMSCO TWIST LANCETS 33G      | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | ASSURE LANCE SAFETY LANCET 28G | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| AQUALANCE LANCETS 30G         | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | AURORA LANCET SUPER THIN 30G   | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| ASSURE COMFORT LANCETS 28G    | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | AURORA LANCET THIN 23G         | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| ASSURE HAEMOLANCE PLUS HIGH   | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | BD MICROTAINER LANCETS         | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| ASSURE HAEMOLANCE PLUS LOW    | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | CAREONE LANCET SUPER THIN 30G  | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| ASSURE HAEMOLANCE PLUS MICRO  | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | CAREONE LANCET THIN 23G        | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| ASSURE HAEMOLANCE PLUS NORMAL | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | CARESENS LANCETS               | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| ASSURE HAEMOLANCE PLUS PED    | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | CARESENS LANCETS 30G           | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |

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| Drug Name                      | Drug Tier | Requirements/ Limits                           | Drug Name                      | Drug Tier | Requirements/ Limits                           |
|--------------------------------|-----------|------------------------------------------------|--------------------------------|-----------|------------------------------------------------|
| CARETOUCH SAFETY LANCETS       | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | CLEVER CHOICE LANCETS 23G      | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| CARETOUCH SAFETY LANCETS 26G   | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | CLEVER CHOICE LANCETS 28G      | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| CARETOUCH TWIST LANCETS 28G    | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | COAGUCHEK LANCETS              | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| CARETOUCH TWIST LANCETS 30G    | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | COMFORT ASSURED LANCETS 28G    | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| CARETOUCH TWIST LANCETS 33G    | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | COMFORT ASSURED LANCETS 33G    | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| CARETOUCH TWIST MC LANCETS 30G | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | COMFORT TOUCH LANCETS 31G      | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| CHOSEN LANCETS 30G             | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | COMFORT TOUCH PLUS LANCETS 28G | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| CHOSEN SAFETY LANCETS 28G      | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | COMFORT TOUCH PLUS LANCETS 30G | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| CLEANLET LANCETS 28G           | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | COMFORT TOUCH TWIST LANCET 30G | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| CLEVER CHEK LANCETS            | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | CVS LANCETS ORIGINAL           | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| CLEVER CHOICE COMFORT EZ       | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | CVS LANCETS THIN 26G           | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| CLEVER CHOICE LANCETS 21G      | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | CVS ULTRA THIN LANCETS         | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |

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| Drug Name                      | Drug Tier | Requirements/ Limits                           | Drug Name                     | Drug Tier | Requirements/ Limits                           |
|--------------------------------|-----------|------------------------------------------------|-------------------------------|-----------|------------------------------------------------|
| DIATHRIVE LANCET ULTRA THIN 30 | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | EASY TOUCH LANCETS 23G        | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| DIATHRIVE LANCETS              | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | EASY TOUCH LANCETS 26G        | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| DROPLET LANCETS ULTRA THIN 30G | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | EASY TOUCH LANCETS 28G        | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| DROPLET PERSONAL LANCETS 30G   | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | EASY TOUCH LANCETS 28G/TWIST  | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| DROPSAFE ACTI-LANCE 23G        | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | EASY TOUCH LANCETS 30G        | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| DRUG MART ON-THE-GO LANCET 30G | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | EASY TOUCH LANCETS 30G/TWIST  | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| DRUG MART UNILET LANCETS 28G   | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | EASY TOUCH LANCETS 32G        | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| DRUG MART UNILET LANCETS 30G   | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | EASY TOUCH LANCETS 32G/TWIST  | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| DRUG MART UNILET LANCETS 33G   | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | EASY TOUCH LANCETS 33G/TWIST  | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| EASY COMFORT LANCETS           | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | EASY TOUCH SAFETY LANCETS 21G | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| EASY COMFORT LANCETS TWIST TOP | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | EASY TOUCH SAFETY LANCETS 23G | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| EASY TOUCH LANCETS 21G         | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | EASY TOUCH SAFETY LANCETS 26G | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |

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| Drug Name                      | Drug Tier | Requirements/ Limits                           | Drug Name                          | Drug Tier | Requirements/ Limits                                           |
|--------------------------------|-----------|------------------------------------------------|------------------------------------|-----------|----------------------------------------------------------------|
| EASY TOUCH SAFETY LANCETS 28G  | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | FORA LANCETS                       | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC                 |
| EMBRACE LANCETS ULTRA THIN 30G | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | FREESTYLE FREEDOM LITE KIT         | 2         | QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); RX/OTC |
| EMBRACE PRESSURE ACTIVATED 21G | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | FREESTYLE LANCETS                  | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC                 |
| EMBRACE PRESSURE ACTIVATED 28G | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | FREESTYLE LITE KIT                 | 2         | QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); RX/OTC |
| EZ-LETS LANCETS 21G            | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | FREESTYLE PRECISION NEO SYSTEM KIT | 2         | QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); RX/OTC |
| EZ-LETS LANCETS 26G            | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | FREESTYLE UNISTICK II LANCETS      | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC                 |
| EZ-LETS LANCETS 28G            | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | GENTEEL BUTTERFLY TOUCH LANCET     | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC                 |
| EZ-LETS LANCETS 30G            | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | GENTLE-LET GP LANCETS              | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC                 |
| FIFTY50 SAFETY SEAL LANCETS    | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | GENTLE-LET LANCETS                 | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC                 |
| FIFTY50 UNILET LANCETS 33G     | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | GLOBAL INJECT EASE LANCETS 28G     | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC                 |
| FINE 30                        | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | GLOBAL INJECT EASE LANCETS 30G     | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC                 |
| FINGERSTIX LANCETS             | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |                                    |           |                                                                |

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| Drug Name                   | Drug Tier | Requirements/ Limits                           | Drug Name                      | Drug Tier | Requirements/ Limits                           |
|-----------------------------|-----------|------------------------------------------------|--------------------------------|-----------|------------------------------------------------|
| GLUCOCOM LANCETS 28G        | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | HAEMOLANCE PLUS MAX FLOW       | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| GLUCOCOM LANCETS 30G        | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | HAEMOLANCE PLUS PEDIATRIC FLOW | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| GLUCOCOM LANCETS 33G        | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | H-E-B INCONTROL LANCETS 28G    | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| GNP STERILE LANCETS 28G     | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | H-E-B INCONTROL LANCETS 30G    | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| GNP STERILE LANCETS 30G     | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | H-E-B INCONTROL LANCETS 33G    | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| GNP STERILE LANCETS 33G     | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | HY-VEE LANCETS                 | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| GOJJI STERILE LANCETS       | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | HY-VEE THIN LANCETS            | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| HAEMOLANCE                  | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | IN TOUCH STERILE LANCETS 30G   | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| HAEMOLANCE LOW FLOW LANCETS | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | KINNEY LANCETS                 | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| HAEMOLANCE PLUS             | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | KINNEY THIN LANCETS            | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| HAEMOLANCE PLUS HIGH FLOW   | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | KROGER HEALTHPRO LANCET 26G    | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| HAEMOLANCE PLUS LOW FLOW    | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | KROGER LANCETS                 | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |

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| Drug Name                 | Drug Tier | Requirements/ Limits                           | Drug Name                      | Drug Tier | Requirements/ Limits                           |
|---------------------------|-----------|------------------------------------------------|--------------------------------|-----------|------------------------------------------------|
| KROGER LANCETS SUPER THIN | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | LIBERTY MEDICAL LANCETS        | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| KROGER LANCETS THIN       | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | LITE TOUCH LANCETS             | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| LANCETS                   | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | LITETOUCH LANCETS              | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| LANCETS 28G THIN          | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | LIVE BETTER LANCET SUPER THIN  | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| LANCETS 30G               | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | MEDICHOICE SAFETY LANCET       | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| LANCETS 33G               | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | MEDICHOICE SAFETY LANCET EXTRA | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| LANCETS MICRO THIN 33G    | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | MEDICHOICE SAFETY LANCET NORM  | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| LANCETS SUPER THIN        | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | MEDLANCE EXTRA 21G             | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| LANCETS SUPER THIN 28G    | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | MEDLANCE LITE 25G              | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| LANCETS THIN              | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | MEDLANCE PLUS EXTRA 21G        | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| LANCETS ULTRA THIN        | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | MEDLANCE PLUS LANCETS          | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| LANCETS ULTRA THIN 30G    | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | MEDLANCE PLUS LITE 25G         | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |

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| Drug Name                    | Drug Tier | Requirements/ Limits                           | Drug Name                      | Drug Tier | Requirements/ Limits                           |
|------------------------------|-----------|------------------------------------------------|--------------------------------|-----------|------------------------------------------------|
| MEDLANCE PLUS SPECIAL 0.8MM  | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | MONOLET OPD LANCETS            | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| MEDLANCE PLUS SUPERLITE 30G  | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | MONOLETTOR SAFETY LANCETS      | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| MEDLANCE PLUS UNIVERSAL 21G  | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | MPD SAFETY LANCET 21G          | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| MEDLANCE UNIVERSAL 21G       | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | MPD SAFETY LANCET 23G          | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| MEIJER LANCETS               | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | MPD SAFETY LANCET 28G          | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| MEIJER LANCETS UNIVERSAL 21G | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | MPD SAFETY LANCET 30G          | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| MEIJER LANCETS UNIVERSAL 30G | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | MYGLUCOHEALTH LANCETS 30G      | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| MEIJER LANCETS UNIVERSAL 33G | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | NOVA SAFETY LANCETS 23G        | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| MICROLET LANCETS             | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | NOVA SAFETY LANCETS 28G        | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| MM TWIST LANCETS             | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | NOVA SUREFLEX LANCETS          | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| MOBILE LANCETS 30G           | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | ONETOUCH DELICA PLUS LANCET30G | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| MONOLET LANCETS              | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | ONETOUCH DELICA PLUS LANCET33G | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |

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| Drug Name                          | Drug Tier | Requirements/ Limits                                                                              | Drug Name                      | Drug Tier | Requirements/ Limits                           |
|------------------------------------|-----------|---------------------------------------------------------------------------------------------------|--------------------------------|-----------|------------------------------------------------|
| ONETOUCH DELICA SAFETY LANCING     | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC                                                    | PRO COMFORT LANCETS 31G        | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| ONETOUCH ULTRASOFT 2 LANCETS       | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC                                                    | PRO COMFORT SAFETY LANCETS 30G | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| PERFECT LANCETS 28G                | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC                                                    | PRODIGY LANCETS 28G            | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| PERFECT LANCETS 30G                | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC                                                    | PRODIGY SAFETY LANCETS 26G     | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| PERFECT POINT SAFETY LANCETS       | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC                                                    | PRODIGY TWIST TOP LANCETS 28G  | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| PHARMACIST CHOICE LANCETS          | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC                                                    | PSS SELECT GP LANCETS          | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| PIP LANCETS 28G                    | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC                                                    | PSS SELECT SAFETY LANCETS      | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| PIP LANCETS 30G                    | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC                                                    | PURE COMFORT LANCETS 30G       | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| PRECISION THINS GP LANCETS         | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC                                                    | PX LANCETS MICROTHIN 33G       | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| PRECISION XTRA-GLUCOSE/KETONE DEVI | 2         | Limit 200 per month without authorization; QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail) | PX LANCETS ULTRA THIN 28G      | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
|                                    |           |                                                                                                   | QC LANCETS SUPER THIN 30G      | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| PRO COMFORT LANCETS 30G            | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC                                                    | QC LANCETS ULTRA THIN          | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |

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| Drug Name                     | Drug Tier | Requirements/ Limits                           | Drug Name                      | Drug Tier | Requirements/ Limits                           |
|-------------------------------|-----------|------------------------------------------------|--------------------------------|-----------|------------------------------------------------|
| QC UNILET LANCETS 28G         | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | SAFE-T-LANCE                   | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| QC UNILET LANCETS MICRO THIN  | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | SAFE-T-LANCE PLUS              | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| READYLANCE SAFETY LANCETS     | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | SAFETY LANCET 30G/PRESSURE ACT | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| REALITY LANCETS               | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | SAFETY LANCETS                 | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| REALITY TRIGGER LANCETS       | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | SAFETY LANCETS 21G             | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| RELION LANCET DEVICES 30G     | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | SAFETY LANCETS 23G             | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| RELION LANCETS                | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | SAFETY LANCETS 28G             | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| RELION LANCETS MICRO-THIN 33G | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | SAPS HEALTH PLUS LANCETS       | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| RELION LANCETS THIN 26G       | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | SAPS HEALTH TWIST TOP LANCETS  | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| RELION LANCETS ULTRA-THIN 30G | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | SAPS TWIST TOP LANCETS         | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| RELION ULTRA THIN LANCETS 30G | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | SAPSCARE TWIST TOP LANCETS     | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| RIGHTEST GL300 LANCETS        | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | SB LANCETS THIN                | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |

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| Drug Name                  | Drug Tier | Requirements/ Limits                           | Drug Name                      | Drug Tier | Requirements/ Limits                           |
|----------------------------|-----------|------------------------------------------------|--------------------------------|-----------|------------------------------------------------|
| SB LANCETS ULTRA THIN      | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | SURELITE LANCETS               | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| SINGLE-LET                 | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | TECHLITE AST LANCETS           | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| SMARTEST LANCETS 28G       | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | TECHLITE LANCETS               | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| SOLUS V2 LANCETS 28G       | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | TECHLITE LANCETS 26G           | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| SOLUS V2 TWIST LANCETS 30G | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | TECHLITE LANCETS 30G           | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| STERILANCE TL              | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | THINLETS GP LANCETS            | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| SUPER THIN LANCETS         | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | TODAYS HEALTH THIN LANCETS 28G | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| SURE COMFORT LANCETS 18G   | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | TODAYS HEALTH THIN LANCETS 30G | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| SURE COMFORT LANCETS 21G   | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | TRAVEL LANCETS ADVANCED 28G    | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| SURE COMFORT LANCETS 23G   | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | TRUE COMFORT SAFETY LANCETS    | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| SURE COMFORT LANCETS 28G   | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | TRUE COMFORT TWIST TOP LANCETS | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| SURE COMFORT LANCETS 30G   | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | TRUEPLUS LANCETS 26G           | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |

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| Drug Name                   | Drug Tier | Requirements/ Limits                           | Drug Name                    | Drug Tier | Requirements/ Limits                           |
|-----------------------------|-----------|------------------------------------------------|------------------------------|-----------|------------------------------------------------|
| TRUEPLUS LANCETS 28G        | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | ULTRA-THIN II LANCETS        | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| TRUEPLUS LANCETS 30G        | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | UNILET COMFORTOUCH LANCET    | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| TRUEPLUS LANCETS 33G        | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | UNILET EXCELITE              | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| TRUEPLUS SAFETY LANCETS 28G | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | UNILET EXCELITE II           | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| TWIST TOP LANCETS 30G       | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | UNILET G.P. LANCET           | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| ULTILET CLASSIC LANCETS     | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | UNILET G.P. SUPERLITE LANCET | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| ULTILET LANCETS             | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | UNILET GP 28 ULTRA THIN      | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| ULTILET SAFETY LANCETS      | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | UNILET LANCET                | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| ULTILET SAFETY LANCETS 23G  | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | UNILET MICRO-THIN 33G        | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| ULTRA THIN LANCETS 31G      | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | UNILET SUPERLITE LANCET      | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| ULTRA-CARE LANCETS 30G      | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | UNILET SUPER-THIN 30G        | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| ULTRA-THIN II AUTO LANCET   | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | UNILET ULTRA-THIN 28G        | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |

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| Drug Name          | Drug Tier | Requirements/ Limits                           | Drug Name                     | Drug Tier | Requirements/ Limits                           |
|--------------------|-----------|------------------------------------------------|-------------------------------|-----------|------------------------------------------------|
| UNISTIK 1          | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | UNISTIK 3 NORMAL              | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| UNISTIK 2          | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | UNISTIK CZT COMFORT           | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| UNISTIK 2 COMFORT  | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | UNISTIK CZT NORMAL            | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| UNISTIK 2 EXTRA    | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | UNISTIK NORMAL                | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| UNISTIK 2 NEONATAL | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | UNISTIK PRO SAFETY LANCET     | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| UNISTIK 2 NORMAL   | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | UNISTIK SAFETY LANCETS 28G    | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| UNISTIK 2 SUPER    | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | UNISTIK SAFETY LANCETS 30G    | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| UNISTIK 3          | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | UNISTIK TOUCH SAFETY LANC 21G | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| UNISTIK 3 COMFORT  | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | UNISTIK TOUCH SAFETY LANC 23G | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| UNISTIK 3 EXTRA    | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | UNISTIK TOUCH SAFETY LANC 28G | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| UNISTIK 3 GENTLE   | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | UNISTIK TOUCH SAFETY LANC 30G | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| UNISTIK 3 NEONATAL | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | VERIFINE SAFE LANCET MINI 21G | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |

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| Drug Name                      | Drug Tier | Requirements/ Limits                           | Drug Name                      | Drug Tier | Requirements/ Limits                                                                       |
|--------------------------------|-----------|------------------------------------------------|--------------------------------|-----------|--------------------------------------------------------------------------------------------|
| VERIFINE SAFE LANCET MINI 23G  | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | BD DISP NEEDLES                | 2         | RX/OTC                                                                                     |
| VERIFINE SAFE LANCET MINI 28G  | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | BD ECLIPSE LUER-LOK NEEDLE     | 2         | RX/OTC                                                                                     |
| VERIFINE SAFE LANCET MINI 30G  | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | BD PEN MINI MISC               | 3         | Limited to 1 device per year; QL(1 EA per fill retail; 1 EA per 365 day(s) retail); RX/OTC |
| VERIFINE UNIVERSAL LANCETS 28G | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | BD PEN NEEDLE MINI ULTRAFINE   | 2         | QL(6.67 EA daily); RX/OTC                                                                  |
| VERIFINE UNIVERSAL LANCETS 30G | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | BD PEN NEEDLE NANO 2ND GEN     | 2         | QL(6.67 EA daily); RX/OTC                                                                  |
| VERIFINE UNIVERSAL LANCETS 33G | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | BD PEN MISC                    | 3         | Limited to 1 device per year; QL(1 EA per fill retail; 1 EA per 365 day(s) retail); RX/OTC |
| VIVAGUARD LANCETS              | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | BD SAFETYGLIDE INSULIN SYRINGE | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC                                             |
| VIVAGUARD LANCETS 30G          | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | BD SAFETYGLIDE INSULIN SYRINGE | 2         | QL(6.67 EA daily); RX/OTC                                                                  |
| VIVAGUARD SAFETY LANCETS 28G   | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | BD VEO INSULIN SYR ULTRAFINE   | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC                                             |
| ZEVRX TWIST TOP LANCETS 30G    | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | BD VEO INSULIN SYR ULTRAFINE   | 2         | QL(6.67 EA daily); RX/OTC                                                                  |
| Parenteral Therapy Supplies    |           |                                                | CAREPOINT POLY HUB NEEDLE      | 2         | RX/OTC                                                                                     |
| ASSURE ID INSULIN SAFETY SYR   | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | COMFORT EZ INSULIN SYRINGE     | 2         | QL(6.67 EA daily); RX/OTC                                                                  |
| ASSURE ID INSULIN SAFETY SYR   | 2         | QL(6.67 EA daily); RX/OTC                      | COMFORT EZ INSULIN SYRINGE     | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC                                             |
| BD AUTOSHIELD DUO              | 2         | QL(6.67 EA daily); RX/OTC                      | DROPLET INSULIN SYRINGE        | 2         | QL(6.67 EA daily); RX/OTC                                                                  |
|                                |           |                                                | DROPLET INSULIN SYRINGE        | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC                                             |

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| Drug Name                        | Drug Tier | Requirements/ Limits                                                                       | Drug Name                      | Drug Tier | Requirements/ Limits                           |
|----------------------------------|-----------|--------------------------------------------------------------------------------------------|--------------------------------|-----------|------------------------------------------------|
| DROPSAFE SAFETY SYRINGE/NEEDLE   | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC                                             | TECHLITE INSULIN SYRINGE       | 2         | QL(6.67 EA daily); RX/OTC                      |
| DROPSAFE SAFETY SYRINGE/NEEDLE   | 2         | QL(6.67 EA daily); RX/OTC                                                                  | TECHLITE INSULIN SYRINGE       | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| EASY TOUCH FLIPLOCK NEEDLES      | 2         | RX/OTC                                                                                     | Respiratory Therapy Supplies   |           |                                                |
| EASY TOUCH HYPODERMIC NEEDLE     | 2         | RX/OTC                                                                                     | AIRZONE PEAK FLOW METER        | 2         | RX/OTC                                         |
| EMBECTA AUTOSHIELD DUO           | 2         | QL(6.67 EA daily); RX/OTC                                                                  | ASSESS PEAK FLOW METER         | 2         | RX/OTC                                         |
| EMBECTA INSULIN SYR ULTRAFINE    | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC                                             | BREATHE EASE PEAK FLOW METER   | 2         | RX/OTC                                         |
| EMBECTA INSULIN SYR ULTRAFINE    | 2         | QL(6.67 EA daily); RX/OTC                                                                  | CLEVER CHOICE PEAK FLOW METER  | 2         | RX/OTC                                         |
| EMBECTA PEN NEEDLE NANO          | 2         | QL(6.67 EA daily); RX/OTC                                                                  | LUNG PERFORM PEAK FLOW METER   | 2         | RX/OTC                                         |
| EMBECTA PEN NEEDLE NANO 2 GEN    | 2         | QL(6.67 EA daily); RX/OTC                                                                  | MICROLIFE DIGITAL PEAK FLOW    | 2         | RX/OTC                                         |
| EMBECTA PEN NEEDLE ULTRAFINE     | 2         | QL(6.67 EA daily); RX/OTC                                                                  | MINI WRIGHT PEAK FLOW METER    | 2         | RX/OTC                                         |
| GLOBAL EASY GLIDE INSULIN SYR    | 2         | QL(6.67 EA daily); RX/OTC                                                                  | PEAK A-I-R FLOW METER          | 2         | RX/OTC                                         |
| GLOBAL EASY GLIDE INSULIN SYR    | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC                                             | PEAK AIR PEAK FLOW METER       | 2         | RX/OTC                                         |
| INSULIN SYRINGES AND PEN NEEDLES | 2         | MO                                                                                         | PEAK FLOW METER UNIVERSAL RANG | 2         | RX/OTC                                         |
| NOVOPEN ECHO DEVI                | 3         | Limited to 1 device per year; QL(1 EA per fill retail; 1 EA per 365 day(s) retail); RX/OTC | PERSONAL BEST FULL RANGE       | 2         | RX/OTC                                         |
| POLY HUB NEEDLE                  | 2         | RX/OTC                                                                                     | PIKO 1                         | 2         | RX/OTC                                         |
| RELION INSULIN SYRINGE           | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC                                             | POCKET PEAK FLOW METER         | 2         | RX/OTC                                         |
| RELION INSULIN SYRINGE           | 2         | QL(6.67 EA daily); RX/OTC                                                                  | POCKETPEAK PEAK FLOW METER     | 2         | RX/OTC                                         |
|                                  |           |                                                                                            | PURE COMFORT FLOW METER ADULT  | 2         | RX/OTC                                         |
|                                  |           |                                                                                            | PURE COMFORT FLOW METER CHILD  | 2         | RX/OTC                                         |
|                                  |           |                                                                                            | STRIVE DUAL ZONE PEAK FLOW MTR | 2         | RX/OTC                                         |
|                                  |           |                                                                                            | TRUZONE PEAK FLOW METER        | 2         | RX/OTC                                         |

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| Drug Name                                                    | Drug Tier | Requirements/ Limits                     | Drug Name                                                     | Drug Tier | Requirements/ Limits                       |
|--------------------------------------------------------------|-----------|------------------------------------------|---------------------------------------------------------------|-----------|--------------------------------------------|
| <b>MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches</b> |           |                                          | FROVA ( <i>frovatriptan succinate</i> )                       | NF        | Limit 9 per month; QL(0.3 EA daily)        |
| Calcitonin Gene-Related Peptide (CGRP) Receptor Antag        |           |                                          | <i>frovatriptan succinate</i>                                 | 1         | Limit 9 per month; QL(0.3 EA daily)        |
| AIMOVIG                                                      | 2         | QL(0.04 ML daily); PA                    | IMITREX 5 MG/ACT ( <i>sumatriptan</i> )                       | NF        | Limit 6 per month; QL(0.2 EA daily)        |
| EMGALITY (300 MG DOSE) SOSY                                  | 2         | QL(0.1 ML daily); PA                     | IMITREX 20 MG/ACT ( <i>sumatriptan</i> )                      | NF        | Limit 6 sprayers per month; QL(2 EA daily) |
| EMGALITY SOAJ                                                | 2         | QL(0.07 ML daily); PA                    | IMITREX STATDOSE REFILL SOCT ( <i>sumatriptan succinate</i> ) | NF        | PA                                         |
| EMGALITY SOSY                                                | 2         | QL(0.07 ML daily); PA                    | IMITREX STATDOSE SYSTEM SOAJ ( <i>sumatriptan succinate</i> ) | NF        | PA                                         |
| UBRELVY                                                      | 3         | QL(10 EA per 30 day(s) retail); ST       | IMITREX TABS ( <i>sumatriptan succinate</i> )                 | NF        | Limit 9 per month; QL(2 EA daily)          |
| Migraine Combinations                                        |           |                                          | MAXALT-MLT TBDP 10 MG ( <i>rizatriptan benzoate</i> )         | NF        | Limit 18 tabs per month; QL(0.6 EA daily)  |
| (Ergotamine W/ Caffeine) MIGERGOT SUPP                       | 1         |                                          | MAXALT TABS 10 MG ( <i>rizatriptan benzoate</i> )             | NF        | Limit 18 tabs per month; QL(0.6 EA daily)  |
| <i>ergotamine w/ caffeine TABS</i>                           | 1         |                                          | <i>naratriptan hcl</i>                                        | 1         | Limit 9 per month; QL(0.3 EA daily)        |
| Migraine Products                                            |           |                                          | RELPAK ( <i>eletriptan hydrobromide</i> )                     | NF        | Limit 6 tabs per month; QL(0.2 EA daily)   |
| <i>dihydroergotamine mesylate SOLN NA 4 MG/ML</i>            | 2         | QL(0.27 ML daily); PA                    | <i>rizatriptan benzoate TABS</i>                              | 1         | Limit 18 tabs per month; QL(0.6 EA daily)  |
| <i>dihydroergotamine mesylate SOLN IJ 1 MG/ML</i>            | 2         | PA                                       | <i>rizatriptan benzoate TBDP</i>                              | 1         | Limit 18 tabs per month; QL(0.6 EA daily)  |
| ERGOMAR SUBL                                                 | SP        |                                          | <i>sumatriptan 5 MG/ACT</i>                                   | 1         | Limit 6 per month; QL(0.2 EA daily)        |
| MIGRANAL SOLN NA ( <i>dihydroergotamine mesylate</i> )       | NF        | QL(0.27 ML daily); PA                    |                                                               |           |                                            |
| Serotonin Agonists                                           |           |                                          |                                                               |           |                                            |
| (Zolmitriptan) ZOMIG TABS                                    | 1         | Limit 6 per month; QL(0.2 EA daily)      |                                                               |           |                                            |
| <i>almotriptan malate</i>                                    | 1         | Limit 6 per month; QL(0.2 EA daily)      |                                                               |           |                                            |
| <i>eletriptan hydrobromide</i>                               | 1         | Limit 6 tabs per month; QL(0.2 EA daily) |                                                               |           |                                            |

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| Drug Name                                    | Drug Tier | Requirements/ Limits                                  | Drug Name                                                                                                                          | Drug Tier | Requirements/ Limits |
|----------------------------------------------|-----------|-------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------|
| <i>sumatriptan 20 MG/ACT</i>                 | 1         | Limit 6 sprayers per month; QL(2 EA daily)            | Phosphate                                                                                                                          |           |                      |
| <i>sumatriptan succinate SOAJ</i>            | 1         | PA                                                    | (Pot Phosphate Monobasic W/ Sod Phosphate Dibasic & Monobasic) PHOSPHA 250 NEUTRAL, PHOSPHO-TRIN 250 NEUTRAL, WES-PHOS 250 NEUTRAL | 1         |                      |
| <i>sumatriptan succinate SOCT</i>            | 1         | PA                                                    | (Potassium Phosphate Monobasic) PHOSPHO-TRIN K500 TABS                                                                             | 1         |                      |
| <i>sumatriptan succinate SOLN 6 MG/0.5ML</i> | SP        | Limit 2mls per month; QL(0.07 ML daily); PA           | K-PHOS-NEUTRAL ( <i>pot phosphate monobasic w/ sod phosphate dibasic &amp; monobasic</i> )                                         | NF        |                      |
| <i>sumatriptan succinate TABS</i>            | 1         | Limit 9 per month; QL(2 EA daily)                     | K-PHOS TABS ( <i>potassium phosphate monobasic</i> )                                                                               | NF        |                      |
| <i>zolmitriptan SOLN</i>                     | 1         | QL(6 EA per 30 day(s) retail; 18 EA per 90 days mail) | <i>pot phosphate monobasic w/ sod phosphate dibasic &amp; monobasic</i>                                                            | 1         |                      |
| <i>zolmitriptan TABS</i>                     | 1         | Limit 6 per month; QL(0.2 EA daily)                   | Potassium                                                                                                                          |           |                      |
| <i>zolmitriptan TBDP</i>                     | 1         | Limit 6 tabs per month; QL(0.2 EA daily)              | (Potassium Bicarbonate) EFFER-K, K-PRIME, KLOR-CON/EF TBEF                                                                         | 1         |                      |
| ZOMIG SOLN ( <i>zolmitriptan</i> )           | NF        | QL(6 EA per 30 day(s) retail; 18 EA per 90 days mail) | (Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 15 MEQ                                 | 1         |                      |
| MINERALS & ELECTROLYTES                      |           |                                                       | (Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 20 MEQ                                 | 1         |                      |
| Calcium                                      |           |                                                       | (Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 10 MEQ                                 | 1         |                      |
| CALCIFOL                                     | 3         |                                                       | (Potassium Chloride) KLOR-CON, KLOR-CON 10 TBCR 10 MEQ                                                                             | 1         |                      |
| Fluoride                                     |           |                                                       |                                                                                                                                    |           |                      |
| FLORIVA                                      | 3         |                                                       |                                                                                                                                    |           |                      |
| <i>sodium fluoride CHEW 0.25 MG, 0.5 MG</i>  | PV        | AL(Up to 6 yrs old); PV                               |                                                                                                                                    |           |                      |
| <i>sodium fluoride CHEW 1 MG</i>             | 1         | AL(Up to 6 yrs old)                                   |                                                                                                                                    |           |                      |
| <i>sodium fluoride SOLN 0.5 MG/ML</i>        | PV        | AL(Up to 6 yrs old); PV; RX/OTC                       |                                                                                                                                    |           |                      |
| <i>sodium fluoride TABS</i>                  | PV        | AL(Up to 6 yrs old); PV                               |                                                                                                                                    |           |                      |
| SOLUVITA SOLN                                | PV        | AL(Up to 6 yrs old); PV; RX/OTC                       |                                                                                                                                    |           |                      |

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| Drug Name                                               | Drug Tier | Requirements/ Limits       | Drug Name                                                              | Drug Tier | Requirements/ Limits |
|---------------------------------------------------------|-----------|----------------------------|------------------------------------------------------------------------|-----------|----------------------|
| (Potassium Chloride) Klor-Con, Klor-Con 10 TBCr 8 MEQ   | 1         |                            | (Azathioprine) AZASAN TABS 75 MG, 100 MG                               | 2         |                      |
| (Potassium Chloride) Klor-Con Pack PO 20 MEQ            | 1         |                            | (Cyclosporine Modified (For Microemulsion)) GENGRAF CAPS 25 MG, 100 MG | 1         |                      |
| EFFER-K                                                 | 3         |                            | (Cyclosporine Modified (For Microemulsion)) GENGRAF SOLN               | 1         |                      |
| K-TAB TBCr 10 MEQ, 20 MEQ ( <i>potassium chloride</i> ) | NF        |                            | ASTAGRAF XL CP24                                                       | 3         | ST                   |
| <i>potassium chloride microencapsulated crystals er</i> | 1         |                            | <i>azathioprine TABS 75 MG, 100 MG</i>                                 | 2         |                      |
| <i>potassium chloride CPCR</i>                          | 1         |                            | <i>azathioprine TABS 50 MG</i>                                         | 1         |                      |
| <i>potassium chloride PACK PO 20 MEQ</i>                | 1         |                            | CELLCEPT CAPS ( <i>mycophenolate mofetil</i> )                         | NF        |                      |
| <i>potassium chloride SOLN PO 10 %, 20 %, 10 %</i>      | 1         |                            | CELLCEPT SUSR ( <i>mycophenolate mofetil</i> )                         | NF        |                      |
| <i>potassium chloride TBCr 8 MEQ, 10 MEQ, 20 MEQ</i>    | 1         |                            | CELLCEPT TABS ( <i>mycophenolate mofetil</i> )                         | NF        |                      |
| Zinc                                                    |           |                            | <i>cyclosporine modified (for microemulsion) CAPS</i>                  | 1         |                      |
| GALZIN                                                  | 3         |                            | <i>cyclosporine modified (for microemulsion) SOLN</i>                  | 1         |                      |
| MISCELLANEOUS THERAPEUTIC CLASSES                       |           |                            | <i>cyclosporine CAPS</i>                                               | 1         |                      |
| Chelating Agents                                        |           |                            | <i>everolimus (immunosuppressant)</i>                                  | SP        |                      |
| CUPRIMINE CAPS ( <i>penicillamine</i> )                 | SP        | PA                         | IMURAN TABS ( <i>azathioprine</i> )                                    | NF        |                      |
| DEPEN TITRATABS TABS ( <i>penicillamine</i> )           | SP        |                            | <i>mycophenolate mofetil CAPS</i>                                      | 1         |                      |
| <i>penicillamine CAPS</i>                               | SP        | PA                         | <i>mycophenolate mofetil SUSR</i>                                      | 1         |                      |
| <i>penicillamine TABS</i>                               | SP        |                            | <i>mycophenolate mofetil TABS</i>                                      | 1         |                      |
| SYPRINE ( <i>trientine hcl</i> )                        | SP        | PA                         | <i>mycophenolate sodium</i>                                            | 2         |                      |
| <i>trientine hcl</i>                                    | SP        | PA                         | MYFORTIC ( <i>mycophenolate sodium</i> )                               | NF        |                      |
| Immunomodulators                                        |           |                            | MYHIBBIN SUSP                                                          | 3         |                      |
| <i>lenalidomide</i>                                     | 1         | QL(1 EA daily); SP; AC; PA | NEORAL CAPS ( <i>cyclosporine modified (for microemulsion)</i> )       | NF        |                      |
| REVLIMID                                                | 3         | QL(1 EA daily); SP; AC; PA |                                                                        |           |                      |
| THALOMID                                                | SP        | AC                         |                                                                        |           |                      |
| Immunosuppressive Agents                                |           |                            |                                                                        |           |                      |

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| Drug Name                                                                               | Drug Tier | Requirements/ Limits |
|-----------------------------------------------------------------------------------------|-----------|----------------------|
| NEORAL SOLN<br>( <i>cyclosporine modified (for microemulsion)</i> )                     | NF        |                      |
| PROGRAF CAPS<br>( <i>tacrolimus</i> )                                                   | NF        |                      |
| PROGRAF PACK                                                                            | SP        | PA                   |
| RAPAMUNE SOLN<br>( <i>sirolimus</i> )                                                   | NF        |                      |
| RAPAMUNE TABS<br>( <i>sirolimus</i> )                                                   | NF        |                      |
| SANDIMMUNE CAPS<br>( <i>cyclosporine</i> )                                              | NF        |                      |
| SANDIMMUNE SOLN PO 100 MG/ML                                                            | 3         |                      |
| <i>sirolimus SOLN</i>                                                                   | 2         |                      |
| <i>sirolimus TABS</i>                                                                   | 2         |                      |
| <i>tacrolimus CAPS</i>                                                                  | 2         |                      |
| THYMOGLOBULIN                                                                           | 3         | PA                   |
| ZORTRESS ( <i>everolimus (immunosuppressant)</i> )                                      | SP        |                      |
| Potassium Removing Agents                                                               |           |                      |
| (Sodium Polystyrene Sulfonate) KIONEX, SPS (SODIUM POLYSTYRENE SULF) SUSP CO 15 GM/60ML | 1         |                      |
| (Sodium Polystyrene Sulfonate) SPS (SODIUM POLYSTYRENE SULF) SUSP PR 30 GM/120ML        | 1         |                      |
| LOKELMA                                                                                 | 3         | QL(1 EA daily)       |
| <i>sodium polystyrene sulfonate POWD</i>                                                | 1         |                      |
| Systemic Lupus Erythematosus Agents                                                     |           |                      |
| BENLYSTA SOAJ                                                                           | SP        | PA                   |
| BENLYSTA SOSY                                                                           | SP        | PA                   |
| MOUTH/THROAT/DENTAL AGENTS                                                              |           |                      |
| Anesthetics Topical Oral                                                                |           |                      |
| <i>lidocaine hcl (mouth-throat)</i>                                                     | 1         |                      |

| Drug Name                                                 | Drug Tier | Requirements/ Limits |
|-----------------------------------------------------------|-----------|----------------------|
| Anti-infectives - Throat                                  |           |                      |
| <i>clotrimazole</i>                                       | 1         |                      |
| NYSTATIN ( <i>nystatin (mouth-throat)</i> )               | NF        |                      |
| <i>nystatin (mouth-throat)</i>                            | 1         |                      |
| ORAVIG                                                    | 3         |                      |
| Antiseptics - Mouth/Throat                                |           |                      |
| (Chlorhexidine Gluconate (Mouth-Throat)) PERIOGARD        | 1         |                      |
| <i>chlorhexidine gluconate (mouth-throat)</i>             | 1         |                      |
| PERIDEX ( <i>chlorhexidine gluconate (mouth-throat)</i> ) | NF        |                      |
| Steroids - Mouth/Throat/Dental                            |           |                      |
| (Triamcinolone Acetonide (Mouth)) KOURZEQ, ORALONE        | 1         |                      |
| <i>triamcinolone acetonide (mouth)</i>                    | 1         |                      |
| Throat Products - Misc.                                   |           |                      |
| <i>cevimeline hcl</i>                                     | 1         | QL(3 EA daily)       |
| EVOXAC ( <i>cevimeline hcl</i> )                          | NF        | QL(3 EA daily)       |
| MUCOTROL WAFR                                             | 3         |                      |
| <i>pilocarpine hcl (oral) 7.5 MG</i>                      | 1         | QL(4 EA daily)       |
| <i>pilocarpine hcl (oral) 5 MG</i>                        | 1         | QL(6 EA daily)       |
| SALAGEN 7.5 MG ( <i>pilocarpine hcl (oral)</i> )          | NF        | QL(4 EA daily)       |
| SALAGEN 5 MG ( <i>pilocarpine hcl (oral)</i> )            | NF        | QL(6 EA daily)       |
| MULTIVITAMINS                                             |           |                      |
| Ped Multi Vitamins w/FI & FE                              |           |                      |

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| Drug Name                                                                                                                                                               | Drug Tier | Requirements/ Limits        | Drug Name                                                          | Drug Tier | Requirements/ Limits        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------------|--------------------------------------------------------------------|-----------|-----------------------------|
| (Ped Multivitamins W/FI & Iron) MULTI-VITAMIN/FLUORIDE/IRO N SOLN 35 MG/ML-0.4 MG/ML-0.5 MG/ML-400 UNIT/ML-1500 UNIT/ML-0.6 MG/ML-8 MG/ML-0.25 MG/ML-10 MG/ML-5 UNIT/ML | 1         | AL(Up to 6 yrs old); RX/OTC | MULTIVITAMIN/FLUORID E SOLN                                        | 2         | AL(Up to 6 yrs old); RX/OTC |
| <b><i>ped multivitamins w/fl &amp; iron SOLN</i></b>                                                                                                                    | 1         | AL(Up to 6 yrs old); RX/OTC | MULTIVITAMIN/FLUORID E SUSP 0.25 MG/ML                             | 2         |                             |
| POLY-VI-FLOR/IRON CHEW                                                                                                                                                  | 3         | AL(Up to 6 yrs old)         | MULTI-VIT-FLOR CHEW 0.25 MG                                        | 3         | RX/OTC                      |
| POLY-VI-FLOR/IRON SUSP                                                                                                                                                  | 3         | RX/OTC                      | MULTI-VIT-FLOR CHEW 0.5 MG, 1 MG                                   | 2         | RX/OTC                      |
| QUFLORA FE PEDIATRIC LIQD                                                                                                                                               | 2         | AL(Up to 6 yrs old)         | <b><i>pediatric multivitamins w/fl CHEW</i></b>                    | 1         | RX/OTC                      |
| <b>Ped MV w/ Fluoride</b>                                                                                                                                               |           |                             | POLY-VI-FLOR CHEW 0.25 MG                                          | 3         | RX/OTC                      |
| (Pediatric Multivitamins W/FI) MULTIVITAMIN/FLUORID E CHEW                                                                                                              | 1         | RX/OTC                      | POLY-VI-FLOR CHEW 0.5 MG, 1 MG                                     | 2         | RX/OTC                      |
| (Pediatric Multivitamins W/FI) MULTI-VITAMIN/FLUORIDE SOLN                                                                                                              | 1         | AL(Up to 6 yrs old); RX/OTC | POLY-VI-FLOR SUSP                                                  | 2         |                             |
| (Pediatric Vitamins ACD W/ Fluoride) TRI-VITE/FLUORIDE SOLN                                                                                                             | 1         | AL(Up to 6 yrs old); RX/OTC | QUFLORA PEDIATRIC CHEW 0.25 MG                                     | 3         | RX/OTC                      |
| FLORAFOL PEDIATRIC CHEW                                                                                                                                                 | 2         | RX/OTC                      | QUFLORA PEDIATRIC CHEW 0.5 MG, 1 MG                                | 2         | RX/OTC                      |
| FLORAFOL PEDIATRIC SOLN                                                                                                                                                 | 2         | AL(Up to 6 yrs old); RX/OTC | QUFLORA PEDIATRIC SOLN                                             | 2         | AL(Up to 6 yrs old); RX/OTC |
| FLORIVA PLUS SOLN                                                                                                                                                       | 2         | AL(Up to 6 yrs old); RX/OTC | SOLUVITA ACD WITH FLUORIDE SOLN                                    | 3         | AL(Up to 6 yrs old); RX/OTC |
| FLOTREX CHEW 0.25 MG                                                                                                                                                    | 3         | RX/OTC                      | SOLUVITA WITH FLUORIDE SOLN                                        | 2         | AL(Up to 6 yrs old); RX/OTC |
| FLOTREX CHEW 0.5 MG, 1 MG                                                                                                                                               | 2         | RX/OTC                      | TRI-VI-FLOR SUSP 0.25 MG/ML                                        | 2         |                             |
| MULTIVITAMIN/FLUORID E CHEW 0.5 MG, 1 MG                                                                                                                                | 2         | RX/OTC                      | TRI-VITAMIN WITH FLUORIDE SUSP 0.25 MG/ML                          | 2         |                             |
| MULTIVITAMIN/FLUORID E CHEW 0.25 MG                                                                                                                                     | 3         | RX/OTC                      | VITAMINS ACD-FLUORIDE SOLN 0.5 MG/ML                               | 2         | AL(Up to 6 yrs old); RX/OTC |
|                                                                                                                                                                         |           |                             | VITAMINS ACD-FLUORIDE SOLN 0.25 MG/ML                              | 3         | AL(Up to 6 yrs old); RX/OTC |
|                                                                                                                                                                         |           |                             | <b>Pediatric Multiple Vitamins &amp; Minerals w/ Fluoride</b>      |           |                             |
|                                                                                                                                                                         |           |                             | FLORIVA                                                            | 3         |                             |
|                                                                                                                                                                         |           |                             | <b>Prenatal Vitamins</b>                                           |           |                             |
|                                                                                                                                                                         |           |                             | (Prenatal Vit W/ Docusate-Iron Carbonyl-Folic Acid) INATAL GT TABS | 1         |                             |

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| Drug Name                                                                                                                                                                         | Drug Tier | Requirements/ Limits | Drug Name                                                                                                                              | Drug Tier | Requirements/ Limits |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------|----------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------|
| (Prenatal Vit W/ Ferrous Fumarate-Folic Acid) PRENATAL 19 CHEW                                                                                                                    | 1         |                      | NEEVO DHA 85 MG-25 MG-15 MG-5 MCG-1.4 MG-18 MG-27 MG-110 MG-1.4 MG-60 MG-220 MCG-60 MCG-1 MG-1.13 MG                                   | 3         |                      |
| (Prenatal Vit W/ Ferrous Fumarate-L Methylfolate-Folic Acid) PNV-SELECT                                                                                                           | 1         |                      | NEONATAL 19                                                                                                                            | 3         |                      |
| (Prenatal Vit W/ Iron Carbonyl-Folic Acid) PRENATABS RX TABS 120 MG-3 MG-30 MCG-1 MG-400 UNIT-8 MCG-3 MG-20 MG-7 MG-3 MG-100 MG-15 MG-3 MG-4000 UNIT-200 MG-150 MCG-30 UNIT-29 MG | 1         | RX/OTC               | NEONATAL COMPLETE TABS 120 MG-10 MG-9.2 MG-1000 MCG-10 MCG-12 MCG-3 MG-5 MG-20 MG-27 MG-200 MG-1.84 MG-25 MG-2 MG-1200 MCG-2 MG-0.2 MG | 2         | RX/OTC               |
| ATABEX EC TBEC                                                                                                                                                                    | 2         |                      | NEONATAL PLUS TABS                                                                                                                     | 2         | RX/OTC               |
| CITRANATAL 90 DHA 120 MG-20 MG-1 MG-3 MG-400 UNIT-3.4 MG-20 MG-50 MG-25 MG-2 MG-159 MG-90 MG-150 MCG-30 UNIT-0.75 MG-300 MG                                                       | 2         |                      | NESTABS                                                                                                                                | 3         |                      |
| CITRANATAL ASSURE                                                                                                                                                                 | 3         |                      | NESTABS DHA                                                                                                                            | 2         |                      |
| CITRANATAL B-CALM 120 MG-25 MG-1 MG-400 UNIT-120 MG-20 MG                                                                                                                         | 3         |                      | NESTABS ONE                                                                                                                            | 3         |                      |
| CITRANATAL HARMONY 25 MG-1 MG-400 UNIT-50 MG-104 MG-27 MG-30 UNIT-260 MG                                                                                                          | 3         |                      | NIVA-PLUS TABS                                                                                                                         | 2         | RX/OTC               |
| CITRANATAL MEDLEY                                                                                                                                                                 | 3         |                      | OB COMPLETE ONE                                                                                                                        | 3         |                      |
| C-NATE DHA CAPS                                                                                                                                                                   | 3         |                      | OB COMPLETE PETITE                                                                                                                     | 3         |                      |
| COMPLETENATE CHEW                                                                                                                                                                 | 2         |                      | OB COMPLETE PREMIER                                                                                                                    | 3         |                      |
| CONCEPT DHA                                                                                                                                                                       | 2         |                      | OB COMPLETE/DHA                                                                                                                        | 3         |                      |
| CONCEPT OB                                                                                                                                                                        | 2         |                      | ONE VITE WOMENS PLUS TABS                                                                                                              | 2         | RX/OTC               |
| DUET DHA 400 MISC                                                                                                                                                                 | 3         |                      | PNV 27-CA/FE/FA TABS                                                                                                                   | 2         |                      |
| FOLIVANE-OB                                                                                                                                                                       | 2         |                      | PNV-DHA+DOCUSATE                                                                                                                       | 3         |                      |
| M-NATAL PLUS TABS                                                                                                                                                                 | 2         | RX/OTC               | PNV-OMEGA                                                                                                                              | 3         |                      |
| NATACHEW CHEW 120 MG-10 MG-20 UNIT-1 MG-400 UNIT-12 MCG-3 MG-20 MG-2 MG-2700 UNIT-28 MG                                                                                           | 3         |                      | PRENA 1 TRUE                                                                                                                           | 2         |                      |
|                                                                                                                                                                                   |           |                      | PRENA1                                                                                                                                 | 3         |                      |
|                                                                                                                                                                                   |           |                      | PRENA1 PEARL                                                                                                                           | 3         |                      |
|                                                                                                                                                                                   |           |                      | PRENAISSANCE                                                                                                                           | 3         |                      |
|                                                                                                                                                                                   |           |                      | PRENAISSANCE PLUS CAPS                                                                                                                 | 3         |                      |
|                                                                                                                                                                                   |           |                      | PRENATAL 19 CHEW                                                                                                                       | 2         |                      |
|                                                                                                                                                                                   |           |                      | PRENATAL 19 TABS                                                                                                                       | 3         | RX/OTC               |
|                                                                                                                                                                                   |           |                      | PRENATAL PLUS VITAMIN/MINERAL TABS                                                                                                     | 2         | RX/OTC               |
|                                                                                                                                                                                   |           |                      | PRENATAL PLUS TABS                                                                                                                     | 2         | RX/OTC               |

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| Drug Name                                                                                                                                     | Drug Tier | Requirements/ Limits | Drug Name                                                                                                        | Drug Tier | Requirements/ Limits |
|-----------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------|------------------------------------------------------------------------------------------------------------------|-----------|----------------------|
| PRENATAL TABS 120 MG-10 MG-1 MG-10 MCG-12 MCG-3 MG-20 MG-1200 MCG-27 MG-200 MG-1.84 MG-25 MG-2 MG-10 MG                                       | 2         | RX/OTC               | SELECT-OB CHEW 60 MG-2.5 MG-0.4 MG-1.6 MG-400 UNIT-5 MCG-1.8 MG-15 MG-1700 UNIT-25 MG-15 MG-30 UNIT-29 MG-0.6 MG | 2         |                      |
| PRENATAL-U CAPS                                                                                                                               | 2         |                      | SE-NATAL 19 CHEW                                                                                                 | 2         |                      |
| PRENATE                                                                                                                                       | 3         |                      | SE-NATAL 19 TABS                                                                                                 | 3         | RX/OTC               |
| PRENATE DHA 90 MG-26 MG-400 MCG-400 UNIT-25 MCG-155 MG-50 MG-300 MG-40 UNIT-600 MCG-18 MG                                                     | 3         |                      | THERANATAL CORE NUTRITION TABS                                                                                   | 2         | RX/OTC               |
| PRENATE ELITE 75 MG-21 MG-330 MCG-400 MCG-600 UNIT-13 MCG-3.5 MG-21 MG-3 MG-155 MG-25 MG-15 MG-1.5 MG-2600 UNIT-150 MCG-40 UNIT-600 MCG-20 MG | 3         |                      | THRIVITE RX TABS                                                                                                 | 2         | RX/OTC               |
| PRENATE ENHANCE                                                                                                                               | 3         |                      | TRICARE TABS                                                                                                     | 2         | RX/OTC               |
| PRENATE ESSENTIAL 90 MG-26 MG-280 MCG-400 MCG-220 UNIT-13 MCG-155 MG-50 MG-300 MG-150 MCG-10 UNIT-40 MG-600 MCG-18 MG                         | 3         |                      | TRINATAL RX 1 TABS                                                                                               | 2         |                      |
| PRENATE MINI 60 MG-26 MG-280 MCG-400 MCG-1000 UNIT-13 MCG-80 MG-25 MG-350 MG-18 MG-150 MCG-10 UNIT-600 MCG-25 MG                              | 3         |                      | TRISTART DHA                                                                                                     | 3         |                      |
| PRENATE PIXIE                                                                                                                                 | 3         |                      | VINATE DHA RF                                                                                                    | 3         |                      |
| PRENATE RESTORE                                                                                                                               | 3         |                      | VINATE ONE TABS                                                                                                  | 2         |                      |
| PRENATRIX TABS                                                                                                                                | 2         | RX/OTC               | VITAFOL GUMMIES                                                                                                  | 3         |                      |
| PRENATRYL TABS                                                                                                                                | 2         | RX/OTC               | VITAFOL-NANO                                                                                                     | 3         |                      |
| RELNATE DHA CAPS                                                                                                                              | 3         |                      | VITAFOL-ONE CAPS                                                                                                 | 3         |                      |
| SELECT-OB+DHA MISC                                                                                                                            | 3         |                      | VITAMEDMD ONE RX/QUATREFOLIC                                                                                     | 3         |                      |
| SELECT-OB CHEW 60 MG-2.5 MG-1 MG-400 UNIT-5 MCG-1.8 MG-15 MG-1.6 MG-25 MG-15 MG-30 UNIT-29 MG-1700 UNIT                                       | 3         |                      | VITAMEDMD REDICHEW RX                                                                                            | 3         |                      |
|                                                                                                                                               |           |                      | VITAPEARL                                                                                                        | 3         |                      |
|                                                                                                                                               |           |                      | VITATHELY WITH GINGER TABS                                                                                       | 2         | RX/OTC               |
|                                                                                                                                               |           |                      | VITATRUE                                                                                                         | 2         |                      |
|                                                                                                                                               |           |                      | VIVA DHA CAPS                                                                                                    | 3         |                      |
|                                                                                                                                               |           |                      | WESCAP-C DHA                                                                                                     | 2         |                      |
|                                                                                                                                               |           |                      | WESNATE DHA CAPS                                                                                                 | 3         |                      |
|                                                                                                                                               |           |                      | WESTAB PLUS TABS                                                                                                 | 2         | RX/OTC               |
|                                                                                                                                               |           |                      | WESTGEL DHA                                                                                                      | 3         |                      |
|                                                                                                                                               |           |                      | <b>MUSCULOSKELETAL THERAPY AGENTS -<br/>Drugs to Treat Spasms</b>                                                |           |                      |
|                                                                                                                                               |           |                      | Central Muscle Relaxants                                                                                         |           |                      |
|                                                                                                                                               |           |                      | (Carisoprodol) VANADOM TABS 350 MG                                                                               | 1         |                      |

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| Drug Name                                                      | Drug Tier | Requirements/ Limits             |
|----------------------------------------------------------------|-----------|----------------------------------|
| (Chlorzoxazone)<br>LORZONE TABS 375 MG,<br>750 MG              | 1         |                                  |
| <i>baclofen SOLN IT 10 MG/20ML, 40 MG/20ML, 40000 MCG/20ML</i> | SP        | Must use Accredo SP pharmacy; PA |
| <i>baclofen TABS 5 MG</i>                                      | 1         |                                  |
| <i>baclofen TABS 10 MG</i>                                     | 1         | QL(6 EA daily)                   |
| <i>baclofen TABS 20 MG</i>                                     | 1         | QL(4 EA daily)                   |
| <i>baclofen TABS 15 MG</i>                                     | 1         | QL(3 EA daily)                   |
| <i>carisoprodol TABS</i>                                       | 1         |                                  |
| <i>chlorzoxazone TABS</i>                                      | 1         |                                  |
| <i>cyclobenzaprine hcl TABS 5 MG, 10 MG</i>                    | 1         |                                  |
| GABLOFEN SOLN IT 10000 MCG/20ML, 40000 MCG/20ML                | SP        | Must use Accredo SP pharmacy; PA |
| LIORESAL SOLN IT                                               | SP        | Must use Accredo SP pharmacy; PA |
| LIORESAL SOLN IT ( <i>baclofen</i> )                           | SP        | Must use Accredo SP pharmacy; PA |
| <i>metaxalone 800 MG</i>                                       | 2         | QL(4 EA daily)                   |
| <i>metaxalone 400 MG</i>                                       | 1         |                                  |
| <i>methocarbamol TABS 500 MG, 750 MG</i>                       | 1         |                                  |
| <i>orphenadrine citrate TB12</i>                               | 1         |                                  |
| OZOBAX SOLN PO ( <i>baclofen</i> )                             | NF        |                                  |
| SOMA TABS ( <i>carisoprodol</i> )                              | NF        |                                  |
| <i>tizanidine hcl CAPS</i>                                     | 1         |                                  |
| <i>tizanidine hcl TABS 4 MG</i>                                | 1         | QL(9 EA daily)                   |
| <i>tizanidine hcl TABS 2 MG</i>                                | 1         |                                  |
| ZANAFLEX CAPS ( <i>tizanidine hcl</i> )                        | NF        |                                  |
| ZANAFLEX TABS 4 MG ( <i>tizanidine hcl</i> )                   | NF        | QL(9 EA daily)                   |
| Direct Muscle Relaxants                                        |           |                                  |

| Drug Name                                                                                         | Drug Tier | Requirements/ Limits                         |
|---------------------------------------------------------------------------------------------------|-----------|----------------------------------------------|
| DANTRIUM CAPS 25 MG ( <i>dantrolene sodium</i> )                                                  | NF        |                                              |
| <i>dantrolene sodium CAPS</i>                                                                     | 1         |                                              |
| NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus                            |           |                                              |
| Nasal Agent Combinations                                                                          |           |                                              |
| <i>azelastine hcl-fluticasone propionate SUSP</i>                                                 | 1         | Limit 1 inhaler per month; QL(0.77 GM daily) |
| DYMISTA SUSP ( <i>azelastine hcl-fluticasone propionate</i> )                                     | NF        | Limit 1 inhaler per month; QL(0.77 GM daily) |
| Nasal Antiallergy                                                                                 |           |                                              |
| (AzelaStine Hcl) ALLERGY NASAL SPRAY, ASTEPRO, ASTEPRO ALLERGY, ASTEPRO CHILDRENS 205.5 MCG/SPRAY | 1         | QL(1 ML daily); RX/OTC                       |
| <i>azelastine hcl 0.1 %, 137 MCG/SPRAY</i>                                                        | 1         | Limit 1 sprayer per month; QL(1.2 ML daily)  |
| <i>azelastine hcl 0.15 %, 205.5 MCG/SPRAY</i>                                                     | 1         | QL(1 ML daily); RX/OTC                       |
| <i>olopatadine hcl (nasal)</i>                                                                    | 1         |                                              |
| PATANASE ( <i>olopatadine hcl (nasal)</i> )                                                       | NF        |                                              |
| Nasal Anticholinergics                                                                            |           |                                              |
| <i>ipratropium bromide (nasal)</i>                                                                | 1         |                                              |
| Nasal Steroids                                                                                    |           |                                              |

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| Drug Name                                                                                                                                                                                                                                                                                                                     | Drug Tier | Requirements/Limits                                   | Drug Name                                                                    | Drug Tier | Requirements/Limits                                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------------------------------------------------------|------------------------------------------------------------------------------|-----------|-------------------------------------------------------|
| (Fluticasone Propionate (Nasal)) ALLERGY RELIEF, ALLERGY SPRAY 24 HOUR, CLARISPRAY, CVS FLUTICASONE PROPIONATE, EQ ALLERGY RELIEF, EQL FLUTICASONE CHILDRENS, FT ALLERGY RELIEF 24 HR, GNP FLUTICASONE PROPIONATE, GOODSENSE 24-HR ALLERGY NASAL, HM ALLERGY RELIEF, KLS ALLER-FLO, QC ALLERGY RELIEF, SM ALLERGY RELIEF SUSP | 1         | Limit 2 inhalers per month; QL(1.2 ML daily); RX/OTC  | <b><i>mometasone furoate (nasal) SUSP</i></b>                                | 1         | Limit 2 inhalers per month; QL(1.22 GM daily); RX/OTC |
| (Mometasone Furoate (Nasal)) ALLERGY NASAL SPRAY (MOMET) SUSP                                                                                                                                                                                                                                                                 | 1         | Limit 2 inhalers per month; QL(1.22 ML daily); RX/OTC | NASACORT ALLERGY 24HR AERO ( <b><i>triamcinolone acetonide (nasal)</i></b> ) | NF        |                                                       |
| (Triamcinolone Acetonide (Nasal)) ALLERGY SPRAY 24 HOUR, CVS NASAL ALLERGY SPRAY, EQ NASAL ALLERGY, GNP 24 HOUR NASAL ALLERGY, GOODSENSE NASAL ALLERGY SPRAY, NASAL ALLERGY 24 HOUR, RA NASAL ALLERGY AERO                                                                                                                    | 1         | Limit 1 sprayer per month; QL(1.2 ML daily)           | NASONEX 24HR SUSP ( <b><i>mometasone furoate (nasal)</i></b> )               | NF        | Limit 2 inhalers per month; QL(1.22 ML daily); RX/OTC |
| FLONASE ALLERGY REL CHILDRENS SUSP ( <b><i>fluticasone propionate (nasal)</i></b> )                                                                                                                                                                                                                                           | NF        | Limit 2 inhalers per month; QL(1.2 ML daily); RX/OTC  | <b><i>triamcinolone acetonide (nasal) AERO</i></b>                           | 1         | Limit 1 sprayer per month; QL(1.2 ML daily)           |
| FLONASE ALLERGY RELIEF SUSP ( <b><i>fluticasone propionate (nasal)</i></b> )                                                                                                                                                                                                                                                  | NF        | Limit 2 inhalers per month; QL(1.2 ML daily); RX/OTC  | XHANCE EXHU                                                                  | 3         | QL(1.07 ML daily); ST                                 |
| <b><i>fluticasone propionate (nasal) SUSP</i></b>                                                                                                                                                                                                                                                                             | 1         | Limit 2 inhalers per month; QL(1.2 GM daily); RX/OTC  | <b>NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles</b>                |           |                                                       |
|                                                                                                                                                                                                                                                                                                                               |           |                                                       | ALS Agents                                                                   |           |                                                       |
|                                                                                                                                                                                                                                                                                                                               |           |                                                       | RADICAVA ORS STARTER KIT SUSP                                                | SP        | PA                                                    |
|                                                                                                                                                                                                                                                                                                                               |           |                                                       | RADICAVA ORS SUSP                                                            | SP        | PA                                                    |
|                                                                                                                                                                                                                                                                                                                               |           |                                                       | RELYVRIO                                                                     | SP        | PA                                                    |
|                                                                                                                                                                                                                                                                                                                               |           |                                                       | RILUTEK TABS ( <b><i>riluzole</i></b> )                                      | NF        |                                                       |
|                                                                                                                                                                                                                                                                                                                               |           |                                                       | <b><i>riluzole TABS</i></b>                                                  | 1         |                                                       |
|                                                                                                                                                                                                                                                                                                                               |           |                                                       | Spinal Muscular Atrophy Agents (SMA)                                         |           |                                                       |
|                                                                                                                                                                                                                                                                                                                               |           |                                                       | EVRYSDI                                                                      | SP        | PA                                                    |
|                                                                                                                                                                                                                                                                                                                               |           |                                                       | <b>NUTRIENTS</b>                                                             |           |                                                       |
|                                                                                                                                                                                                                                                                                                                               |           |                                                       | Lipids                                                                       |           |                                                       |
|                                                                                                                                                                                                                                                                                                                               |           |                                                       | DOJOLVI                                                                      | SP        | PA                                                    |
|                                                                                                                                                                                                                                                                                                                               |           |                                                       | <b>OPHTHALMIC AGENTS - Drugs to Treat the Eye</b>                            |           |                                                       |
|                                                                                                                                                                                                                                                                                                                               |           |                                                       | Beta-blockers - Ophthalmic                                                   |           |                                                       |
|                                                                                                                                                                                                                                                                                                                               |           |                                                       | (Timolol Maleate (Ophth)) TIMOLOL MALEATE OCUDOSE SOLN 0.5 %                 | 2         |                                                       |
|                                                                                                                                                                                                                                                                                                                               |           |                                                       | <b><i>betaxolol hcl (ophth) SOLN</i></b>                                     | 1         |                                                       |
|                                                                                                                                                                                                                                                                                                                               |           |                                                       | BETIMOL ( <b><i>timolol</i></b> )                                            | NF        |                                                       |

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| Drug Name                                                | Drug Tier | Requirements/ Limits | Drug Name                                                       | Drug Tier | Requirements/ Limits |
|----------------------------------------------------------|-----------|----------------------|-----------------------------------------------------------------|-----------|----------------------|
| BETIMOL 0.25 %                                           | 2         |                      | CYCLOGYL<br>( <i>cyclopentolate hcl</i> )                       | NF        |                      |
| BETOPTIC-S SUSP                                          | 2         |                      | CYCLOGYL                                                        | 2         |                      |
| <i>brimonidine tartrate-timolol maleate</i>              | 1         |                      | CYCLOMYDRIL                                                     | 3         |                      |
| <i>carteolol hcl (ophth)</i>                             | 1         |                      | <i>cyclopentolate hcl 1 %</i>                                   | 1         |                      |
| COMBIGAN ( <i>brimonidine tartrate-timolol maleate</i> ) | NF        |                      | ISOPTO ATROPINE SOLN                                            | 2         |                      |
| COSOPT ( <i>dorzolamide hcl-timolol maleate</i> )        | NF        |                      | MYDRIACYL SOLN ( <i>tropicamide</i> )                           | NF        |                      |
| COSOPT PF ( <i>dorzolamide hcl-timolol maleate</i> )     | NF        |                      | <i>phenylephrine hcl (mydriatic) SOLN</i>                       | 1         |                      |
| DORZOLAMIDE HCL-TIMOLOL MAL                              | 2         |                      | PHENYLEPHRINE HCL SOLN ( <i>phenylephrine hcl (mydriatic)</i> ) | NF        |                      |
| <i>dorzolamide hcl-timolol maleate</i>                   | 1         |                      | <i>tropicamide SOLN</i>                                         | 1         |                      |
| ISTALOL SOLN ( <i>timolol maleate (ophth)</i> )          | NF        |                      | Miotics                                                         |           |                      |
| <i>levobunolol hcl 0.5 %</i>                             | 1         |                      | <i>pilocarpine hcl SOLN 1 %, 2 %, 4 %</i>                       | 1         | QL(0.5 ML daily)     |
| <i>timolol</i>                                           | 1         |                      | Ophthalmic Adrenergic Agents                                    |           |                      |
| <i>timolol maleate (ophth) SOLG</i>                      | 1         |                      | ALPHAGAN P ( <i>brimonidine tartrate</i> )                      | NF        |                      |
| <i>timolol maleate (ophth) SOLN</i>                      | 1         |                      | <i>apraclonidine hcl</i>                                        | 1         |                      |
| <i>timolol maleate (ophth) SOLN</i>                      | 2         |                      | <i>brimonidine tartrate</i>                                     | 1         |                      |
| TIMOPTIC OCUDOSE SOLN ( <i>timolol maleate (ophth)</i> ) | NF        |                      | Ophthalmic Anti-infectives                                      |           |                      |
| Cycloplegic Mydriatics                                   |           |                      | (Bacitracin-Polymyxin B (Ophth)) POLYCIN                        | 1         |                      |
| (Homatropine Hbr) HOMATROPAIRE                           | 1         |                      | (Neomycin-Bacitracin Zn-Polymyxin) NEO-POLYCIN                  | 1         |                      |
| (Phenylephrine Hcl (Mydriatic)) ALTAFRIN SOLN            | 1         |                      | <i>bacitracin (ophthalmic)</i>                                  | 2         |                      |
| <i>atropine sulfate (ophthalmic) OINT</i>                | 1         |                      | <i>bacitracin-polymyxin b (ophth)</i>                           | 1         |                      |
| <i>atropine sulfate (ophthalmic) SOLN</i>                | 1         |                      | BESIVANCE                                                       | 3         |                      |
| ATROPINE SULFATE SOLN 1 %                                | 2         |                      | BETADINE OPHTHALMIC PREP                                        | 3         |                      |
|                                                          |           |                      | CILOXAN OINT                                                    | 2         |                      |
|                                                          |           |                      | CILOXAN SOLN ( <i>ciprofloxacin hcl (ophth)</i> )               | NF        |                      |
|                                                          |           |                      | <i>ciprofloxacin hcl (ophth) SOLN</i>                           | 1         |                      |

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| Drug Name                                           | Drug Tier | Requirements/ Limits                           | Drug Name                                               | Drug Tier | Requirements/ Limits                                            |
|-----------------------------------------------------|-----------|------------------------------------------------|---------------------------------------------------------|-----------|-----------------------------------------------------------------|
| ERYTHROMYCIN                                        | 2         |                                                | RESTASIS EMUL<br>(cyclosporine (ophth))                 | NF        | Use generic Cyclosporine (Ophth) Emulsion 0.05%; QL(2 EA daily) |
| <i>erythromycin (ophth)</i>                         | 1         |                                                | Ophthalmic Local Anesthetics                            |           |                                                                 |
| <i>gatifloxacin (ophth)</i>                         | 1         |                                                | (Tetracaine Hcl (Ophth)) ALTACAINE                      | 1         |                                                                 |
| <i>gentamicin sulfate (ophth) SOLN</i>              | 1         |                                                | AKTEN                                                   | 3         |                                                                 |
| KLARITY-A                                           | 2         | Use Klarity-A 71384-0220-03; QL(0.17 ML daily) | ALCAINE ( <i>proparacaine hcl</i> )                     | NF        |                                                                 |
| <i>levofloxacin (ophth) 1.5 %</i>                   | 2         |                                                | <i>proparacaine hcl</i>                                 | 2         |                                                                 |
| <i>moxifloxacin hcl (ophth) SOLN OP</i>             | 1         |                                                | <i>tetracaine hcl (ophth)</i>                           | 1         |                                                                 |
| NATACYN                                             | 2         |                                                | Ophthalmic Steroids                                     |           |                                                                 |
| <i>neomycin-bacitracin zn-polymyxin</i>             | 1         |                                                | (Bacitracin-Poly-Neomycin-HC) NEO-POLYCIN HC            | 1         | QL(4 GM per fill retail; 4 per fill mail)                       |
| <i>neomycin-polymyxin-gramicidin</i>                | 1         |                                                | (Prednisolone Acetate (Ophth)) PREDNISOLONE ACETATE P-F | 1         |                                                                 |
| OCUFLOX ( <i>ofloxacin (ophth)</i> )                | NF        | QL(5 ML per fill retail; 5 per fill mail)      | ALREX SUSP ( <i>loteprednol etabonate</i> )             | NF        |                                                                 |
| <i>ofloxacin (ophth)</i>                            | 1         | QL(5 ML per fill retail; 5 per fill mail)      | <i>bacitracin-poly-neomycin-hc</i>                      | 1         | QL(4 GM per fill retail; 4 per fill mail)                       |
| <i>polymyxin b-trimethoprim</i>                     | 1         |                                                | <i>dexamethasone sodium phosphate (ophth)</i>           | 1         |                                                                 |
| POLYTRIM ( <i>polymyxin b-trimethoprim</i> )        | NF        |                                                | <i>difluprednate</i>                                    | 1         |                                                                 |
| POVIDONE-IODINE                                     | 3         |                                                | DUREZOL ( <i>difluprednate</i> )                        | NF        |                                                                 |
| <i>sulfacetamide sodium (ophth) OINT</i>            | 1         |                                                | FLAREX                                                  | 2         |                                                                 |
| <i>sulfacetamide sodium (ophth) SOLN</i>            | 1         |                                                | <i>fluorometholone (ophth) SUSP</i>                     | 1         |                                                                 |
| <i>tobramycin (ophth) SOLN</i>                      | 1         |                                                | FML FORTE SUSP                                          | 2         |                                                                 |
| TOBREX OINT                                         | 2         |                                                | FML LIQUIFILM SUSP ( <i>fluorometholone (ophth)</i> )   | NF        |                                                                 |
| <i>trifluridine</i>                                 | 1         |                                                | LOTEMAX GEL ( <i>loteprednol etabonate</i> )            | NF        |                                                                 |
| VIGAMOX SOLN OP ( <i>moxifloxacin hcl (ophth)</i> ) | NF        |                                                | LOTEMAX OINT                                            | 3         |                                                                 |
| ZIRGAN GEL                                          | 3         |                                                | LOTEMAX SUSP ( <i>loteprednol etabonate</i> )           | NF        |                                                                 |
| ZYMAXID ( <i>gatifloxacin (ophth)</i> )             | NF        |                                                | Ophthalmic Immunomodulators                             |           |                                                                 |
| Ophthalmic Immunomodulators                         |           |                                                | <i>cyclosporine (ophth) EMUL</i>                        | 1         | QL(2 EA daily)                                                  |

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| Drug Name                                                                 | Drug Tier | Requirements/ Limits     | Drug Name                                                                                                                                                                                                                                           | Drug Tier | Requirements/ Limits                             |
|---------------------------------------------------------------------------|-----------|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------|
| <i>loteprednol etabonate GEL</i>                                          | 2         |                          | (Olopatadine Hcl) ADVANCED EYE RELIEF, CVS OLOPATADINE HCL, EQ OLOPATADINE HCL, EYE ALLERGY ITCH RELIEF, FT EYE ALLERGY ITCH RELIEF, GNP OLOPATADINE HCL, HM EYE ALLERGY ITCH RELIEF, QC OLOPATADINE HCL, RETAINE ALLERGY, SM OLOPATADINE HCL 0.2 % | 1         | QL(0.09 ML daily); RX/OTC                        |
| <i>loteprednol etabonate SUSP</i>                                         | 2         |                          |                                                                                                                                                                                                                                                     |           |                                                  |
| MAXIDEX SUSP OP                                                           | 2         |                          |                                                                                                                                                                                                                                                     |           |                                                  |
| MAXITROL OINT ( <i>neomycin-polymy-dexameth</i> )                         | NF        |                          |                                                                                                                                                                                                                                                     |           |                                                  |
| MAXITROL SUSP ( <i>neomycin-polymy-dexameth</i> )                         | NF        |                          |                                                                                                                                                                                                                                                     |           |                                                  |
| <i>neomycin-polymy-dexameth OINT</i>                                      | 1         |                          |                                                                                                                                                                                                                                                     |           |                                                  |
| <i>neomycin-polymy-dexameth SUSP 0.1 %-3.5 MG/ML-10000 UNIT/ML, 0.1 %</i> | 1         |                          | (Olopatadine Hcl) CVS OLOPATADINE HCL, EQ OLOPATADINE HCL, EYE ALLERGY ITCH/REDNESS REL, FT EYE ALLERGY ITCH & REDNESS, GNP OLOPATADINE HCL, HM EYE ALLERGY ITCH/RED RELIEF 0.1 %                                                                   | 1         | Limit 10mls per month; QL(0.34 ML daily); RX/OTC |
| <i>neomycin-polymyxin-hc (ophth)</i>                                      | 1         |                          |                                                                                                                                                                                                                                                     |           |                                                  |
| PRED FORTE ( <i>prednisolone acetate (ophth)</i> )                        | NF        |                          | ACULAR ( <i>ketorolac tromethamine (ophth)</i> )                                                                                                                                                                                                    | NF        |                                                  |
| PRED MILD                                                                 | 2         |                          | ACULAR LS ( <i>ketorolac tromethamine (ophth)</i> )                                                                                                                                                                                                 | NF        |                                                  |
| <i>prednisolone acetate (ophth)</i>                                       | 1         |                          | ACUVAIL                                                                                                                                                                                                                                             | 3         |                                                  |
| PREDNISOLONE SODIUM PHOSPHATE                                             | 3         |                          | ALOCRIAL                                                                                                                                                                                                                                            | 3         |                                                  |
| PREDNISOLONE-MOXIFLOXACIN SOLN                                            | 3         |                          | ALOMIDE                                                                                                                                                                                                                                             | 2         |                                                  |
| <i>sulfacetamide sod-prednisolone SOLN</i>                                | 1         |                          | <i>azelastine hcl (ophth)</i>                                                                                                                                                                                                                       | 1         |                                                  |
| TOBRADEX ST SUSP                                                          | 3         |                          | AZOPT ( <i>brinzolamide</i> )                                                                                                                                                                                                                       | NF        | Limit 10mls per month; QL(0.4 ML daily)          |
| TOBRADEX OINT                                                             | 3         |                          | <i>bepotastine besilate</i>                                                                                                                                                                                                                         | 1         | QL(0.34 ML daily); ST                            |
| <i>tobramycin-dexamethasone SUSP</i>                                      | 1         | QL(5 ML per fill retail) | BEPREVE ( <i>bepotastine besilate</i> )                                                                                                                                                                                                             | NF        | QL(0.34 ML daily); ST                            |
| ZYLET                                                                     | 3         | QL(5 ML per fill retail) | <i>brinzolamide</i>                                                                                                                                                                                                                                 | 1         | Limit 10mls per month; QL(0.4 ML daily)          |
| Ophthalmic Surgical Aids                                                  |           |                          | <i>bromfenac sodium (ophth) 0.09 %</i>                                                                                                                                                                                                              | 1         |                                                  |
| GELFILM                                                                   | 3         |                          | <i>bromfenac sodium (ophth) 0.07 %, 0.075 %</i>                                                                                                                                                                                                     | 2         |                                                  |
| Ophthalmics - Misc.                                                       |           |                          |                                                                                                                                                                                                                                                     |           |                                                  |

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| Drug Name                                    | Drug Tier | Requirements/ Limits                             | Drug Name                                    | Drug Tier | Requirements/ Limits                      |
|----------------------------------------------|-----------|--------------------------------------------------|----------------------------------------------|-----------|-------------------------------------------|
| BROMSITE ( <i>bromfenac sodium (ophth)</i> ) | NF        |                                                  | LUMIGAN SOLN 0.01 %                          | 2         | Limit 2.5mls per month; QL(0.09 ML daily) |
| <i>cromolyn sodium (ophth)</i>               | 1         |                                                  | <i>tafluprost</i>                            | 1         | QL(1 EA daily)                            |
| CYSTARAN                                     | SP        |                                                  | TRAVATAN Z SOLN ( <i>travoprost</i> )        | NF        | Limit 2.5mls per month; QL(0.09 ML daily) |
| <i>diclofenac sodium (ophth)</i>             | 1         |                                                  | <i>travoprost SOLN</i>                       | 1         | Limit 2.5mls per month; QL(0.09 ML daily) |
| <i>dorzolamide hcl</i>                       | 1         | Limit 10mls per month; QL(0.34 ML daily)         | XALATAN SOLN ( <i>latanoprost</i> )          | NF        | Limit 2.5mls per month; QL(0.09 ML daily) |
| DORZOLAMIDE HCL                              | 2         | Limit 10mls per month; QL(0.34 ML daily)         | XALATAN SOLN ( <i>latanoprost</i> )          | NF        |                                           |
| <i>epinastine hcl (ophth)</i>                | 1         |                                                  | ZIOPTAN ( <i>tafluprost</i> )                | NF        | QL(1 EA daily)                            |
| <i>flurbiprofen sodium</i>                   | 1         |                                                  | <b>OTIC AGENTS - Drugs to Treat the Ear</b>  |           |                                           |
| ILEVRO                                       | 3         |                                                  | Otic Agents - Miscellaneous                  |           |                                           |
| <i>ketorolac tromethamine (ophth)</i>        | 1         |                                                  | <i>acetic acid (otic)</i>                    | 1         |                                           |
| LASTACFT                                     | 3         | ST                                               | Otic Anti-infectives                         |           |                                           |
| NEVANAC                                      | 3         |                                                  | CETRAXAL ( <i>ciprofloxacin hcl (otic)</i> ) | NF        | QL(14 EA per fill retail)                 |
| <i>olopatadine hcl 0.2 %</i>                 | 1         | QL(0.09 ML daily); RX/OTC                        | <i>ciprofloxacin hcl (otic)</i>              | 1         | QL(14 EA per fill retail)                 |
| <i>olopatadine hcl 0.1 %</i>                 | 1         | Limit 10mls per month; QL(0.34 ML daily); RX/OTC | <i>ofloxacin (otic)</i>                      | 1         |                                           |
| PATADAY 0.2 % ( <i>olopatadine hcl</i> )     | NF        | QL(0.09 ML daily); RX/OTC                        | Otic Combinations                            |           |                                           |
| PATADAY 0.1 % ( <i>olopatadine hcl</i> )     | NF        | Limit 10mls per month; QL(0.34 ML daily); RX/OTC | (Pramoxine-HC-Chloroxylonol) CORTIC-ND       | 1         |                                           |
| PROLENSA ( <i>bromfenac sodium (ophth)</i> ) | NF        |                                                  | CIPRO HC                                     | 3         |                                           |
| Prostaglandins - Ophthalmic                  |           |                                                  | <i>ciprofloxacin-dexamethasone</i>           | 1         |                                           |
| <i>bimatoprost SOLN</i>                      | 1         | Limit 2.5mls per month; QL(0.09 ML daily)        | CORTISPORIN-TC                               | 3         |                                           |
| <i>latanoprost SOLN</i>                      | 1         | QL(0.09 ML daily)                                | <i>neomycin-polymyxin-hc (otic) SOLN</i>     | 1         |                                           |
| <i>latanoprost SOLN</i>                      | 1         | Limit 2.5mls per month; QL(0.09 ML daily)        | <i>neomycin-polymyxin-hc (otic) SUSP</i>     | 1         |                                           |
|                                              |           |                                                  | PRAMOTIC                                     | 3         |                                           |

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| Drug Name                                                      | Drug Tier | Requirements/ Limits      |
|----------------------------------------------------------------|-----------|---------------------------|
| <b>Otic Steroids</b>                                           |           |                           |
| (Fluocinolone Acetonide (Otic)) FLAC                           | 1         |                           |
| DERMOTIC ( <i>fluocinolone acetonide (otic)</i> )              | NF        |                           |
| <i>fluocinolone acetonide (otic)</i>                           | 1         |                           |
| <i>hydrocortisone w/acetic acid</i>                            | 2         | QL(10 ML per fill retail) |
| <b>OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding</b>   |           |                           |
| <b>Abortifacients/Agents for Cervical Ripening</b>             |           |                           |
| CERVIDIL INST                                                  | 3         |                           |
| PREPIDIL GEL                                                   | 3         |                           |
| <b>Oxytocics</b>                                               |           |                           |
| (Methylergonovine Maleate) METHERGINE TABS                     | 1         |                           |
| <i>methylergonovine maleate TABS</i>                           | 1         |                           |
| <b>PENICILLINS - Drugs to Treat Bacterial Infections</b>       |           |                           |
| <b>Aminopenicillins</b>                                        |           |                           |
| <i>amoxicillin CAPS</i>                                        | 1         |                           |
| <i>amoxicillin CHEW 125 MG, 250 MG</i>                         | 1         |                           |
| <i>amoxicillin SUSR</i>                                        | 1         |                           |
| <i>amoxicillin TABS</i>                                        | 1         |                           |
| <i>ampicillin sodium IJ 1 GM, 125 MG</i>                       | SP        | PA                        |
| <i>ampicillin CAPS 500 MG</i>                                  | 1         |                           |
| <b>Natural Penicillins</b>                                     |           |                           |
| (Penicillin G Potassium) PFIZERPEN 5000000 UNIT, 20000000 UNIT | SP        | PA                        |
| BICILLIN L-A SUSY                                              | SP        | PA                        |
| PENICILLIN G POT IN DEXTROSE                                   | SP        | PA                        |

| Drug Name                                                                 | Drug Tier | Requirements/ Limits |
|---------------------------------------------------------------------------|-----------|----------------------|
| <i>penicillin g potassium 5000000 UNIT, 20000000 UNIT</i>                 | SP        | PA                   |
| <i>penicillin g sodium</i>                                                | SP        | PA                   |
| <i>penicillin v potassium SOLR</i>                                        | 1         |                      |
| <i>penicillin v potassium TABS</i>                                        | 1         |                      |
| <b>Penicillin Combinations</b>                                            |           |                      |
| <i>amoxicillin &amp; pot clavulanate CHEW</i>                             | 1         |                      |
| <i>amoxicillin &amp; pot clavulanate SUSR</i>                             | 1         |                      |
| <i>amoxicillin &amp; pot clavulanate TABS</i>                             | 1         |                      |
| <i>amoxicillin &amp; pot clavulanate TB12</i>                             | 1         |                      |
| AUGMENTIN ES-600 SUSR ( <i>amoxicillin &amp; pot clavulanate</i> )        | NF        |                      |
| AUGMENTIN SUSR 31.25 MG/5ML-125 MG/5ML                                    | 2         |                      |
| AUGMENTIN TABS 125 MG-500 MG ( <i>amoxicillin &amp; pot clavulanate</i> ) | NF        |                      |
| BICILLIN C-R                                                              | SP        | PA                   |
| BICILLIN C-R 900/300                                                      | SP        | PA                   |
| <b>Penicillinase-Resistant Penicillins</b>                                |           |                      |
| <i>dicloxacillin sodium</i>                                               | 1         |                      |
| <i>nafcillin sodium IV 10 GM</i>                                          | SP        | PA                   |
| NAFCILLIN SODIUM IN DEXTROSE 1 GM/50ML                                    | SP        | PA                   |
| <i>oxacillin sodium IV 10 GM</i>                                          | SP        | PA                   |
| <b>PROGESTINS - Hormone Replacement/Modifying Drugs</b>                   |           |                      |
| <b>Progestins</b>                                                         |           |                      |
| (Norethindrone Acetate) GALLIFREY TABS                                    | 1         |                      |
| <i>medroxyprogesterone acetate 10 MG</i>                                  | 1         | QL(1 EA daily)       |

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| Drug Name                                                                                                 | Drug Tier | Requirements/ Limits | Drug Name                                                           | Drug Tier | Requirements/ Limits |
|-----------------------------------------------------------------------------------------------------------|-----------|----------------------|---------------------------------------------------------------------|-----------|----------------------|
| <i>medroxyprogesterone acetate 2.5 MG, 5 MG</i>                                                           | 1         |                      | <i>memantine hcl CP24</i>                                           | 1         | PA                   |
| <i>megestrol acetate (appetite)</i>                                                                       | 1         | AC                   | <i>memantine hcl SOLN</i>                                           | 1         |                      |
| <i>norethindrone acetate TABS</i>                                                                         | 1         |                      | <i>memantine hcl TABS 10 MG</i>                                     | 1         | QL(2 EA daily)       |
| <i>progesterone CAPS</i>                                                                                  | 1         | QL(1 EA daily)       | <i>memantine hcl TABS</i>                                           | 1         |                      |
| <i>progesterone OIL</i>                                                                                   | 1         | PA                   | <i>memantine hcl TABS 5 MG</i>                                      | 1         | QL(4 EA daily)       |
| PROMETRIUM CAPS ( <i>progesterone</i> )                                                                   | NF        | QL(1 EA daily)       | NAMENDA TITRATION PAK TABS ( <i>memantine hcl</i> )                 | NF        |                      |
| PROVERA 5 MG ( <i>medroxyprogesterone acetate</i> )                                                       | NF        |                      | NAMENDA XR CP24 ( <i>memantine hcl</i> )                            | NF        | PA                   |
| PROVERA 10 MG ( <i>medroxyprogesterone acetate</i> )                                                      | NF        | QL(1 EA daily)       | NAMENDA TABS 10 MG ( <i>memantine hcl</i> )                         | NF        | QL(2 EA daily)       |
| <b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions</b> |           |                      | NAMENDA TABS 5 MG ( <i>memantine hcl</i> )                          | NF        | QL(4 EA daily)       |
|                                                                                                           |           |                      | NAMZARIC C4PK                                                       | 3         | PA                   |
| Agents for Chemical Dependency                                                                            |           |                      | <i>rivastigmine</i>                                                 | 1         |                      |
| <i>acamprosate calcium</i>                                                                                | 1         |                      | <i>rivastigmine tartrate CAPS</i>                                   | 1         |                      |
| <i>disulfiram</i>                                                                                         | 1         |                      | Combination Psychotherapeutics                                      |           |                      |
| Anti-Cataleptic Agents                                                                                    |           |                      | <i>chlordiazepoxide-amitriptyline</i>                               | 1         |                      |
| SODIUM OXYBATE SOLN                                                                                       | 2         | PA                   | <i>olanzapine-fluoxetine hcl</i>                                    | 2         |                      |
| Antidementia Agents                                                                                       |           |                      | <i>perphenazine-amitriptyline</i>                                   | 1         |                      |
| ARICEPT TABS ( <i>donepezil hydrochloride</i> )                                                           | NF        | QL(1 EA daily)       | SYMBYAX 25 MG-3 MG, 25 MG-6 MG ( <i>olanzapine-fluoxetine hcl</i> ) | NF        |                      |
| <i>donepezil hydrochloride TABS</i>                                                                       | 1         | QL(1 EA daily)       | Fibromyalgia Agents                                                 |           |                      |
| <i>donepezil hydrochloride TBDP</i>                                                                       | 1         | QL(1 EA daily)       | SAVELLA TITRATION PACK MISC                                         | 3         | QL(2 EA daily); PA   |
| EXELON ( <i>rivastigmine</i> )                                                                            | NF        |                      | SAVELLA TABS                                                        | 3         | QL(2 EA daily); PA   |
| <i>galantamine hydrobromide CP24</i>                                                                      | 1         | QL(1 EA daily)       | Movement Disorder Drug Therapy                                      |           |                      |
| <i>galantamine hydrobromide SOLN</i>                                                                      | 2         |                      | AUSTEDO TABS 6 MG, 9 MG                                             | SP        | QL(2 EA daily); PA   |
| <i>galantamine hydrobromide TABS</i>                                                                      | 1         |                      | AUSTEDO TABS 12 MG                                                  | SP        | QL(1 EA daily); PA   |

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| Drug Name                                            | Drug Tier | Requirements/ Limits                                    |
|------------------------------------------------------|-----------|---------------------------------------------------------|
| <b>tetrabenazine</b>                                 | 2         | Specialty drug-Health Net will refer to SP Pharmacy; PA |
| XENAZINE ( <b>tetrabenazine</b> )                    | NF        | Specialty drug-Health Net will refer to SP Pharmacy; PA |
| Multiple Sclerosis Agents                            |           |                                                         |
| (Glatiramer Acetate) GLATOPA SOSY 40 MG/ML           | 1         | QL(12 ML per 28 day(s) retail)                          |
| (Glatiramer Acetate) GLATOPA SOSY 20 MG/ML           | 1         | QL(1 ML daily)                                          |
| AMPYRA ( <b>dalfampridine</b> )                      | NF        | PA                                                      |
| AUBAGIO ( <b>teriflunomide</b> )                     | NF        | QL(1 EA daily)                                          |
| AVONEX PEN AJKT                                      | SP        | PA                                                      |
| AVONEX PREFILLED PSKT                                | SP        | PA                                                      |
| BETASERON KIT                                        | SP        | PA                                                      |
| COPAXONE SOSY 40 MG/ML ( <b>glatiramer acetate</b> ) | NF        | QL(12 ML per 28 day(s) retail)                          |
| COPAXONE SOSY 20 MG/ML ( <b>glatiramer acetate</b> ) | NF        | QL(1 ML daily)                                          |
| <b>dalfampridine</b>                                 | 2         | PA                                                      |
| <b>dimethyl fumarate CDPK</b>                        | 2         |                                                         |
| <b>dimethyl fumarate CPDR</b>                        | 2         | QL(2 EA daily)                                          |
| <b>fingolimod hcl</b>                                | 2         | QL(1 EA daily); SP                                      |
| GILENYA ( <b>fingolimod hcl</b> )                    | NF        | QL(1 EA daily); SP                                      |
| <b>glatiramer acetate SOSY 20 MG/ML</b>              | 1         | QL(1 ML daily)                                          |
| <b>glatiramer acetate SOSY 40 MG/ML</b>              | 1         | QL(12 ML per 28 day(s) retail)                          |
| PLEGRIDY STARTER PACK SOAJ                           | SP        | PA                                                      |
| PLEGRIDY STARTER PACK SOSY SC                        | SP        | PA                                                      |
| PLEGRIDY SOAJ                                        | SP        | PA                                                      |

| Drug Name                                         | Drug Tier | Requirements/ Limits |
|---------------------------------------------------|-----------|----------------------|
| PLEGRIDY SOSY SC                                  | SP        | PA                   |
| REBIF REBIDOSE TITRATION PACK SOAJ                | SP        | PA                   |
| REBIF REBIDOSE SOAJ                               | SP        | PA                   |
| REBIF TITRATION PACK SOSY                         | SP        | PA                   |
| REBIF SOSY                                        | SP        | PA                   |
| TECFIDERA CDPK ( <b>dimethyl fumarate</b> )       | NF        |                      |
| TECFIDERA CPDR ( <b>dimethyl fumarate</b> )       | NF        | QL(2 EA daily)       |
| <b>teriflunomide</b>                              | 2         | QL(1 EA daily)       |
| Premenstrual Dysphoric Disorder (PMDD) Agents     |           |                      |
| <b>fluoxetine hcl (pmdd) TABS</b>                 | 2         |                      |
| Pseudobulbar Affect (PBA) Agents                  |           |                      |
| NUDEXTA                                           | SP        | PA                   |
| Psychotherapeutic and Neurological Agents - Misc. |           |                      |
| <b>ergoloid mesylates TABS</b>                    | 1         |                      |
| <b>pimozide</b>                                   | 1         |                      |
| Smoking Deterrents                                |           |                      |

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| Drug Name                                                                                                                                                                                                                                                                                                                                                                                                                                           | Drug Tier | Requirements/ Limits | Drug Name                                                                                                                                                                                                                                                                                                                                                                                                                                           | Drug Tier | Requirements/ Limits |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------|
| (Nicotine Polacrilex) CVS<br>NICOTINE, CVS<br>NICOTINE POLACRILEX,<br>EQ NICOTINE, EQ<br>NICOTINE POLACRILEX,<br>FT NICOTINE, FT<br>NICOTINE MINI, GNP<br>NICOTINE MINI, GNP<br>NICOTINE POLACRILEX,<br>GOODSENSE NICOTINE,<br>HM NICOTINE<br>POLACRILEX, KLS<br>QUIT2, KLS QUIT4,<br>NICOTINE MINI,<br>NICOTINE POLACRILEX<br>MINI, PX STOP<br>SMOKING AID, RA MINI<br>NICOTINE, RA NICOTINE<br>POLACRILEX, SM<br>NICOTINE POLACRILEX<br>LOZG 2 MG | PV        | PV                   | (Nicotine Polacrilex) CVS<br>NICOTINE, CVS<br>NICOTINE POLACRILEX,<br>EQ NICOTINE, EQ<br>NICOTINE POLACRILEX,<br>FT NICOTINE, FT<br>NICOTINE MINI, GNP<br>NICOTINE MINI, GNP<br>NICOTINE POLACRILEX,<br>GOODSENSE NICOTINE,<br>HM NICOTINE<br>POLACRILEX, KLS<br>QUIT2, KLS QUIT4,<br>NICOTINE MINI,<br>NICOTINE POLACRILEX<br>MINI, PX STOP<br>SMOKING AID, RA MINI<br>NICOTINE, RA NICOTINE<br>POLACRILEX, SM<br>NICOTINE POLACRILEX<br>LOZG 4 MG | PV        | PV                   |
| (Nicotine Polacrilex) CVS<br>NICOTINE, CVS<br>NICOTINE POLACRILEX,<br>EQ NICOTINE, EQ<br>NICOTINE POLACRILEX,<br>FT NICOTINE, FT<br>NICOTINE MINI, GNP<br>NICOTINE MINI, GNP<br>NICOTINE POLACRILEX,<br>GOODSENSE NICOTINE,<br>HM NICOTINE<br>POLACRILEX, KLS<br>QUIT2, KLS QUIT4,<br>NICOTINE MINI,<br>NICOTINE POLACRILEX<br>MINI, PX STOP<br>SMOKING AID, RA MINI<br>NICOTINE, RA NICOTINE<br>POLACRILEX, SM<br>NICOTINE POLACRILEX<br>LOZG      | PV        | PV                   | (Nicotine Polacrilex) CVS<br>NICOTINE, CVS<br>NICOTINE POLACRILEX,<br>EQ NICOTINE, EQ<br>NICOTINE POLACRILEX,<br>FT NICOTINE, GNP<br>NICOTINE, GNP<br>NICOTINE POLACRILEX,<br>GOODSENSE NICOTINE,<br>KLS QUIT2, KLS QUIT4,<br>PX STOP SMOKING AID,<br>RA NICOTINE, RA<br>NICOTINE GUM, SM<br>NICOTINE, SM NICOTINE<br>POLACRILEX, THRIVE<br>GUM                                                                                                     | PV        | PV                   |

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| Drug Name                                                                                                                                                                                                                                                                                                                                            | Drug Tier | Requirements/ Limits | Drug Name                                                                                                                                                                                                                                      | Drug Tier | Requirements/ Limits  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------|
| (Nicotine Polacrilex) CVS<br>NICOTINE, CVS<br>NICOTINE POLACRILEX,<br>EQ NICOTINE, EQ<br>NICOTINE POLACRILEX,<br>FT NICOTINE, GNP<br>NICOTINE, GNP<br>NICOTINE POLACRILEX,<br>GOODSENSE NICOTINE,<br>KLS QUIT2, KLS QUIT4,<br>PX STOP SMOKING AID,<br>RA NICOTINE, RA<br>NICOTINE GUM, SM<br>NICOTINE, SM NICOTINE<br>POLACRILEX, THRIVE<br>GUM 4 MG | PV        | PV                   | (Nicotine) CVS NICOTINE,<br>EQ NICOTINE, EQ<br>NICOTINE STEP 3, FT<br>NICOTINE, GNP<br>NICOTINE, HM<br>NICOTINE, NICOTINE<br>STEP 2, NICOTINE STEP<br>3, QC NICOTINE<br>TRANSDERMAL<br>SYSTEM, RA NICOTINE<br>PT24 TD 7 MG/24HR, 14<br>MG/24HR | PV        | PV                    |
| (Nicotine Polacrilex) CVS<br>NICOTINE, CVS<br>NICOTINE POLACRILEX,<br>EQ NICOTINE, EQ<br>NICOTINE POLACRILEX,<br>FT NICOTINE, GNP<br>NICOTINE, GNP<br>NICOTINE POLACRILEX,<br>GOODSENSE NICOTINE,<br>KLS QUIT2, KLS QUIT4,<br>PX STOP SMOKING AID,<br>RA NICOTINE, RA<br>NICOTINE GUM, SM<br>NICOTINE, SM NICOTINE<br>POLACRILEX, THRIVE<br>GUM 2 MG | PV        | PV                   | (Nicotine) CVS NICOTINE,<br>EQ NICOTINE, EQ<br>NICOTINE STEP 3, FT<br>NICOTINE, GNP<br>NICOTINE, HM<br>NICOTINE, NICOTINE<br>STEP 2, NICOTINE STEP<br>3, QC NICOTINE<br>TRANSDERMAL<br>SYSTEM, RA NICOTINE<br>PT24 TD 14 MG/24HR               | PV        | PV                    |
| (Nicotine) CVS NICOTINE,<br>EQ NICOTINE, EQ<br>NICOTINE STEP 3, FT<br>NICOTINE, GNP<br>NICOTINE, HM<br>NICOTINE, NICOTINE<br>STEP 2, NICOTINE STEP<br>3, QC NICOTINE<br>TRANSDERMAL<br>SYSTEM, RA NICOTINE<br>PT24 TD 7 MG/24HR                                                                                                                      | PV        | PV                   | (Nicotine) CVS NICOTINE,<br>EQ NICOTINE, FT<br>NICOTINE, GNP<br>NICOTINE, HABITROL,<br>HM NICOTINE, NICOTINE<br>STEP 1, QC NICOTINE<br>TRANSDERMAL<br>SYSTEM, RA NICOTINE<br>PT24 TD 21 MG/24HR                                                | PV        |                       |
|                                                                                                                                                                                                                                                                                                                                                      |           |                      | APO-VARENICLINE<br>TABS                                                                                                                                                                                                                        | PV        | QL(2 EA daily);<br>PV |
|                                                                                                                                                                                                                                                                                                                                                      |           |                      | <i>bupropion hcl (smoking<br/>deterrent)</i>                                                                                                                                                                                                   | PV        | PV                    |
|                                                                                                                                                                                                                                                                                                                                                      |           |                      | NICODERM CQ PT24 TD<br>21 MG/24HR ( <i>nicotine</i> )                                                                                                                                                                                          | PV        |                       |
|                                                                                                                                                                                                                                                                                                                                                      |           |                      | NICODERM CQ PT24 TD<br>7 MG/24HR, 14 MG/24HR<br>( <i>nicotine</i> )                                                                                                                                                                            | PV        | PV                    |
|                                                                                                                                                                                                                                                                                                                                                      |           |                      | NICORETTE MINI LOZG<br>( <i>nicotine polacrilex</i> )                                                                                                                                                                                          | PV        | PV                    |
|                                                                                                                                                                                                                                                                                                                                                      |           |                      | NICORETTE STARTER<br>KIT GUM ( <i>nicotine<br/>polacrilex</i> )                                                                                                                                                                                | PV        | PV                    |

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| Drug Name                                                   | Drug Tier | Requirements/ Limits                                     | Drug Name                                                  | Drug Tier | Requirements/ Limits                                                      |
|-------------------------------------------------------------|-----------|----------------------------------------------------------|------------------------------------------------------------|-----------|---------------------------------------------------------------------------|
| NICORETTE GUM<br>( <i>nicotine polacrilex</i> )             | PV        | PV                                                       | TRIKAFTA TBPK 100 MG-50 MG                                 | SP        | Must use AcariaHealth Specialty Rx at 1-844-538-4661;; QL(3 EA daily); PA |
| NICORETTE LOZG<br>( <i>nicotine polacrilex</i> )            | PV        | PV                                                       |                                                            |           |                                                                           |
| <i>nicotine polacrilex</i> GUM                              | PV        | PV                                                       | TRIKAFTA THPK                                              | SP        | PA                                                                        |
| <i>nicotine polacrilex</i> LOZG                             | PV        | PV                                                       | Pulmonary Fibrosis Agents                                  |           |                                                                           |
| NICOTINE KIT                                                | PV        | PV                                                       | ESBRIET CAPS<br>( <i>pirfenidone</i> )                     | SP        | QL(3 EA daily); LA; PA                                                    |
| <i>nicotine</i> PT24 TD 7 MG/24HR, 14 MG/24HR               | PV        | PV                                                       | ESBRIET TABS<br>( <i>pirfenidone</i> )                     | SP        | QL(3 EA daily); LA; PA                                                    |
| <i>nicotine</i> PT24 TD 21 MG/24HR                          | PV        |                                                          | OFEV                                                       | SP        | QL(2 EA daily); PA                                                        |
| NICOTROL NS SOLN                                            | PV        | PV                                                       | <i>pirfenidone</i> CAPS                                    | SP        | QL(3 EA daily); LA; PA                                                    |
| NICOTROL INHA                                               | PV        | PV                                                       | <i>pirfenidone</i> TABS 534 MG                             | SP        | QL(3 EA daily); PA                                                        |
| <i>varenicline tartrate</i> TABS                            | PV        | QL(2 EA daily); PV                                       | <i>pirfenidone</i> TABS 267 MG, 801 MG                     | SP        | QL(3 EA daily); LA; PA                                                    |
| <i>varenicline tartrate</i> TBPK                            | PV        | PV                                                       | SULFONAMIDES - Drugs to Treat Bacterial Infections         |           |                                                                           |
| Transthyretin Amyloidosis Agents                            |           |                                                          | Sulfonamides                                               |           |                                                                           |
| TEGSEDI                                                     | SP        | PA                                                       | <i>sulfadiazine</i> TABS                                   | 1         |                                                                           |
| RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions |           |                                                          | TETRACYCLINES - Drugs to Treat Bacterial Infections        |           |                                                                           |
| Cystic Fibrosis Agents                                      |           |                                                          | Tetracyclines                                              |           |                                                                           |
| KALYDECO PACK                                               | SP        | PA                                                       | (Doxycycline (Monohydrate)) AVIDOXY TABS 100 MG            | 1         |                                                                           |
| KALYDECO TABS                                               | SP        | PA                                                       | (Doxycycline (Monohydrate)) MONDOXYNE NL CAPS 100 MG       | 2         |                                                                           |
| ORKAMBI PACK 94 MG-75 MG                                    | SP        | PA                                                       | <i>demeclocycline hcl</i> TABS                             | 1         |                                                                           |
| ORKAMBI PACK 125 MG-100 MG, 188 MG-150 MG                   | SP        | Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA | <i>doxycycline (monohydrate)</i> CAPS 50 MG, 75 MG, 100 MG | 2         |                                                                           |
| ORKAMBI TABS                                                | SP        | Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA | <i>doxycycline (monohydrate)</i> CAPS 150 MG               | 2         | ST                                                                        |
| PULMOZYME                                                   | 2         | QL(5 ML daily); PA                                       |                                                            |           |                                                                           |
| SYMDEKO                                                     | SP        | PA                                                       |                                                            |           |                                                                           |
| TRIKAFTA TBPK 50 MG-25 MG                                   | SP        | PA                                                       |                                                            |           |                                                                           |

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| Drug Name                                                                                           | Drug Tier | Requirements/ Limits | Drug Name                                                                                                                  | Drug Tier | Requirements/ Limits |
|-----------------------------------------------------------------------------------------------------|-----------|----------------------|----------------------------------------------------------------------------------------------------------------------------|-----------|----------------------|
| <i>doxycycline (monohydrate) SUSR</i>                                                               | 1         |                      | (Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG | 1         |                      |
| <i>doxycycline (monohydrate) TABS 75 MG, 150 MG</i>                                                 | 1         | ST                   | (Levothyroxine Sodium) LEVO-T TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG                      | 1         |                      |
| <i>doxycycline (monohydrate) TABS 50 MG, 100 MG</i>                                                 | 1         |                      | (Thyroid) NP THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG                                                               | 1         |                      |
| <i>doxycycline hyclate CAPS</i>                                                                     | 1         |                      | ADTHYZA TABS 32.5 MG, 65 MG, 130 MG                                                                                        | 3         |                      |
| <i>doxycycline hyclate TABS 20 MG, 100 MG</i>                                                       | 1         |                      | ADTHYZA TABS 16.25 MG, 97.5 MG                                                                                             | 2         |                      |
| <i>minocycline hcl CAPS</i>                                                                         | 1         |                      | ARMOUR THYROID TABS                                                                                                        | 2         |                      |
| <i>minocycline hcl CP24</i>                                                                         | 3         | ST                   | ARMOUR THYROID TABS                                                                                                        | 2         |                      |
| <i>minocycline hcl TABS 50 MG, 100 MG</i>                                                           | 1         |                      | CYTOMEL TABS 5 MCG ( <i>liothyronine sodium</i> )                                                                          | 2         |                      |
| <i>minocycline hcl TABS 75 MG</i>                                                                   | 1         | PA                   | CYTOMEL TABS 25 MCG, 50 MCG ( <i>liothyronine sodium</i> )                                                                 | 2         | QL(2 EA daily)       |
| TARGADOX TABS ( <i>doxycycline hyclate</i> )                                                        | NF        |                      | <i>levothyroxine sodium CAPS</i>                                                                                           | 2         |                      |
| <i>tetracycline hcl CAPS</i>                                                                        | 1         |                      | <i>levothyroxine sodium TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG</i>                        | 1         |                      |
| VIBRAMYCIN CAPS ( <i>doxycycline hyclate</i> )                                                      | NF        |                      | <i>levothyroxine sodium TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG</i>                                                        | 1         | QL(1 EA daily)       |
| VIBRAMYCIN SUSR ( <i>doxycycline (monohydrate)</i> )                                                | NF        |                      | <i>liothyronine sodium TABS 5 MCG</i>                                                                                      | 1         |                      |
| XIMINO CP24 ( <i>minocycline hcl</i> )                                                              | NF        |                      | <i>liothyronine sodium TABS 25 MCG, 50 MCG</i>                                                                             | 1         | QL(2 EA daily)       |
| THYROID AGENTS - Drugs to Regulate Thyroid Hormones                                                 |           |                      | NIVA THYROID TABS                                                                                                          | 1         |                      |
| Antithyroid Agents                                                                                  |           |                      |                                                                                                                            |           |                      |
| <i>methimazole TABS</i>                                                                             | 1         |                      |                                                                                                                            |           |                      |
| <i>propylthiouracil</i>                                                                             | 1         | QL(3 EA daily)       |                                                                                                                            |           |                      |
| Thyroid Hormones                                                                                    |           |                      |                                                                                                                            |           |                      |
| (Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG | 1         | QL(1 EA daily)       |                                                                                                                            |           |                      |

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| Drug Name                                                                                                                                           | Drug Tier | Requirements/ Limits | Drug Name                                                            | Drug Tier | Requirements/ Limits |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------|----------------------------------------------------------------------|-----------|----------------------|
| NP THYROID TABS                                                                                                                                     | 1         |                      | TETANUS-DIPHTHERIA TOXOIDS TD SUSP                                   | PV        |                      |
| SYNTHROID TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG ( <i>levothyroxine sodium</i> )                                                                   | 2         | QL(1 EA daily)       | ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions |           |                      |
| SYNTHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG ( <i>levothyroxine sodium</i> )                                   | 2         |                      | Antispasmodics                                                       |           |                      |
| THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG                                                                                                     | 1         |                      | (Hyoscyamine Sulfate) NULEV TBDP 0.125 MG                            | 1         |                      |
| THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG                                                                                                     | 1         |                      | (Hyoscyamine Sulfate) OSCIMIN SUBL 0.125 MG                          | 1         |                      |
| TIROSINT CAPS 13 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG ( <i>levothyroxine sodium</i> ) | NF        |                      | (Hyoscyamine Sulfate) OSCIMIN TABS 0.125 MG                          | 1         |                      |
| TIROSINT CAPS 37.5 MCG, 44 MCG, 62.5 MCG                                                                                                            | 2         |                      | ANASPAZ TBDP ( <i>hyoscyamine sulfate</i> )                          | NF        |                      |
| TOXOIDS                                                                                                                                             |           |                      | BELLADONNA ALKALOIDS-OPIMUM                                          | 3         |                      |
| Toxoid Combinations                                                                                                                                 |           |                      | <i>chlordiazepoxide hcl-clidinium bromide</i>                        | 1         |                      |
| ADACEL SUSP                                                                                                                                         | PV        |                      | CUVPOSA SOLN PO ( <i>glycopyrrolate</i> )                            | NF        |                      |
| BOOSTRIX SUSP                                                                                                                                       | PV        |                      | <i>dicyclomine hcl CAPS</i>                                          | 1         |                      |
| BOOSTRIX SUSY                                                                                                                                       | PV        |                      | <i>dicyclomine hcl SOLN PO</i>                                       | 1         |                      |
| DAPTACEL                                                                                                                                            | PV        |                      | <i>dicyclomine hcl TABS</i>                                          | 1         |                      |
| INFANRIX                                                                                                                                            | PV        |                      | GLYCATE TABS                                                         | 3         |                      |
| KINRIX SUSY                                                                                                                                         | PV        |                      | <i>glycopyrrolate SOLN PO 1 MG/5ML</i>                               | 1         |                      |
| PEDIARIX SUSY                                                                                                                                       | PV        |                      | <i>glycopyrrolate TABS 1 MG, 2 MG</i>                                | 1         |                      |
| PENTACEL                                                                                                                                            | PV        |                      | GLYCOPYRROLATE TABS                                                  | 3         |                      |
| QUADRACEL SUSP                                                                                                                                      | PV        |                      | <i>hyoscyamine sulfate SUBL 0.125 MG</i>                             | 1         |                      |
| QUADRACEL SUSY                                                                                                                                      | PV        |                      | <i>hyoscyamine sulfate TABS 0.125 MG</i>                             | 1         |                      |
| TDVAX SUSP                                                                                                                                          | PV        |                      | <i>hyoscyamine sulfate TB12 0.375 MG</i>                             | 1         |                      |
| TENIVAC INJ                                                                                                                                         | PV        |                      | <i>hyoscyamine sulfate TBDP 0.125 MG</i>                             | 1         |                      |
|                                                                                                                                                     |           |                      | LEVBIID TB12 ( <i>hyoscyamine sulfate</i> )                          | NF        |                      |
|                                                                                                                                                     |           |                      | LEVSIN/SL SUBL ( <i>hyoscyamine sulfate</i> )                        | NF        |                      |

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| Drug Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Drug Tier | Requirements/ Limits | Drug Name                                                                                                                                                 | Drug Tier | Requirements/ Limits                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------------------|
| LEVSIN TABS<br>( <i>hyoscyamine sulfate</i> )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | NF        |                      | <i>cimetidine</i> TABS 300 MG, 800 MG                                                                                                                     | 1         |                                              |
| LIBRAX<br>( <i>chlordiazepoxide hcl-clidinium bromide</i> )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | NF        |                      | <i>famotidine</i> SUSR                                                                                                                                    | 1         |                                              |
| <i>methscopolamine bromide</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1         |                      | <i>famotidine</i> TABS 20 MG                                                                                                                              | 1         | RX/OTC                                       |
| ROBINUL-FORTE TABS<br>( <i>glycopyrrolate</i> )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | NF        |                      | <i>famotidine</i> TABS 40 MG                                                                                                                              | 1         | QL(2 EA daily)                               |
| ROBINUL TABS<br>( <i>glycopyrrolate</i> )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | NF        |                      | <i>nizatidine</i> CAPS                                                                                                                                    | 1         |                                              |
| H-2 Antagonists                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |           |                      | PEPCID AC MAXIMUM STRENGTH TABS<br>( <i>famotidine</i> )                                                                                                  | NF        | RX/OTC                                       |
| (Famotidine) ACID CONTROL MAXIMUM STRENGTH, ACID CONTROLLER MAX ST, ACID REDUCER MAXIMUM STRENGTH, CVS ACID CONTROLLER MAX ST, EQ FAMOTIDINE MAX ST, EQL HEARTBURN PREVENTION, FAMOTIDINE MAXIMUM STRENGTH, FT ACID REDUCER MAX STRENGTH, GNP ACID REDUCER MAX ST, HEARTBURN RELIEF MAX ST, KLS ACID CONTROLLER MAX ST, MM ACID-PEP MAXIMUM STRENGTH, PX ACID REDUCER MAX ST, QC ACID CONTROLLER MAX ST, QC FAMOTIDINE ACID REDUCER, RA ACID REDUCER MAX ST, SB ACID CONTROLLER MAX ST, SM ACID REDUCER MAX ST, ZANTAC 360 MAX ST TABS 20 MG | 1         | RX/OTC               | PEPCID TABS 20 MG<br>( <i>famotidine</i> )                                                                                                                | NF        | RX/OTC                                       |
| <i>cimetidine hcl</i> PO 300 MG/5ML                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 1         |                      | PEPCID TABS 40 MG<br>( <i>famotidine</i> )                                                                                                                | NF        | QL(2 EA daily)                               |
| <i>cimetidine</i> TABS 400 MG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1         | QL(4 EA daily)       | Misc. Anti-Ulcer                                                                                                                                          |           |                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |           |                      | CARAFATE SUSP<br>( <i>sucralfate</i> )                                                                                                                    | NF        |                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |           |                      | CARAFATE TABS<br>( <i>sucralfate</i> )                                                                                                                    | NF        | QL(4 EA daily)                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |           |                      | <i>sucralfate</i> SUSP                                                                                                                                    | 1         |                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |           |                      | <i>sucralfate</i> TABS                                                                                                                                    | 1         | QL(4 EA daily)                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |           |                      | Proton Pump Inhibitors                                                                                                                                    |           |                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |           |                      | (Lansoprazole) CVS LANSOPRAZOLE, GOODSENSE LANSOPRAZOLE TBDD 15 MG                                                                                        | 1         | QL(2 EA daily); AL(Up to 12 yrs old); RX/OTC |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |           |                      | (Lansoprazole) EQ LANSOPRAZOLE, EQL LANSOPRAZOLE, FT ACID REDUCER, GNP LANSOPRAZOLE, GOODSENSE LANSOPRAZOLE, KLS LANSOPRAZOLE, SM LANSOPRAZOLE CPDR 15 MG | 1         | RX/OTC                                       |

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| Drug Name                                                                                                                                                           | Drug Tier | Requirements/ Limits                         | Drug Name                                                            | Drug Tier | Requirements/ Limits                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------------------|----------------------------------------------------------------------|-----------|----------------------------------------------|
| (Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE MAGNESIUM, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR       | 1         | QL(1 EA daily)                               | <i>omeprazole CPDR 20 MG, 40 MG</i>                                  | 1         | QL(1 EA daily)                               |
|                                                                                                                                                                     |           |                                              | <i>omeprazole CPDR 10 MG</i>                                         | 1         |                                              |
|                                                                                                                                                                     |           |                                              | <i>pantoprazole sodium PACK</i>                                      | 1         | QL(1 EA daily)                               |
|                                                                                                                                                                     |           |                                              | <i>pantoprazole sodium TBEC</i>                                      | 1         | QL(1 EA daily)                               |
|                                                                                                                                                                     |           |                                              | PREVACID 24HR CPDR ( <i>lansoprazole</i> )                           | NF        | RX/OTC                                       |
| (Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE MAGNESIUM, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR 20 MG | 1         | QL(1 EA daily)                               | PREVACID SOLUTAB TBDD 30 MG ( <i>lansoprazole</i> )                  | NF        | QL(1 EA daily); AL(Up to 12 yrs old)         |
|                                                                                                                                                                     |           |                                              | PREVACID SOLUTAB TBDD 15 MG ( <i>lansoprazole</i> )                  | NF        | QL(2 EA daily); AL(Up to 12 yrs old); RX/OTC |
|                                                                                                                                                                     |           |                                              | PREVACID CPDR 30 MG ( <i>lansoprazole</i> )                          | NF        | QL(1 EA daily)                               |
|                                                                                                                                                                     |           |                                              | PRILOSEC PACK                                                        | 3         | PA                                           |
|                                                                                                                                                                     |           |                                              | PROTONIX PACK ( <i>pantoprazole sodium</i> )                         | NF        | QL(1 EA daily)                               |
| (Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE MAGNESIUM, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR       | 1         | QL(1 EA daily)                               | PROTONIX TBEC ( <i>pantoprazole sodium</i> )                         | NF        | QL(1 EA daily)                               |
|                                                                                                                                                                     |           |                                              | RABEPRAZOLE SODIUM CPSP                                              | 3         | PA                                           |
|                                                                                                                                                                     |           |                                              | <i>rabeprazole sodium TBEC</i>                                       | 1         | QL(1 EA daily); PA                           |
|                                                                                                                                                                     |           |                                              | Ulcer Drugs - Prostaglandins                                         |           |                                              |
|                                                                                                                                                                     |           |                                              | CYTOTEC ( <i>misoprostol</i> )                                       | NF        |                                              |
|                                                                                                                                                                     |           |                                              | <i>misoprostol</i>                                                   | 1         |                                              |
| ACIPHEX TBEC ( <i>rabeprazole sodium</i> )                                                                                                                          | NF        | QL(1 EA daily); PA                           | Ulcer Therapy Combinations                                           |           |                                              |
| <i>lansoprazole CPDR 15 MG</i>                                                                                                                                      | 1         | RX/OTC                                       | <i>amoxicillin-clarithromycin w/ lansoprazole THPK</i>               | 1         | 14 day(s) max supply per 365 day(s) retail   |
| <i>lansoprazole CPDR 30 MG</i>                                                                                                                                      | 1         | QL(1 EA daily)                               | URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms |           |                                              |
| <i>lansoprazole TBDD 30 MG</i>                                                                                                                                      | 1         | QL(1 EA daily); AL(Up to 12 yrs old)         | Urinary Antispasmodic - Antimuscarinics (Anticholinergic)            |           |                                              |
| <i>lansoprazole TBDD 15 MG</i>                                                                                                                                      | 1         | QL(2 EA daily); AL(Up to 12 yrs old); RX/OTC | <i>darifenacin hydrobromide</i>                                      | 2         |                                              |
| <i>omeprazole magnesium CPDR</i>                                                                                                                                    | 1         | QL(1 EA daily)                               | DETROL LA CP24 ( <i>tolterodine tartrate</i> )                       | NF        | QL(1 EA daily)                               |

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| Drug Name                                               | Drug Tier | Requirements/ Limits | Drug Name                                 | Drug Tier | Requirements/ Limits                                                                            |
|---------------------------------------------------------|-----------|----------------------|-------------------------------------------|-----------|-------------------------------------------------------------------------------------------------|
| DETROL TABS<br>( <i>tolterodine tartrate</i> )          | NF        | QL(2 EA daily)       | AFLURIA<br>PRESERVATIVE FREE<br>SUSY      | PV        | Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail |
| <i>fesoterodine fumarate</i>                            | 1         | QL(1 EA daily)       |                                           |           |                                                                                                 |
| <i>oxybutynin chloride TABS 5 MG</i>                    | 1         | QL(4 EA daily)       |                                           |           |                                                                                                 |
| <i>oxybutynin chloride TB24</i>                         | 1         |                      |                                           |           |                                                                                                 |
| <i>solifenacin succinate TABS 5 MG</i>                  | 1         |                      | AFLURIA<br>QUADRIVALENT SUSP              | PV        | Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail |
| <i>solifenacin succinate TABS 10 MG</i>                 | 1         | QL(1 EA daily)       |                                           |           |                                                                                                 |
| <i>tolterodine tartrate CP24</i>                        | 1         | QL(1 EA daily)       |                                           |           |                                                                                                 |
| <i>tolterodine tartrate TABS</i>                        | 1         | QL(2 EA daily)       |                                           |           |                                                                                                 |
| TOVIAZ ( <i>fesoterodine fumarate</i> )                 | NF        | QL(1 EA daily)       | AFLURIA<br>QUADRIVALENT SUSY<br>0.5 ML    | PV        | Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail |
| <i>trospium chloride CP24</i>                           | 1         |                      |                                           |           |                                                                                                 |
| <i>trospium chloride TABS</i>                           | 1         | QL(2 EA daily)       |                                           |           |                                                                                                 |
| VESICARE TABS 5 MG<br>( <i>solifenacin succinate</i> )  | NF        |                      | AFLURIA SUSP                              | PV        | 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail                          |
| VESICARE TABS 10 MG<br>( <i>solifenacin succinate</i> ) | NF        | QL(1 EA daily)       |                                           |           |                                                                                                 |
| Urinary Antispasmodics - Cholinergic Agonists           |           |                      |                                           |           |                                                                                                 |
| <i>bethanechol chloride</i>                             | 1         |                      | COMIRNATY 5-11 YEARS<br>SUSP 10 MCG/0.3ML | PV        |                                                                                                 |
| Urinary Antispasmodics - Direct Muscle Relaxants        |           |                      | COMIRNATY SUSP                            | PV        |                                                                                                 |
| <i>flavoxate hcl</i>                                    | 1         |                      | COMIRNATY SUSY                            | PV        |                                                                                                 |
| <b>VACCINES</b>                                         |           |                      | ENGERIX-B SUSP 20<br>MCG/ML               | PV        |                                                                                                 |
| Bacterial Vaccines                                      |           |                      | ENGERIX-B SUSY                            | PV        |                                                                                                 |
| ACTHIB SOLR IM                                          | PV        |                      | FLUAD                                     | PV        | 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail                          |
| BEXSERO 0.5 ML                                          | PV        |                      |                                           |           |                                                                                                 |
| MENQUADFI 0.5 ML                                        | PV        |                      | FLUAD QUADRIVALENT                        | PV        |                                                                                                 |
| MENVEO SOLR                                             | PV        |                      | FLUARIX<br>QUADRIVALENT SUSY              | PV        | Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail |
| PEDVAX HIB SUSP                                         | PV        |                      |                                           |           |                                                                                                 |
| PNEUMOVAX 23 SOLN                                       | PV        |                      |                                           |           |                                                                                                 |
| PNEUMOVAX 23 SOSY                                       | PV        |                      |                                           |           |                                                                                                 |
| PREVNAR 13                                              | PV        |                      |                                           |           |                                                                                                 |
| TRUMENBA 0.5 ML                                         | PV        |                      |                                           |           |                                                                                                 |
| Viral Vaccines                                          |           |                      |                                           |           |                                                                                                 |

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| Drug Name                   | Drug Tier | Requirements/ Limits                                                                            | Drug Name                      | Drug Tier | Requirements/ Limits                                                                            |
|-----------------------------|-----------|-------------------------------------------------------------------------------------------------|--------------------------------|-----------|-------------------------------------------------------------------------------------------------|
| FLUARIX SUSY                | PV        | Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail | FLULAVAL SUSY                  | PV        | Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail |
| FLUBLOK QUADRIVALENT        | PV        | Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail | FLUMIST                        | PV        | 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail                          |
| FLUBLOK SOSY                | PV        | 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail                          | FLUMIST QUADRIVALENT           | PV        |                                                                                                 |
| FLUCELVAX QUADRIVALENT SUSP | PV        | Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail | FLUZONE HIGH-DOSE QUADRIVALENT | PV        |                                                                                                 |
| FLUCELVAX QUADRIVALENT SUSY | PV        | Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail | FLUZONE HIGH-DOSE SUSY         | PV        | 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail                          |
| FLUCELVAX SUSP              | PV        | 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail                          | FLUZONE QUADRIVALENT SUSP      | PV        | Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail |
| FLUCELVAX SUSY              | PV        | 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail                          | FLUZONE QUADRIVALENT SUSY      | PV        | Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail |
| FLULAVAL QUADRIVALENT SUSY  | PV        | Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail | FLUZONE SUSP                   | PV        | 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail                          |
|                             |           |                                                                                                 | FLUZONE SUSY                   | PV        | Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail |
|                             |           |                                                                                                 | GARDASIL 9 SUSP 0.5 ML         | PV        |                                                                                                 |

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| Drug Name                                   | Drug Tier | Requirements/ Limits     | Drug Name                                             | Drug Tier | Requirements/ Limits     |
|---------------------------------------------|-----------|--------------------------|-------------------------------------------------------|-----------|--------------------------|
| GARDASIL 9 SUSY 0.5 ML                      | PV        |                          | ROTARIX SUSR                                          | PV        |                          |
| HAVRIX 1440 EL U/ML                         | PV        |                          | ROTATEQ SOLN                                          | PV        |                          |
| HAVRIX IM 720 EL U/0.5ML                    | PV        |                          | SHINGRIX                                              | PV        | AL (At least 50 yrs old) |
| HEPLISAV-B SOSY                             | PV        |                          | SPIKEVAX 6M-11Y SUSY 25 MCG/0.25ML                    | PV        |                          |
| M-M-R II SOLR                               | PV        |                          | SPIKEVAX SUSP                                         | PV        |                          |
| MNEXSPIKE SUSY 10 MCG/0.2ML                 | PV        |                          | SPIKEVAX SUSY                                         | PV        |                          |
| MODERNA COVID-19 BIVALENT                   | PV        |                          | TWINRIX SUSY                                          | PV        |                          |
| MODERNA COVID-19 VAC 6M-11Y SUSP            | PV        |                          | VAQTA                                                 | PV        |                          |
| MODERNA COVID-19 VAC 6M-11Y SUSY            | PV        |                          | VARIVAX SUSR                                          | PV        |                          |
| MODERNA COVID-19 VACCINE SUSP               | PV        |                          | <b>VAGINAL AND RELATED PRODUCTS</b>                   |           |                          |
| MODERNA COVID-19 VACCINE SUSY               | PV        |                          | <b>Spermicides</b>                                    |           |                          |
| MRESVIA                                     | PV        | AL (At least 60 yrs old) | ENCARE SUPP 100 MG                                    | PV        | PV                       |
| NOVAVAX COVID-19 VACCINE SUSP               | PV        |                          | OPTIONS GYNOL II CONTRACEPTIVE GEL                    | PV        | PV                       |
| NOVAVAX COVID-19 VACCINE SUSY               | PV        |                          | TODAY SPONGE MISC                                     | PV        | PV                       |
| NUVAXOVID COVID-19 VACCINE SUSY 5 MCG/0.5ML | PV        |                          | VCF VAGINAL CONTRACEPTIVE FILM                        | PV        | PV                       |
| PFIZER COVID-19 VAC BIVALENT                | PV        |                          | VCF VAGINAL CONTRACEPTIVE FOAM                        | PV        | PV                       |
| PFIZER COVID-19 VAC-TRIS 5-11Y SUSP         | PV        |                          | VCF VAGINAL CONTRACEPTIVE GEL                         | PV        | PV                       |
| PFIZER COVID-19 VAC-TRIS 6M-4Y SUSP         | PV        |                          | <b>Vaginal Anti-infectives</b>                        |           |                          |
| PFIZER-BIONT COVID-19 VAC-TRIS SUSP         | PV        |                          | (Miconazole Nitrate Vaginal) MICONAZOLE 3 SUPP 200 MG | 1         |                          |
| PFIZER-BIONTECH COVID-19 VACC SUSP          | PV        |                          | CLEOCIN CREA ( <i>clindamycin phosphate vaginal</i> ) | NF        |                          |
| PRIORIX SUSR                                | PV        |                          | CLEOCIN SUPP                                          | 3         |                          |
| PROQUAD SUSR                                | PV        |                          | <i>clindamycin phosphate vaginal CREA</i>             | 1         |                          |
| RECOMBIVAX HB SUSP                          | PV        |                          | CLINDESSE                                             | 3         |                          |
| RECOMBIVAX HB SUSY                          | PV        |                          | GYNAZOLE-1                                            | 3         |                          |
| ROTARIX SUSP                                | PV        |                          | <i>metronidazole vaginal</i>                          | 1         |                          |
|                                             |           |                          | <i>terconazole vaginal CREA</i>                       | 1         |                          |
|                                             |           |                          | <i>terconazole vaginal SUPP</i>                       | 1         |                          |
|                                             |           |                          | VANDAZOLE                                             | 2         |                          |

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| Drug Name                                                      | Drug Tier | Requirements/ Limits                                                                        |
|----------------------------------------------------------------|-----------|---------------------------------------------------------------------------------------------|
| Vaginal Contraceptive - pH Modulators                          |           |                                                                                             |
| PHEXXI                                                         | PV        | PV                                                                                          |
| Vaginal Estrogens                                              |           |                                                                                             |
| (Estradiol Vaginal)<br>YUVAFEM TABS                            | 1         |                                                                                             |
| ESTRACE CREA<br>( <i>estradiol vaginal</i> )                   | NF        |                                                                                             |
| <i>estradiol vaginal CREA</i>                                  | 1         |                                                                                             |
| <i>estradiol vaginal TABS</i>                                  | 1         |                                                                                             |
| ESTRING RING 7.5<br>MCG/24HR                                   | 2         | QL(1 EA per fill retail; 1 per fill mail)                                                   |
| FEMRING                                                        | 3         | QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail)                                        |
| PREMARIN                                                       | 2         | QL(2 GM daily)                                                                              |
| VAGIFEM TABS<br>( <i>estradiol vaginal</i> )                   | NF        |                                                                                             |
| Vaginal Progestins                                             |           |                                                                                             |
| CRINONE GEL 8 %                                                | 3         | PA                                                                                          |
| ENDOMETRIN INST                                                | 3         | PA                                                                                          |
| VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions |           |                                                                                             |
| Anaphylaxis Therapy Agents                                     |           |                                                                                             |
| <i>epinephrine (anaphylaxis)</i><br>SOAJ                       | 2         | QL(4 EA per 30 day(s) retail; 4 EA per 30 days mail)                                        |
| <i>epinephrine (anaphylaxis)</i><br>SOAJ 0.15 MG/0.3ML         | 2         | QL(2 EA per fill retail; 4 EA per 30 day(s) retail)                                         |
| EPIPEN 2-PAK SOAJ<br>( <i>epinephrine (anaphylaxis)</i> )      | NF        | QL(4 EA per 30 day(s) retail; 4 EA per 30 days mail)                                        |
| EPIPEN JR 2-PAK SOAJ<br>( <i>epinephrine (anaphylaxis)</i> )   | NF        | Must try epinephrine auto-injector ;<br>QL(2 EA per fill retail; 4 EA per 30 day(s) retail) |

| Drug Name                                         | Drug Tier | Requirements/ Limits |
|---------------------------------------------------|-----------|----------------------|
| Neurogenic Orthostatic Hypotension (NOH) - Agents |           |                      |
| <i>droxidopa</i>                                  | SP        | PA                   |
| NORTHERA ( <i>droxidopa</i> )                     | SP        | PA                   |
| Vasopressors                                      |           |                      |
| <i>midodrine hcl</i>                              | 1         |                      |
| VITAMINS                                          |           |                      |
| Oil Soluble Vitamins                              |           |                      |
| DRISDOL CAPS<br>( <i>ergocalciferol</i> )         | NF        |                      |
| <i>ergocalciferol CAPS</i>                        | 1         |                      |
| <i>phytonadione TABS 5 MG</i>                     | 2         |                      |

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| (Icatibant Acetate) SAJAZIR SOSY<br>79                                                                                       | (Levetiracetam) ROWEEPRA TABS<br>500 MG ..... 18                                                                                                                                                                                                                                                             | (Levonorgestrel-Ethinyl Estradiol (91-<br>Day)) AMETHIA, ASHLYNA,<br>CAMRESE, CAMRESE LO,<br>DAYSEE, ICLEVIA, INTROVALE,<br>JAIMIESS, JOLESSA, LOJAIMIESS,<br>RIVELSA, ROSYRAH, SETLAKIN,<br>SIMPESSE ..... 53                 |
| (Indomethacin) INDOCIN SUPP .... 4                                                                                           | (Levocetirizine Dihydrochloride)<br>ALLERGY RELIEF, CVS ALLERGY<br>RELIEF, EQ ALLERGY RELIEF,<br>GNP ALLERGY RELIEF 24 HR<br>TABS ..... 29                                                                                                                                                                   | (Levonorgestrel-Ethinyl Estradiol (91-<br>Day)) AMETHIA, ASHLYNA,<br>CAMRESE, CAMRESE LO,<br>DAYSEE, ICLEVIA, INTROVALE,<br>JAIMIESS, JOLESSA, LOJAIMIESS,<br>RIVELSA, ROSYRAH, SETLAKIN,<br>SIMPESSE 0.03 MG-0.15 MG ..... 53 |
| (Iodoquinol-Hydrocortisone In Aloe<br>Vehicle) IODOQUIMEZ-HC ..... 62                                                        | (Levonorgestrel & Eth Estradiol)<br>AFIRMELLE, ALTAVERA, AUBRA<br>EQ, AVIANE, AYUNA, CHATEAL<br>EQ, DELYLA, FALMINA, KURVELO,<br>LESSINA, LEVORA 0.15/30 (28),<br>LUTERA, MARLISSA, ORSYTHIA,<br>PORTIA-28, SRONYX, VIENVA<br>TABS 0.03 MG-0.15 MG ..... 53                                                  | (Levonorgestrel-Ethinyl Estradiol<br>(Continuous)) AMETHYST,<br>DOLISHALE ..... 53                                                                                                                                             |
| (Isotretinoin) ACCUTANE,<br>AMNESTEEM, CLARAVIS,<br>ZENATANE 10 MG ..... 59                                                  | (Levonorgestrel & Eth Estradiol)<br>AFIRMELLE, ALTAVERA, AUBRA<br>EQ, AVIANE, AYUNA, CHATEAL<br>EQ, DELYLA, FALMINA, KURVELO,<br>LESSINA, LEVORA 0.15/30 (28),<br>LUTERA, MARLISSA, ORSYTHIA,<br>PORTIA-28, SRONYX, VIENVA<br>TABS 20 MCG-0.1 MG ..... 53                                                    | (Levothyroxine Sodium) EUTHYROX,<br>LEVO-T, LEVOXYL, UNITHROID<br>TABS 112 MCG, 125 MCG, 175<br>MCG, 200 MCG ..... 120                                                                                                         |
| (Isotretinoin) ACCUTANE,<br>AMNESTEEM, CLARAVIS,<br>ZENATANE 20 MG ..... 59                                                  | (Levonorgestrel & Eth Estradiol)<br>AFIRMELLE, ALTAVERA, AUBRA<br>EQ, AVIANE, AYUNA, CHATEAL<br>EQ, DELYLA, FALMINA, KURVELO,<br>LESSINA, LEVORA 0.15/30 (28),<br>LUTERA, MARLISSA, ORSYTHIA,<br>PORTIA-28, SRONYX, VIENVA<br>TABS 25 MCG, 50 MCG, 75 MCG,<br>88 MCG, 100 MCG, 137 MCG, 150<br>MCG ..... 120 | (Levothyroxine Sodium) LEVO-T<br>TABS 25 MCG, 50 MCG, 75 MCG,<br>88 MCG, 100 MCG, 137 MCG, 150<br>MCG, 300 MCG ..... 120                                                                                                       |
| (Isotretinoin) ACCUTANE,<br>AMNESTEEM, CLARAVIS,<br>ZENATANE 30 MG ..... 60                                                  | (Levonorgestrel (Emergency OC))<br>AFTERA, AFTERPILL, CURAE,                                                                                                                                                                                                                                                 | (Lidocaine) LIDOCAN, TRIDACAINE<br>II, TRIDACAINE III PTCH 5 % ..... 69                                                                                                                                                        |
| (Isotretinoin) ACCUTANE,<br>AMNESTEEM, CLARAVIS,<br>ZENATANE 40 MG ..... 60                                                  |                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                |
| (Ketoconazole (Topical)) KETODAN<br>FOAM ..... 62                                                                            |                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                |
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| (Lactulose) CONSTULOSE SOLN 10<br>GM/15ML ..... 82                                                                           |                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                |
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| (Lamotrigine) SUBVENITE<br>STARTER KIT-BLUE, SUBVENITE<br>STARTER KIT-GREEN, SUBVENITE<br>STARTER KIT-ORANGE KIT ..... 18    |                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                |
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| (Loperamide Hcl) ANTI-DIARRHEAL, CVS ANTI-DIARRHEAL, EQ ANTI-DIARRHEAL, FT ANTI-DIARRHEAL, GNP ANTI-DIARRHEAL, QC ANTI-DIARRHEAL CAPS .....                                                                              | 26  | POLACRILEX, FT NICOTINE, FT NICOTINE MINI, GNP NICOTINE MINI, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, NICOTINE MINI, NICOTINE POLACRILEX MINI, PX STOP SMOKING AID, RA MINI NICOTINE, RA NICOTINE POLACRILEX, SM NICOTINE POLACRILEX LOZG 2 MG .....                                                                                       | 117 | POLACRILEX, FT NICOTINE, GNP NICOTINE, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE, KLS QUIT2, KLS QUIT4, PX STOP SMOKING AID, RA NICOTINE, RA NICOTINE GUM, SM NICOTINE, SM NICOTINE POLACRILEX, THRIVE GUM 2 MG 118                                                                                       |
| (Lorazepam) LORAZEPAM INTENSOL CONC .....                                                                                                                                                                                | 12  |                                                                                                                                                                                                                                                                                                                                                                                               |     | (Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE POLACRILEX, EQ NICOTINE, EQ NICOTINE POLACRILEX, FT NICOTINE, GNP NICOTINE, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE, KLS QUIT2, KLS QUIT4, PX STOP SMOKING AID, RA NICOTINE, RA NICOTINE GUM, SM NICOTINE, SM NICOTINE POLACRILEX, THRIVE GUM 4 MG 118 |
| (Meclizine Hcl) BONINE, CVS MOTION SICKNESS RELIEF, DRAMAMINE MOTION SICKNESS, FT MOTION SICKNESS, GNP MOTION SICKNESS RELIEF, MOTION SICKNESS RELIEF, MOTION-TIME, QC TRAVEL EASE, RA MOTION SICKNESS RELIEF CHEW ..... | 27  | (Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE POLACRILEX, EQ NICOTINE, EQ NICOTINE POLACRILEX, FT NICOTINE, FT NICOTINE MINI, GNP NICOTINE MINI, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, NICOTINE MINI, NICOTINE POLACRILEX MINI, PX STOP SMOKING AID, RA MINI NICOTINE, RA NICOTINE POLACRILEX, SM NICOTINE POLACRILEX LOZG 4 MG ..... | 117 | (Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE POLACRILEX, EQ NICOTINE, EQ NICOTINE POLACRILEX, FT NICOTINE, GNP NICOTINE, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE, KLS QUIT2, KLS QUIT4, PX STOP SMOKING AID, RA NICOTINE, RA NICOTINE GUM, SM NICOTINE, SM NICOTINE POLACRILEX, THRIVE GUM .... 117 |
| (Methadone Hcl) METHADONE HCL INTENSOL CONC .....                                                                                                                                                                        | 7   |                                                                                                                                                                                                                                                                                                                                                                                               |     |                                                                                                                                                                                                                                                                                                             |
| (Methadone Hcl) METHADOSE TBSO .....                                                                                                                                                                                     | 7   |                                                                                                                                                                                                                                                                                                                                                                                               |     |                                                                                                                                                                                                                                                                                                             |
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| NICOTINE, NICOTINE STEP 2,<br>NICOTINE STEP 3, QC NICOTINE<br>TRANSDERMAL SYSTEM, RA<br>NICOTINE PT24 TD 7 MG/24HR, 14<br>MG/24HR ..... 118                                                                                                                                                                                                                                                                                                                                                                                  | HAILEY FE 1.5/30, HAILEY FE 1/20,<br>JUNEL FE 1.5/30, JUNEL FE 1/20,<br>JUNEL FE 24, LARIN 24 FE, LARIN<br>FE 1.5/30, LARIN FE 1/20,<br>LOESTRIN FE 1.5/30, LOESTRIN<br>FE 1/20, MICROGESTIN 24 FE,<br>MICROGESTIN FE 1.5/30,<br>MICROGESTIN FE 1/20, TARINA 24<br>FE, TARINA FE 1/20 EQ TABS 1.5<br>MG-30 MCG-75 MG ..... 54                                                                                                                                                                         | 0.5/35 (28), NORTREL 1/35 (21),<br>NORTREL 1/35 (28), NYLIA 1/35,<br>PHILITH, VYFEMLA, WERA 35<br>MCG-0.5 MG ..... 55                                                                                                                                                                            |
| (Nicotine) CVS NICOTINE, EQ<br>NICOTINE, EQ NICOTINE STEP 3,<br>FT NICOTINE, GNP NICOTINE, HM<br>NICOTINE, NICOTINE STEP 2,<br>NICOTINE STEP 3, QC NICOTINE<br>TRANSDERMAL SYSTEM, RA<br>NICOTINE PT24 TD 7 MG/24HR 118                                                                                                                                                                                                                                                                                                      | (Norethin Acet & Estrad-Fe)<br>AUROVELA 24 FE, AUROVELA FE<br>1.5/30, AUROVELA FE 1/20,<br>BLISOVI 24 FE, BLISOVI FE 1.5/30,<br>BLISOVI FE 1/20, FEIRZA 1.5/30,<br>FEIRZA 1/20, HAILEY 24 FE,<br>HAILEY FE 1.5/30, HAILEY FE 1/20,<br>JUNEL FE 1.5/30, JUNEL FE 1/20,<br>JUNEL FE 24, LARIN 24 FE, LARIN<br>FE 1.5/30, LARIN FE 1/20,<br>LOESTRIN FE 1.5/30, LOESTRIN<br>FE 1/20, MICROGESTIN 24 FE,<br>MICROGESTIN FE 1.5/30,<br>MICROGESTIN FE 1/20, TARINA 24<br>FE, TARINA FE 1/20 EQ TABS ... 54 | (Norethindrone & Eth Estradiol)<br>ALYACEN 1/35, BALZIVA,<br>BRIELLYN, DASETTA 1/35 (28),<br>NECON 0.5/35 (28), NORTREL<br>0.5/35 (28), NORTREL 1/35 (21),<br>NORTREL 1/35 (28), NYLIA 1/35,<br>PHILITH, VYFEMLA, WERA 35<br>MCG-1 MG ..... 55                                                   |
| (Nicotine) CVS NICOTINE, EQ<br>NICOTINE, FT NICOTINE, GNP<br>NICOTINE, HABITROL, HM<br>NICOTINE, NICOTINE STEP 1, QC<br>NICOTINE TRANSDERMAL<br>SYSTEM, RA NICOTINE PT24 TD<br>21 MG/24HR ..... 118                                                                                                                                                                                                                                                                                                                          | (Norethindrone & Ethinyl Estradiol-<br>Fe) GALBRIELA, KAITLIB FE,<br>LAYOLIS FE, WYMZYA FE, XELRIA<br>FE ..... 55                                                                                                                                                                                                                                                                                                                                                                                     | (Norethindrone & Ethinyl Estradiol-<br>Fe) GALBRIELA, KAITLIB FE,<br>LAYOLIS FE, WYMZYA FE, XELRIA<br>FE 25 MCG-0.8 MG-75 MG ..... 55                                                                                                                                                            |
| (Norelgestromin-Ethinyl Estradiol)<br>XULANE, ZAFEMY ..... 56                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (Norethin Acet & Estrad-Fe)<br>CHARLOTTE 24 FE, FINZALA,<br>MIBELAS 24 FE CHEW ..... 54                                                                                                                                                                                                                                                                                                                                                                                                               | (Norethindrone & Ethinyl Estradiol-<br>Fe) GALBRIELA, KAITLIB FE,<br>LAYOLIS FE, WYMZYA FE, XELRIA<br>FE 35 MCG-0.4 MG ..... 55                                                                                                                                                                  |
| (Norethin Acet & Estrad-Fe)<br>AUROVELA 24 FE, AUROVELA FE<br>1.5/30, AUROVELA FE 1/20,<br>BLISOVI 24 FE, BLISOVI FE 1.5/30,<br>BLISOVI FE 1/20, FEIRZA 1.5/30,<br>FEIRZA 1/20, HAILEY 24 FE,<br>HAILEY FE 1.5/30, HAILEY FE 1/20,<br>JUNEL FE 1.5/30, JUNEL FE 1/20,<br>JUNEL FE 24, LARIN 24 FE, LARIN<br>FE 1.5/30, LARIN FE 1/20,<br>LOESTRIN FE 1.5/30, LOESTRIN<br>FE 1/20, MICROGESTIN 24 FE,<br>MICROGESTIN FE 1.5/30,<br>MICROGESTIN FE 1/20, TARINA 24<br>FE, TARINA FE 1/20 EQ TABS 1<br>MG-20 MCG-75 MG ..... 54 | (Norethin Acet & Estrad-Fe)<br>GEMMILY, MERZEE, TAYSOFY<br>CAPS ..... 54                                                                                                                                                                                                                                                                                                                                                                                                                              | (Norethindrone (Contraceptive))<br>CAMILA, DEBLITANE, EMZAHH,<br>ERRIN, HEATHER, INCASSIA,<br>JENCYCLA, LYLEQ, LYZA,<br>MELEYA, NORA-BE, NORLYROC,<br>ORQUIDEA, SHAROBEL ..... 57                                                                                                                |
| (Norethin Acet & Estrad-Fe)<br>AUROVELA 24 FE, AUROVELA FE<br>1.5/30, AUROVELA FE 1/20,<br>BLISOVI 24 FE, BLISOVI FE 1.5/30,<br>BLISOVI FE 1/20, FEIRZA 1.5/30,<br>FEIRZA 1/20, HAILEY 24 FE,                                                                                                                                                                                                                                                                                                                                | (Norethindrone & Eth Estradiol)<br>ALYACEN 1/35, BALZIVA,<br>BRIELLYN, DASETTA 1/35 (28),<br>NECON 0.5/35 (28), NORTREL<br>0.5/35 (28), NORTREL 1/35 (21),<br>NORTREL 1/35 (28), NYLIA 1/35,<br>PHILITH, VYFEMLA, WERA 35<br>MCG-0.4 MG ..... 54                                                                                                                                                                                                                                                      | (Norethindrone Acet & Eth Estra)<br>AUROVELA 1.5/30, AUROVELA<br>1/20, HAILEY 1.5/30, JUNEL 1.5/30,<br>JUNEL 1/20, LARIN 1.5/30, LARIN<br>1/20, LOESTRIN 1.5/30 (21),<br>LOESTRIN 1/20 (21), LUIZZA 1.5/30,<br>LUIZZA 1/20, MICROGESTIN 1.5/30,<br>MICROGESTIN 1/20 TABS 1 MG-20<br>MCG ..... 55 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | (Norethindrone & Eth Estradiol)<br>ALYACEN 1/35, BALZIVA,<br>BRIELLYN, DASETTA 1/35 (28),<br>NECON 0.5/35 (28), NORTREL                                                                                                                                                                                                                                                                                                                                                                               | (Norethindrone Acet & Eth Estra)<br>AUROVELA 1.5/30, AUROVELA<br>1/20, HAILEY 1.5/30, JUNEL 1.5/30,                                                                                                                                                                                              |

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| JUNEL 1/20, LARIN 1.5/30, LARIN 1/20, LOESTRIN 1.5/30 (21), LUIZZA 1/20 (21), LUIZZA 1.5/30, LUIZZA 1/20, MICROGESTIN 1.5/30, MICROGESTIN 1/20 TABS 1.5 MG-30 MCG .....                                                                                   | 55  | MG .....                                                                                                                                                                                                                                                  | 56  | ENDOCET TABS 325 MG-5 MG ....                                                                                                                                                                                                                                                            | 9   |
| (Norethindrone Acet & Eth Estra) AUROVELA 1.5/30, AUROVELA 1/20, HAILEY 1.5/30, JUNEL 1.5/30, JUNEL 1/20, LARIN 1.5/30, LARIN 1/20, LOESTRIN 1.5/30 (21), LOESTRIN 1/20 (21), LUIZZA 1.5/30, LUIZZA 1/20, MICROGESTIN 1.5/30, MICROGESTIN 1/20 TABS ..... | 55  | (Nystatin (Topical)) KLAYESTA, NYAMYC, NYSTOP POWD EX ...                                                                                                                                                                                                 | 62  | (Ped Multivitamins W/FI & Iron) MULTI-VITAMIN/FLUORIDE/IRON SOLN 35 MG/ML-0.4 MG/ML-0.5 MG/ML-400 UNIT/ML-1500 UNIT/ML-0.6 MG/ML-8 MG/ML-0.25 MG/ML-10 MG/ML-5 UNIT/ML ...                                                                                                               | 105 |
| (Norethindrone Acetate) GALLIFREY TABS .....                                                                                                                                                                                                              | 114 | (Olopatadine Hcl) ADVANCED EYE RELIEF, CVS OLOPATADINE HCL, EQ OLOPATADINE HCL, EYE ALLERGY ITCH RELIEF, FT EYE ALLERGY ITCH RELIEF, GNP OLOPATADINE HCL, HM EYE ALLERGY ITCH RELIEF, QC OLOPATADINE HCL, RETAINE ALLERGY, SM OLOPATADINE HCL 0.2 % ..... | 112 | (Pediatric Multivitamins W/FI) MULTIVITAMIN/FLUORIDE CHEW                                                                                                                                                                                                                                | 105 |
| (Norethindrone Acetate-Ethinyl Estradiol) FYAVOLV, JINTELI ....                                                                                                                                                                                           | 74  | (Olopatadine Hcl) CVS OLOPATADINE HCL, EQ OLOPATADINE HCL, EYE ALLERGY ITCH/REDNESS REL, FT EYE ALLERGY ITCH & REDNESS, GNP OLOPATADINE HCL, HM EYE ALLERGY ITCH/RED RELIEF 0.1 % .                                                                       | 112 | (Pediatric Vitamins ACD W/ Fluoride) TRI-VITE/FLUORIDE SOLN .....                                                                                                                                                                                                                        | 105 |
| (Norethindrone Acetate-Ethinyl Estradiol) FYAVOLV, JINTELI 1 MG-5 MCG .....                                                                                                                                                                               | 74  | (Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE MAGNESIUM, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR 20 MG .....                                                                                 | 123 | (PEG 3350-Kcl-NaCl-Na Sulfate-Na Ascorbate-Ascorbic Acid) PEG-3350/ELECTROLYTES/ASCORBAT .....                                                                                                                                                                                           | 81  |
| (Norethindrone Acetate-Ethinyl Estradiol-Fe) TILIA FE, TRI-LEGEST FE, XARAH FE .....                                                                                                                                                                      | 55  | (Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE MAGNESIUM, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR .....                                                                                       | 123 | (PEG 3350-Kcl-Sod Bicarb-Sod Chloride-Sod Sulfate) GAVILYTE-G SOLR 236 GM .....                                                                                                                                                                                                          | 81  |
| (Norethindrone-Eth Estradiol (Triphasic)) ALYACEN 7/7/7, ARANELLE, DASETTA 7/7/7, LEENA, NORTREL 7/7/7, NYLIA 7/7/7 .....                                                                                                                                 | 55  | (Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE MAGNESIUM, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR .....                                                                                       | 123 | (PEG 3350-Potassium Chloride-Sod Bicarbonate-Sod Chloride) GAVILYTE-N WITH FLAVOR PACK                                                                                                                                                                                                   | 81  |
| (Norgestimate-Ethinyl Estradiol (Triphasic)) TRI-ESTARYLLA, TRI-LINYAH, TRI-MILI, TRI-NYMYO, TRI-PREVIFEM, TRI-SPRINTEC, TRI-VYLIBRA .....                                                                                                                | 55  | (Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-10 MG, 325 MG-7.5 MG .....                                                                                                                                                                               | 9   | (Penicillin G Potassium) PFIZERPEN 5000000 UNIT, 20000000 UNIT ..                                                                                                                                                                                                                        | 114 |
| (Norgestimate-Ethinyl Estradiol) ESTARYLLA, MILI, MONO-LINYAH, NYMYO, PREVIFEM, SPRINTEC 28, VYLIBRA .....                                                                                                                                                | 55  | (Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-2.5 MG .                                                                                                                                                                                                 | 9   | (Phenylephrine Hcl (Mydriatic)) ALTAFRIN SOLN .....                                                                                                                                                                                                                                      | 110 |
| (Norgestrel & Ethinyl Estradiol) CRYSELLE-28, ELINEST, LOW-OGESTREL, TURQOZ 30 MCG-0.3                                                                                                                                                                    |     | (Oxycodone W/ Acetaminophen)                                                                                                                                                                                                                              |     | (Phenylephrine W/ DM-GG) ALTIPRES PEDIATRIC, BIOGTUSS, DESGEN PEDIATRIC, DESPEC EDA, G-SUPRESS DX PEDIATRIC, GILTUSS COUGH & COLD, GILTUSS COUGH & COLD CHILDRENS, IGUALTUSS, PRES GEN PEDIATRIC, SUPRESS-DX PEDIATRIC, TUSNEL DM PEDIATRIC, TUSSLIN LIQD 10 MG/5ML-388 MG/5ML-28 MG/5ML |     |

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| (Phenylephrine W/ DM-GG)<br>ALTIPRES PEDIATRIC, BIOGTUSS,<br>DESGEN PEDIATRIC, DESPEC<br>EDA, G-SUPRESS DX PEDIATRIC,<br>GILTUSS COUGH & COLD,<br>GILTUSS COUGH & COLD<br>CHILDRENS, IGUALTUSS, PRES<br>GEN PEDIATRIC, SUPRESS-DX<br>PEDIATRIC, TUSNEL DM<br>PEDIATRIC, TUSSLIN LIQD ..... 58                                                    | KLOR-CON M20 15 MEQ .....102                                                                                                                                                                        | (Prochlorperazine) COMPRO .....45                                                                         |
| (Phenytoin Sodium Extended)<br>PHENYTEK 200 MG, 300 MG .....21                                                                                                                                                                                                                                                                                   | (Potassium Chloride<br>Microencapsulated Crystals ER)<br>KLOR-CON M10, KLOR-CON M15,<br>KLOR-CON M20 20 MEQ .....102                                                                                | (Promethazine Hcl) PROMETHEGAN<br>SUPP 12.5 MG, 25 MG .....29                                             |
| (Phenytoin) PHENYTOIN INFATABS<br>CHEW .....21                                                                                                                                                                                                                                                                                                   | (Potassium Chloride) KLOR-CON<br>PACK PO 20 MEQ .....103                                                                                                                                            | (Promethazine Hcl) PROMETHEGAN<br>SUPP 50 MG .....29                                                      |
| (Polyethylene Glycol 3350)<br>CLEARLAX, CVS PURELAX, EQ<br>CLEARLAX, EQL CLEARLAX, FT<br>CLEARLAX, GAVILAX,<br>GENTLELAX, GLYCOLAX, GNP<br>CLEARLAX, GOODSENSE<br>CLEARLAX, HM CLEARLAX, KLS<br>LAXACLEAR, MM CLEARLAX, QC<br>NATURA-LAX, RA LAXATIVE, SB<br>POLYETHYLENE GLYCOL 3350,<br>SM CLEARLAX, SMOOTH LAX,<br>TRUE LAXATIVE POWD .....82 | (Potassium Chloride) KLOR-CON,<br>KLOR-CON 10 TBCR 10 MEQ ....102                                                                                                                                   | (Promethazine-Phenylephrine-<br>Codeine) PROMETHAZINE<br>VC/CODEINE .....58                               |
| (Pot Phosphate Monobasic W/ Sod<br>Phosphate Dibasic & Monobasic)<br>PHOSPHA 250 NEUTRAL,<br>PHOSPHO-TRIN 250 NEUTRAL,<br>WES-PHOS 250 NEUTRAL .....102                                                                                                                                                                                          | (Potassium Chloride) KLOR-CON,<br>KLOR-CON 10 TBCR 8 MEQ ....103                                                                                                                                    | (Pseudoephed-Bromphen-DM)<br>BROMFED DM SYRP 10 MG/5ML-<br>30 MG/5ML-2 MG/5ML .....58                     |
| (Potassium Bicarbonate) EFFER-K,<br>K-PRIME, KLOR-CON/EF TBEF .102                                                                                                                                                                                                                                                                               | (Potassium Citrate-Citric Acid)<br>CYTRA K CRYSTALS PACK .....77                                                                                                                                    | (Salicylic Acid) KERALYT SHAM 6 %<br>.....68                                                              |
| (Potassium Chloride<br>Microencapsulated Crystals ER)<br>KLOR-CON M10, KLOR-CON M15,<br>KLOR-CON M20 10 MEQ .....102                                                                                                                                                                                                                             | (Potassium Citrate-Citric Acid)<br>CYTRA-K SOLN .....77                                                                                                                                             | (Silver Sulfadiazine) SSD .....65                                                                         |
| (Potassium Chloride<br>Microencapsulated Crystals ER)<br>KLOR-CON M10, KLOR-CON M15,<br>KLOR-CON M20 10 MEQ .....102                                                                                                                                                                                                                             | (Potassium Phosphate Monobasic)<br>PHOSPHO-TRIN K500 TABS ....102                                                                                                                                   | (Sodium Chloride (Inhalant))<br>NEBUSAL, PULMOSAL NEBU 3 %<br>59                                          |
|                                                                                                                                                                                                                                                                                                                                                  | (Pramoxine-HC-Chloroxylenol)<br>CORTIC-ND .....113                                                                                                                                                  | (Sodium Chloride (Inhalant))<br>NEBUSAL, PULMOSAL NEBU 7 %<br>59                                          |
|                                                                                                                                                                                                                                                                                                                                                  | (Prednisolone Acetate (Ophth))<br>PREDNISOLONE ACETATE P-F<br>111                                                                                                                                   | (Sodium Citrate & Citric Acid)<br>CYTRA-2 .....77                                                         |
|                                                                                                                                                                                                                                                                                                                                                  | (Prednisolone) MILLIPRED TABS .57                                                                                                                                                                   | (Sodium Polystyrene Sulfonate)<br>KIONEX, SPS (SODIUM<br>POLYSTYRENE SULF) SUSP CO<br>15 GM/60ML .....104 |
|                                                                                                                                                                                                                                                                                                                                                  | (Prenatal Vit W/ Docusate-Iron<br>Carbonyl-Folic Acid) INATAL GT<br>TABS .....105                                                                                                                   | (Sodium Polystyrene Sulfonate) SPS<br>(SODIUM POLYSTYRENE SULF)<br>SUSP PR 30 GM/120ML .....104           |
|                                                                                                                                                                                                                                                                                                                                                  | (Prenatal Vit W/ Ferrous Fumarate-<br>Folic Acid) PRENATAL 19 CHEW<br>106                                                                                                                           | (Sulfacetamide Sodium W/ Sulfur) BP<br>10-1, SULFAMEZ WASH EMUL 10<br>%-1 % .....60                       |
|                                                                                                                                                                                                                                                                                                                                                  | (Prenatal Vit W/ Ferrous Fumarate-L<br>Methylfolate-Folic Acid) PNV-<br>SELECT .....106                                                                                                             | (Sulfacetamide Sodium W/ Sulfur)<br>SSS 10-5 FOAM .....60                                                 |
|                                                                                                                                                                                                                                                                                                                                                  | (Prenatal Vit W/ Iron Carbonyl-Folic<br>Acid) PRENATABS RX TABS 120<br>MG-3 MG-30 MCG-1 MG-400 UNIT-<br>8 MCG-3 MG-20 MG-7 MG-3 MG-<br>100 MG-15 MG-3 MG-4000 UNIT-<br>200 MG-150 MCG-30 UNIT-29 MG | (Sulfacetamide Sodium-Sulfur In<br>Urea Vehicle) BP CLEANSING<br>WASH EMUL 10 %-10 %-4 % .....60          |

|                                                                                                                                                                                                                                           |                                                                  |                                                                         |
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| (Sulfamethoxazole-Trimethoprim)<br>SULFATRIM PEDIATRIC SUSP .. 34                                                                                                                                                                         | abacavir sulfate TABS ..... 45                                   | hydrochlorothiazide) ..... 32                                           |
| (Tadalafil (Pulmonary Hypertension))<br>ALYQ TABS ..... 51                                                                                                                                                                                | abacavir sulfate-lamivudine ..... 45                             | acebutolol hcl CAPS ..... 48                                            |
| (Testosterone Cypionate) DEPO-<br>TESTOSTERONE SOLN IM ..... 11                                                                                                                                                                           | ABILIFY TABS 15 MG (aripiprazole) .<br>45                        | acetaminophen w/ codeine SOLN .. 9                                      |
| (Tetracaine Hcl (Ophth)) ALTACAINE<br>..... 111                                                                                                                                                                                           | ABILIFY TABS 2 MG, 5 MG, 10 MG,<br>30 MG (aripiprazole) ..... 45 | acetaminophen w/ codeine TABS 15<br>MG-300 MG, 30 MG-300 MG ..... 9     |
| (Theophylline) ELIXOPHYLLIN ELIX .<br>16                                                                                                                                                                                                  | ABILIFY TABS 20 MG (aripiprazole) .<br>45                        | acetaminophen w/ codeine TABS 60<br>MG-300 MG ..... 9                   |
| (Thyroid) NP THYROID TABS 15<br>MG, 30 MG, 60 MG, 90 MG, 120 MG<br>120                                                                                                                                                                    | abiraterone acetate ..... 38                                     | acetazolamide CP12 ..... 71                                             |
| (Timolol Maleate (Ophth)) TIMOLOL<br>MALEATE OCUDOSE SOLN 0.5 %<br>109                                                                                                                                                                    | ABSORICA 10 MG, 25 MG<br>(isotretinoin) ..... 60                 | acetazolamide TABS 125 MG ..... 71                                      |
| (Tretinoin) AVITA CREA 0.025 % . 60                                                                                                                                                                                                       | ABSORICA 20 MG (isotretinoin) .. 60                              | acetazolamide TABS 250 MG ..... 71                                      |
| (Triamcinolone Acetonide (Mouth))<br>KOURZEQ, ORALONE ..... 104                                                                                                                                                                           | ABSORICA 30 MG (isotretinoin) .. 60                              | acetic acid (otic) ..... 113                                            |
| (Triamcinolone Acetonide (Nasal))<br>ALLERGY SPRAY 24 HOUR, CVS<br>NASAL ALLERGY SPRAY, EQ<br>NASAL ALLERGY, GNP 24 HOUR<br>NASAL ALLERGY, GOODSENSE<br>NASAL ALLERGY SPRAY, NASAL<br>ALLERGY 24 HOUR, RA NASAL<br>ALLERGY AERO ..... 109 | ABSORICA 35 MG, 40 MG<br>(isotretinoin) ..... 60                 | acetylcysteine SOLN ..... 59                                            |
| (Triamcinolone Acetonide (Topical))<br>TRIDERM CREA 0.5 % ..... 65                                                                                                                                                                        | acamprosate calcium ..... 115                                    | ACIPHEX TBEC (rabeprazole<br>sodium) ..... 123                          |
| (Urea) CEROVEL LOTN 40 % .... 68                                                                                                                                                                                                          | acarbose ..... 23                                                | acitretin 10 MG ..... 64                                                |
| (Vigabatrin) VIGADRONE TABS .. 21                                                                                                                                                                                                         | ACCOLATE 10 MG (zafirlukast) ... 13                              | acitretin 17.5 MG ..... 64                                              |
| (Vigabatrin) VIGADRONE,<br>VIGPODER PACK ..... 21                                                                                                                                                                                         | ACCOLATE 20 MG (zafirlukast) ... 14                              | acitretin 25 MG ..... 64                                                |
| (Warfarin Sodium) JANTOVEN TABS<br>..... 16                                                                                                                                                                                               | ACCU-CHEK AVIVA PLUS STRP .69                                    | ACTHIB SOLR IM ..... 124                                                |
| (Zolmitriptan) ZOMIG TABS ..... 101                                                                                                                                                                                                       | ACCU-CHEK FASTCLIX LANCETS .<br>86                               | ACTIDOM DMX LIQD ..... 58                                               |
| abacavir sulfate SOLN ..... 45                                                                                                                                                                                                            | ACCU-CHEK GUIDE KIT ..... 86                                     | ACTI-LANCE 28G ..... 86                                                 |
|                                                                                                                                                                                                                                           | ACCU-CHEK GUIDE ME KIT ..... 86                                  | ACTI-LANCE LITE LANCETS 28G<br>86                                       |
|                                                                                                                                                                                                                                           | ACCU-CHEK GUIDE TEST STRP 69                                     | ACTI-LANCE SPECIAL LANCETS<br>17G ..... 86                              |
|                                                                                                                                                                                                                                           | ACCU-CHEK SAFE-T PRO<br>LANCETS ..... 86                         | ACTI-LANCE UNIVERSAL 23G .. 86                                          |
|                                                                                                                                                                                                                                           | ACCU-CHEK SMARTVIEW STRP 69                                      | ACTIMMUNE 100 MCG/0.5ML .... 42                                         |
|                                                                                                                                                                                                                                           | ACCU-CHEK SOFTCLIX LANCETS<br>86                                 | ACTIQ LPOP 400 MCG (fentanyl<br>citrate) ..... 7                        |
|                                                                                                                                                                                                                                           | ACCUPRIL (quinapril hcl) ..... 31                                | ACTIVELLA TABS 1 MG-0.5 MG<br>(estradiol & norethindrone acetate)<br>74 |
|                                                                                                                                                                                                                                           | ACCURETIC 12.5 MG-10 MG, 12.5<br>MG-20 MG (quinapril-            | ACTONEL TABS 150 MG<br>(risedronate sodium) ..... 72                    |

|                                                                    |     |                                                                                 |     |                                                              |     |
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| ACTONEL TABS 35 MG (risedronate sodium) .....                      | 72  | (pulmonary hypertension)) .....                                                 | 51  | ADVOCATE SAFETY LANCETS 28G .....                            | 87  |
| ACTOPLUS MET TABS 850 MG-15 MG (pioglitazone hcl-metformin hcl) 24 |     | ADDERALL TABS 10 MG (amphetamine-dextroamphetamine) . 1                         |     | AFINITOR DISPERZ TBSO (everolimus) .....                     | 39  |
| ACTOS 15 MG (pioglitazone hcl) ..26                                |     | ADDERALL TABS 5 MG, 12.5 MG, 20 MG, 30 MG (amphetamine-dextroamphetamine) ..... | 1   | AFINITOR TABS (everolimus) .....                             | 39  |
| ACTOS 30 MG, 45 MG (pioglitazone hcl) .....                        | 26  | ADDERALL TABS 7.5 MG, 15 MG (amphetamine-dextroamphetamine) . 1                 |     | AFLURIA PRESERVATIVE FREE SUSY .....                         | 124 |
| ACULAR (ketorolac tromethamine (ophth)) .....                      | 112 | ADDERALL XR CP24 (amphetamine-dextroamphetamine) . 1                            |     | AFLURIA QUADRIVALENT SUSP 124                                |     |
| ACULAR LS (ketorolac tromethamine (ophth)) .....                   | 112 | adefovir dipivoxil .....                                                        | 47  | AFLURIA QUADRIVALENT SUSY 0.5 ML .....                       | 124 |
| ACUVAIL .....                                                      | 112 | ADEMPAS .....                                                                   | 51  | AFLURIA SUSP .....                                           | 124 |
| acyclovir CAPS .....                                               | 47  | ADTHYZA TABS 16.25 MG, 97.5 MG .....                                            | 120 | AFREZZA POWD .....                                           | 25  |
| acyclovir SUSP .....                                               | 47  | ADTHYZA TABS 32.5 MG, 65 MG, 130 MG .....                                       | 120 | AGAMATRIX ULTRA-THIN LANCETS .....                           | 87  |
| acyclovir TABS PO 400 MG .....                                     | 47  | ADVAIR DISKUS AEPB (fluticasone-salmeterol) .....                               | 15  | AGAMREE .....                                                | 57  |
| acyclovir TABS PO 800 MG .....                                     | 47  | ADVAIR HFA AERO (fluticasone-salmeterol) .....                                  | 15  | AGRYLIN 0.5 MG (anagrelide hcl) 79                           |     |
| acyclovir topical CREA .....                                       | 65  | ADVANCED MOBILE LANCET ..                                                       | 86  | AIMOVIG .....                                                | 101 |
| acyclovir topical OINT .....                                       | 65  | ADVIN COVID-19 ANTIGEN TEST KIT .....                                           | 69  | AIMSCO LUBRICATED MISC .....                                 | 84  |
| ACZONE 5 % (dapsone (topical)) . 60                                |     | ADVOCATE LANCETS .....                                                          | 86  | AIMSCO TWIST LANCETS 32G ..                                  | 87  |
| ACZONE 7.5 % (dapsone (topical)) 60                                |     | ADVOCATE LANCETS 30G .....                                                      | 86  | AIMSCO TWIST LANCETS 33G ..                                  | 87  |
| ADACEL SUSP .....                                                  | 121 | ADVOCATE SAFETY LANCETS .86                                                     |     | AIRDUO RESPICLICK 113/14 AEPB (fluticasone-salmeterol) ..... | 15  |
| ADALIMUMAB-ADAZ SOAJ 40 MG/0.4ML .....                             | 3   | ADVOCATE SAFETY LANCETS 21G .....                                               | 86  | AIRDUO RESPICLICK 232/14 AEPB (fluticasone-salmeterol) ..... | 15  |
| ADALIMUMAB-ADAZ SOAJ 80 MG/0.8ML .....                             | 3   | ADVOCATE SAFETY LANCETS 23G .....                                               | 86  | AIRDUO RESPICLICK 55/14 AEPB (fluticasone-salmeterol) .....  | 15  |
| ADALIMUMAB-ADAZ SOSY .....                                         | 3   | ADVOCATE SAFETY LANCETS 26G .....                                               | 87  | AIRZONE PEAK FLOW METER 100                                  |     |
| adapalene CREA .....                                               | 60  |                                                                                 |     | AKTEN .....                                                  | 111 |
| adapalene GEL 0.1 % .....                                          | 60  |                                                                                 |     | AKYNZEO .....                                                | 27  |
| adapalene GEL 0.3 % .....                                          | 60  |                                                                                 |     | albendazole .....                                            | 11  |
| adapalene-benzoyl peroxide GEL .60                                 |     |                                                                                 |     | albuterol sulfate AERS .....                                 | 15  |
| ADCIRCA TABS (tadalafil                                            |     |                                                                                 |     | albuterol sulfate NEBU .....                                 | 15  |

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| ALBUTEROL SULFATE NEBU ....15                               | ALPHANINE SD 500 UNIT, 1000 UNIT, 1500 UNIT .....78 | amlodipine besylate-atorvastatin calcium 10 MG-10 MG, 2.5 MG-10 MG, 2.5 MG-20 MG, 2.5 MG-40 MG, 5 MG-10 MG, 5 MG-20 MG, 5 MG-40 MG, 5 MG-80 MG .....50 |
| albuterol sulfate SYRP .....15                              | ALPRAZOLAM INTENSOL CONC 12                         | amlodipine besylate-atorvastatin calcium 10 MG-20 MG, 10 MG-40 MG, 10 MG-80 MG ..... 50                                                                |
| albuterol sulfate TABS .....15                              | alprazolam TABS ..... 12                            | amlodipine besylate-benazepril hcl 10 MG-2.5 MG ..... 32                                                                                               |
| ALCAINE (proparacaine hcl) ....111                          | alprazolam TB24 .....12                             | amlodipine besylate-benazepril hcl 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG, 40 MG-5 MG 32                                                     |
| alclometasone dipropionate CREA 65                          | alprazolam TBDP ..... 12                            | amlodipine besylate-valsartan 10 MG-160 MG .....32                                                                                                     |
| alclometasone dipropionate OINT .65                         | ALREX SUSP (loteprednol etabonate) ..... 111        | amlodipine besylate-valsartan 10 MG-320 MG, 5 MG-160 MG, 5 MG-320 MG ..... 32                                                                          |
| ALDACTONE TABS (spironolactone) .....71                     | ALTABAX .....62                                     | amlodipine-valsartan-hydrochlorothiazide ..... 32                                                                                                      |
| ALECENSA .....39                                            | ALTACE CAPS 1.25 MG, 5 MG, 10 MG (ramipril) .....31 | amoxapine .....23                                                                                                                                      |
| alendronate sodium SOLN .....72                             | ALUNBRIG TABS .....39                               | amoxicillin & pot clavulanate CHEW . 114                                                                                                               |
| alendronate sodium TABS 35 MG .72                           | ALUNBRIG TBPk .....39                               | amoxicillin & pot clavulanate SUSR 114                                                                                                                 |
| alendronate sodium TABS 5 MG, 10 MG ..... 72                | alvimopan .....76                                   | amoxicillin & pot clavulanate TABS 114                                                                                                                 |
| alendronate sodium TABS 70 MG .72                           | amantadine hcl CAPS ..... 42                        | amoxicillin & pot clavulanate TB12 114                                                                                                                 |
| ALFERON N .....42                                           | amantadine hcl TABS .....42                         | amoxicillin CAPS ..... 114                                                                                                                             |
| alfuzosin hcl .....77                                       | AMBIEN CR TBCR (zolpidem tartrate) .....81          | amoxicillin CHEW 125 MG, 250 MG . 114                                                                                                                  |
| ALINIA SUSR .....34                                         | AMBIEN TABS (zolpidem tartrate) 81                  | amoxicillin SUSR ..... 114                                                                                                                             |
| ALINIA TABS (nitazoxanide) .....34                          | ambrisentan .....51                                 | amoxicillin TABS .....114                                                                                                                              |
| aliskiren fumarate ..... 34                                 | amcinonide LOTN .....65                             | amoxicillin-clarithromycin w/ lansoprazole THPK .....123                                                                                               |
| allopurinol 100 MG .....78                                  | amiloride & hydrochlorothiazide ...71               |                                                                                                                                                        |
| allopurinol 300 MG .....78                                  | amiloride hcl TABS .....71                          |                                                                                                                                                        |
| almotriptan malate ..... 101                                | aminocaproic acid SOLN PO 0.25 GM/ML ..... 81       |                                                                                                                                                        |
| ALOCRIl .....112                                            | aminocaproic acid TABS .....81                      |                                                                                                                                                        |
| alogliptin benzoate ..... 24                                | amiodarone hcl TABS .....13                         |                                                                                                                                                        |
| ALOMIDE ..... 112                                           | AMITIZA (lubiprostone) ..... 75                     |                                                                                                                                                        |
| ALORA PTTW 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR ... 74 | amitriptyline hcl TABS ..... 23                     |                                                                                                                                                        |
| alosetron hcl .....76                                       | amlodipine besylate TABS 2.5 MG 49                  |                                                                                                                                                        |
| ALPHAGAN P (brimonidine tartrate) 110                       | amlodipine besylate TABS 5 MG, 10 MG ..... 49       |                                                                                                                                                        |
| ALPHANATE SOLR .....78                                      |                                                     |                                                                                                                                                        |

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| amphetamine-dextroamphetamine<br>CP24 5 MG, 10 MG, 15 MG, 20 MG,<br>25 MG, 30 MG .....1 | ANTIVERT CHEW (meclizine hcl) .27                                     | ARIXTRA 2.5 MG/0.5ML<br>(fondaparinux sodium) ..... 16                                     |
| amphetamine-dextroamphetamine<br>TABS 10 MG ..... 1                                     | ANTIVERT TABS 50 MG (meclizine<br>hcl) ..... 27                       | ARIXTRA 5 MG/0.4ML, 7.5<br>MG/0.6ML, 10 MG/0.8ML<br>(fondaparinux sodium) ..... 16         |
| amphetamine-dextroamphetamine<br>TABS 5 MG, 12.5 MG, 20 MG, 30<br>MG .....1             | ANUSOL-HC EX (hydrocortisone<br>(rectal)) .....11                     | armodafinil 150 MG, 200 MG, 250<br>MG ..... 2                                              |
| amphetamine-dextroamphetamine<br>TABS 7.5 MG, 15 MG ..... 1                             | ANZEMET TABS 50 MG .....27                                            | armodafinil 50 MG ..... 2                                                                  |
| ampicillin CAPS 500 MG ..... 114                                                        | APEXICON E CREA .....65                                               | ARMOUR THYROID TABS ..... 120                                                              |
| ampicillin sodium IJ 1 GM, 125 MG<br>114                                                | APO-VARENICLINE TABS .....118                                         | ARNUITY ELLIPTA 100 MCG/ACT,<br>200 MCG/ACT (fluticasone furoate<br>(inhalation)) ..... 14 |
| AMPYRA (dalfampridine) .....116                                                         | apraclonidine hcl .....110                                            | ARNUITY ELLIPTA 50 MCG/ACT<br>(fluticasone furoate (inhalation)) ... 14                    |
| ANAFRANIL (clomipramine hcl) .. 23                                                      | aprepitant CAPS 40 MG ..... 28                                        | AROMASIN (exemestane) .....38                                                              |
| anagrelide hcl ..... 79                                                                 | aprepitant CAPS 80 MG, 125 MG .28                                     | ARTHROTEC TBEC (diclofenac w/<br>misoprostol) ..... 5                                      |
| ANALPRAM HC LOTN EX .....11                                                             | aprepitant CAPS .....28                                               | asenapine maleate .....44                                                                  |
| ANALPRAM-HC LOTN EX ..... 11                                                            | APRISO CP24 (mesalamine) .....75                                      | aspirin CHEW ..... 7                                                                       |
| ANAPROX DS TABS (naproxen<br>sodium) .....4                                             | APTENSIO XR CP24<br>(methylphenidate hcl) ..... 1                     | aspirin TBEC 81 MG ..... 7                                                                 |
| ANASPAZ TBDP (hyoscyamine<br>sulfate) .....121                                          | APTOM 200 MG, 400 MG, 600 MG,<br>800 MG (eslicarbazepine acetate) .18 | aspirin-dipyridamole .....79                                                               |
| anastrozole .....38                                                                     | APTIVUS CAPS .....45                                                  | ASSESS PEAK FLOW METER . 100                                                               |
| ANCOBON (flucytosine) ..... 28                                                          | AQUALANCE LANCETS 30G .... 87                                         | ASSURE COMFORT LANCETS 28G<br>..... 87                                                     |
| ANDEXXA 200 MG .....27                                                                  | ARAVA 10 MG (leflunomide) .....5                                      | ASSURE HAEMOLANCE PLUS<br>HIGH .....87                                                     |
| ANDROGEL PUMP GEL TD<br>(testosterone) ..... 11                                         | ARAVA 20 MG (leflunomide) .....5                                      | ASSURE HAEMOLANCE PLUS<br>LOW .....87                                                      |
| ANGELIQ .....74                                                                         | ARCALYST .....4                                                       | ASSURE HAEMOLANCE PLUS<br>MICRO .....87                                                    |
| ANNOVERA .....56                                                                        | ARICEPT TABS (donepezil<br>hydrochloride) .....115                    | ASSURE HAEMOLANCE PLUS<br>NORMAL .....87                                                   |
| ANORO ELLIPTA 25 MCG/ACT-62.5<br>MCG/ACT (umeclidinium-vilanterol)<br>15                | ARIKAYCE .....3                                                       | ASSURE HAEMOLANCE PLUS PED<br>.....87                                                      |
| ANTARA 90 MG (fenofibrate<br>micronized) .....30                                        | ARIMIDEX (anastrozole) .....38                                        | ASSURE ID INSULIN SAFETY SYR                                                               |
|                                                                                         | aripiprazole SOLN PO .....45                                          |                                                                                            |
|                                                                                         | aripiprazole TABS 15 MG .....45                                       |                                                                                            |
|                                                                                         | aripiprazole TABS 2 MG, 5 MG, 10<br>MG, 30 MG .....45                 |                                                                                            |
|                                                                                         | aripiprazole TABS 20 MG .....45                                       |                                                                                            |
|                                                                                         | aripiprazole TBDP .....45                                             |                                                                                            |

|                                    |                                       |                                   |     |
|------------------------------------|---------------------------------------|-----------------------------------|-----|
| 99                                 | ATROPINE SULFATE SOLN 1 %             | AZILECT (rasagiline mesylate) ... | 43  |
| ASSURE LANCE LANCETS               | 110                                   | azithromycin PACK                 | 83  |
| ASSURE LANCE LANCETS 21G           | ATROVENT HFA                          | azithromycin SUSR                 | 83  |
| ASSURE LANCE PLUS SAFETY           | AUBAGIO (teriflunomide)               | azithromycin TABS 250 MG          | 83  |
| 25G                                | AUGMENTIN ES-600 SUSR                 | azithromycin TABS 500 MG          | 83  |
| ASSURE LANCE PLUS SAFETY           | (amoxicillin & pot clavulanate)       | azithromycin TABS 600 MG          | 83  |
| 30G                                | AUGMENTIN SUSR 31.25 MG/5ML-          | AZOPT (brinzolamide)              | 112 |
| ASSURE LANCE SAFETY LANCET         | 125 MG/5ML                            | AZULFIDINE EN-TABS TBEC           |     |
| 28G                                | AUGMENTIN TABS 125 MG-500 MG          | (sulfasalazine)                   | 75  |
| ASTAGRAF XL CP24                   | (amoxicillin & pot clavulanate)       | AZULFIDINE TABS (sulfasalazine)   |     |
| ATABEX EC TBEC                     | 114                                   | 75                                |     |
| ATACAND 32 MG (candesartan         | AURANOFIN 3 MG                        | bacitracin (ophthalmic)           | 110 |
| cilexetil)                         | AURORA LANCET SUPER THIN              | bacitracin-polymyxin b (ophth)    | 110 |
| ATACAND 4 MG, 8 MG, 16 MG          | 30G                                   | bacitracin-poly-neomycin-hc       | 111 |
| (candesartan cilexetil)            | AURORA LANCET THIN 23G                | baclofen SOLN IT 10 MG/20ML, 40   |     |
| ATACAND HCT (candesartan           | 87                                    | MG/20ML, 40000 MCG/20ML           | 108 |
| cilexetil-hydrochlorothiazide)     | AUSTEDO TABS 12 MG                    | baclofen TABS 10 MG               | 108 |
| atazanavir sulfate CAPS            | 115                                   | baclofen TABS 15 MG               | 108 |
| atenolol & chlorthalidone          | AUSTEDO TABS 6 MG, 9 MG               | baclofen TABS 20 MG               | 108 |
| atenolol TABS                      | 115                                   | baclofen TABS 5 MG                | 108 |
| ATIVAN TABS (lorazepam)            | AVALIDE (irbesartan-                  | BACTRIM DS TABS                   |     |
| atomoxetine hcl 10 MG, 18 MG, 25   | hydrochlorothiazide)                  | (sulfamethoxazole-trimethoprim)   | 34  |
| MG, 40 MG                          | 32                                    | BACTRIM TABS (sulfamethoxazole-   |     |
| atomoxetine hcl 60 MG, 80 MG, 100  | AVAPRO 150 MG, 300 MG                 | trimethoprim)                     | 34  |
| MG                                 | (irbesartan)                          | BALCOLTRA (levonorgestrel-ethinyl |     |
| atorvastatin calcium TABS          | 31                                    | estradiol-iron)                   | 56  |
| atovaquone                         | AVODART (dutasteride)                 | balsalazide disodium CAPS         | 75  |
| atovaquone-proguanil hcl           | 77                                    | BANZEL SUSP (rufinamide)          | 18  |
| ATRALIN GEL (tretinoin)            | AVONEX PEN AJKT                       | BANZEL TABS 200 MG (rufinamide)   |     |
| atropine sulfate (ophthalmic) OINT | 116                                   | 18                                |     |
| 110                                | AVONEX PREFILLED PSKT                 | BANZEL TABS 400 MG (rufinamide)   |     |
| atropine sulfate (ophthalmic) SOLN | 116                                   | 18                                |     |
| 110                                | azathioprine TABS 50 MG               | BARACLUDE TABS (entecavir)        | 47  |
|                                    | 103                                   |                                   |     |
|                                    | azathioprine TABS 75 MG, 100 MG       |                                   |     |
|                                    | 103                                   |                                   |     |
|                                    | azelaic acid GEL                      |                                   |     |
|                                    | 69                                    |                                   |     |
|                                    | azelastine hcl (ophth)                |                                   |     |
|                                    | 112                                   |                                   |     |
|                                    | azelastine hcl 0.1 %, 137             |                                   |     |
|                                    | MCG/SPRAY                             |                                   |     |
|                                    | 108                                   |                                   |     |
|                                    | azelastine hcl 0.15 %, 205.5          |                                   |     |
|                                    | MCG/SPRAY                             |                                   |     |
|                                    | 108                                   |                                   |     |
|                                    | azelastine hcl-fluticasone propionate |                                   |     |
|                                    | SUSP                                  |                                   |     |
|                                    | 108                                   |                                   |     |

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|---------------------------------------------------------------------------------------------------|-------------------------------------------------------------|------------------------------------------------------------------------|
| BD AUTOSHIELD DUO .....99                                                                         | peroxide-erythromycin) ..... 60                             | BETAPACE TABS 80 MG, 120 MG,<br>160 MG (sotalol hcl) ..... 48          |
| BD DISP NEEDLES .....99                                                                           | BENZNIDAZOLE .....11                                        | BETASERON KIT ..... 116                                                |
| BD ECLIPSE LUER-LOK NEEDLE<br>99                                                                  | benzonatate ..... 58                                        | betaxolol hcl (ophth) SOLN .....109                                    |
| BD MICROTAINER LANCETS ....87                                                                     | benzoyl peroxide-erythromycin GEL .<br>60                   | betaxolol hcl ..... 48                                                 |
| BD PEN MINI MISC .....99                                                                          | benztropine mesylate TABS ..... 42                          | bethanechol chloride .....124                                          |
| BD PEN MISC ..... 99                                                                              | bepotastine besilate .....112                               | BETHKIS NEBU (tobramycin) ..... 3                                      |
| BD PEN NEEDLE MINI ULTRAFINE<br>.....99                                                           | BEPREVE (bepotastine besilate)<br>112                       | BETIMOL (timolol) ..... 109                                            |
| BD PEN NEEDLE NANO 2ND GEN .<br>99                                                                | BESIVANCE ..... 110                                         | BETIMOL 0.25 % .....110                                                |
| BD SAFETYGLIDE INSULIN<br>SYRINGE .....99                                                         | BESREMI ..... 42                                            | BETOPTIC-S SUSP .....110                                               |
| BD VEO INSULIN SYR ULTRAFINE<br>.....99                                                           | BETADINE OPHTHALMIC PREP<br>110                             | bexarotene (topical) ..... 63                                          |
| BELLADONNA ALKALOIDS-OPIMUM<br>.....121                                                           | betaine .....72                                             | bexarotene ..... 42                                                    |
| BELSOMRA .....81                                                                                  | betamethasone dipropionate (topical)<br>CREA ..... 65       | BEXSERO 0.5 ML .....124                                                |
| benazepril & hydrochlorothiazide . 32                                                             | betamethasone dipropionate (topical)<br>LOTN ..... 65       | BEYAZ (drospirenone-ethinyl<br>estradiol-levomefolate calcium) .... 56 |
| benazepril hcl .....31                                                                            | betamethasone dipropionate (topical)<br>OINT ..... 66       | bicalutamide .....38                                                   |
| BENICAR 40 MG (olmesartan<br>medoxomil) .....31                                                   | betamethasone dipropionate<br>augmented CREA ..... 66       | BICILLIN C-R ..... 114                                                 |
| BENICAR 5 MG, 20 MG (olmesartan<br>medoxomil) .....31                                             | betamethasone dipropionate<br>augmented GEL 0.05 % ..... 66 | BICILLIN C-R 900/300 .....114                                          |
| BENICAR HCT 12.5 MG-20 MG<br>(olmesartan medoxomil-<br>hydrochlorothiazide) ..... 32              | betamethasone dipropionate<br>augmented LOTN ..... 66       | BICILLIN L-A SUSY ..... 114                                            |
| BENICAR HCT 12.5 MG-40 MG, 25<br>MG-40 MG (olmesartan medoxomil-<br>hydrochlorothiazide) ..... 32 | betamethasone dipropionate<br>augmented OINT ..... 66       | BIDIL (isosorbide dinitrate-<br>hydralazine hcl) ..... 50              |
| BENLYSTA SOAJ ..... 104                                                                           | betamethasone valerate CREA ... 66                          | BIKTARVY ..... 45                                                      |
| BENLYSTA SOSY .....104                                                                            | betamethasone valerate FOAM ... 66                          | BILTRICIDE (praziquantel) .....11                                      |
| BENSAL HP OINT .....68                                                                            | betamethasone valerate LOTN .... 66                         | bimatoprost SOLN .....113                                              |
| BENZAMYCIN GEL (benzoyl                                                                           | betamethasone valerate OINT .... 66                         | BINAXNOW COVID-19 AG HOME<br>TEST KIT ..... 69                         |
|                                                                                                   | BETAPACE AF (sotalol hcl (afib/af))<br>.....48              | bisacodyl SUPP .....83                                                 |
|                                                                                                   |                                                             | bisacodyl TBEC .....83                                                 |
|                                                                                                   |                                                             | bisoprolol & hydrochlorothiazide ..32                                  |
|                                                                                                   |                                                             | bisoprolol fumarate .....48                                            |
|                                                                                                   |                                                             | BOOSTRIX SUSP .....121                                                 |

|                                                     |     |                                                                                          |    |                                                                                                                     |    |
|-----------------------------------------------------|-----|------------------------------------------------------------------------------------------|----|---------------------------------------------------------------------------------------------------------------------|----|
| BOOSTRIX SUSY .....                                 | 121 | budesonide CPEP .....                                                                    | 57 | busulfan SOLN .....                                                                                                 | 36 |
| BORTEZOMIB SOLR IJ 1 MG, 2.5 MG .....               | 39  | budesonide TB24 .....                                                                    | 57 | BUSULFEX SOLN (busulfan) .....                                                                                      | 36 |
| bortezomib SOLR IJ .....                            | 39  | budesonide-formoterol fumarate dihydrate .....                                           | 15 | butalbital-acetaminophen CAPS 50 MG-300 MG .....                                                                    | 6  |
| bosentan TABS .....                                 | 51  | bumetanide TABS 0.5 MG, 1 MG ..                                                          | 71 | butalbital-acetaminophen TABS 50 MG-300 MG .....                                                                    | 6  |
| bosentan TBSO 32 MG .....                           | 51  | bumetanide TABS 2 MG .....                                                               | 71 | butalbital-acetaminophen TABS 50 MG-325 MG .....                                                                    | 6  |
| BREATHE EASE PEAK FLOW METER .....                  | 100 | BUMEX TABS 0.5 MG (bumetanide) .                                                         | 71 | butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-300 MG, 40 MG-50 MG-325 MG .....                                 | 6  |
| BREO ELLIPTA (fluticasone furoate-vilanterol) ..... | 15  | BUPHENYL POWD (sodium phenylbutyrate) .....                                              | 72 | butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG .....                                                     | 6  |
| BREZTRI AEROSPHERE .....                            | 15  | BUPHENYL TABS (sodium phenylbutyrate) .....                                              | 72 | butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-300 MG .....                                         | 9  |
| BRILINTA 60 MG, 90 MG (ticagrelor) 79               |     | buprenorphine hcl SUBL 2 MG ....                                                         | 10 | butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-325 MG .....                                         | 9  |
| brimonidine tartrate (topical) .....                | 69  | buprenorphine hcl SUBL 8 MG ....                                                         | 10 | butalbital-aspirin-caffeine CAPS ....                                                                               | 6  |
| brimonidine tartrate .....                          | 110 | buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG ..... | 10 | butalbital-aspirin-caffeine w/cod ....                                                                              | 9  |
| brimonidine tartrate-timolol maleate .              | 110 | buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG ...                          | 10 | butorphanol tartrate NA 10 MG/ML 10                                                                                 |    |
| brinzolamide .....                                  | 112 | buprenorphine hcl-naloxone hcl dihydrate SUBL .....                                      | 10 | BUTRANS PTWK 5 MCG/HR, 10 MCG/HR, 15 MCG/HR, 20 MCG/HR (buprenorphine) .....                                        | 10 |
| bromfenac sodium (ophth) 0.07 %, 0.075 % .....      | 112 | buprenorphine PTWK 5 MCG/HR, 10 MCG/HR, 15 MCG/HR, 20 MCG/HR .                           | 10 | BUTRANS PTWK 7.5 MCG/HR (buprenorphine) .....                                                                       | 10 |
| bromfenac sodium (ophth) 0.09 % 112                 |     | buprenorphine PTWK 7.5 MCG/HR 10                                                         |    | BYSTOLIC (nebivolol hcl) .....                                                                                      | 48 |
| bromocriptine mesylate CAPS .....                   | 42  | bupropion hcl (smoking deterrent) 118                                                    |    | cabergoline .....                                                                                                   | 73 |
| bromocriptine mesylate TABS 2.5 MG .....            | 42  | bupropion hcl TABS .....                                                                 | 22 | CABOMETYX TABS .....                                                                                                | 39 |
| BROMSITE (bromfenac sodium (ophth)) .....           | 113 | bupropion hcl TB12 .....                                                                 | 22 | CADUET 10 MG-10 MG, 5 MG-10 MG, 5 MG-20 MG, 5 MG-40 MG, 5 MG-80 MG (amlodipine besylate-atorvastatin calcium) ..... | 50 |
| budesonide (inhalation) SUSP 0.25 MG/2ML .....      | 14  | bupropion hcl TB24 150 MG, 300 MG .....                                                  | 22 | CADUET 10 MG-20 MG, 10 MG-40                                                                                        |    |
| budesonide (inhalation) SUSP 0.5 MG/2ML .....       | 14  | bupropion hcl TB24 450 MG .....                                                          | 22 |                                                                                                                     |    |
| budesonide (inhalation) SUSP 1 MG/2ML .....         | 14  | buspirone hcl .....                                                                      | 12 |                                                                                                                     |    |
| budesonide (intrarectal) .....                      | 11  |                                                                                          |    |                                                                                                                     |    |

|                                                                    |                                                                                                                                                      |                                                                     |
|--------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| MG, 10 MG-80 MG (amlodipine besylate-atorvastatin calcium) .....50 | captopril ..... 31                                                                                                                                   | CARDIZEM LA TB24 (diltiazem hcl) 49                                 |
| caffeine citrate SOLN PO ..... 1                                   | CARAC CREA (fluorouracil (topical)) 63                                                                                                               | CARDIZEM TABS 30 MG, 60 MG, 120 MG (diltiazem hcl) .....49          |
| CALCIFOL ..... 102                                                 | CARAFATE SUSP (sucralfate) ...122                                                                                                                    | CARDURA (doxazosin mesylate) .32                                    |
| calcipotriene CREA .....64                                         | CARAFATE TABS (sucralfate) ...122                                                                                                                    | CARDURA XL .....77                                                  |
| CALCIPOTRIENE FOAM .....64                                         | carbamazepine CHEW 100 MG ...18                                                                                                                      | CAREONE LANCET SUPER THIN 30G .....87                               |
| calcipotriene OINT .....64                                         | carbamazepine CP12 .....19                                                                                                                           | CAREONE LANCET THIN 23G ..87                                        |
| calcipotriene SOLN .....64                                         | carbamazepine SUSP .....19                                                                                                                           | CAREPOINT POLY HUB NEEDLE 99                                        |
| calcipotriene-betamethasone dipropionate OINT .....66              | carbamazepine TABS .....19                                                                                                                           | CARESENS LANCETS .....87                                            |
| calcipotriene-betamethasone dipropionate SUSP .....66              | carbamazepine TB12 100 MG ....19                                                                                                                     | CARESENS LANCETS 30G .....87                                        |
| calcitonin (salmon) IJ .....72                                     | carbamazepine TB12 200 MG ....19                                                                                                                     | CARESTART COVID-19 HOME TEST KIT .....69                            |
| calcitonin (salmon) NA .....72                                     | carbamazepine TB12 400 MG ....19                                                                                                                     | CARETOUCH SAFETY LANCETS 88                                         |
| calcitriol (topical) .....64                                       | CARBATROL CP12 (carbamazepine) .....19                                                                                                               | CARETOUCH SAFETY LANCETS 26G .....88                                |
| calcitriol CAPS 0.25 MCG .....72                                   | carbidopa .....42                                                                                                                                    | CARETOUCH TWIST LANCETS 28G .....88                                 |
| calcitriol CAPS 0.5 MCG .....72                                    | carbidopa-levodopa TABS .....42                                                                                                                      | CARETOUCH TWIST LANCETS 30G .....88                                 |
| calcitriol SOLN PO .....72                                         | carbidopa-levodopa TBCR 100 MG-25 MG .....43                                                                                                         | CARETOUCH TWIST LANCETS 33G .....88                                 |
| calcium acetate (phosphate binder) CAPS .....76                    | carbidopa-levodopa TBCR 200 MG-50 MG .....42                                                                                                         | CARETOUCH TWIST MC LANCETS 30G .....88                              |
| calcium acetate (phosphate binder) TABS .....76                    | carbidopa-levodopa TBCR 200 MG-50 MG .....42                                                                                                         | carisoprodol TABS .....108                                          |
| CALQUENCE .....39                                                  | carbidopa-levodopa TBCR 200 MG-50 MG .....42                                                                                                         | CARNITOR SF SOLN PO (levocarnitine (metabolic modifiers)) 73        |
| CANASA SUPP (mesalamine) .....75                                   | carbidopa-levodopa-entacapone 100 MG-25 MG-200 MG, 125 MG-31.25 MG-200 MG, 150 MG-37.5 MG-200 MG, 200 MG-50 MG-200 MG, 75 MG-18.75 MG-200 MG .....42 | CARNITOR SOLN PO 1 GM/10ML (levocarnitine (metabolic modifiers)) 73 |
| candesartan cilexetil 32 MG .....31                                | carbidopa-levodopa-entacapone 50 MG-12.5 MG-200 MG .....42                                                                                           | CARNITOR TABS (levocarnitine                                        |
| candesartan cilexetil 4 MG, 8 MG, 16 MG .....31                    | carbinoxamine maleate SOLN ....28                                                                                                                    |                                                                     |
| candesartan cilexetil-hydrochlorothiazide .....32                  | carbinoxamine maleate TABS ....28                                                                                                                    |                                                                     |
| capecitabine .....36                                               | CARBINOXAMINE MALEATE TABS .28                                                                                                                       |                                                                     |
| CAPRELSA .....39                                                   | CARDIZEM CD CP24 (diltiazem hcl coated beads) .....49                                                                                                |                                                                     |
| captopril & hydrochlorothiazide ...32                              |                                                                                                                                                      |                                                                     |

|                                      |     |                                            |     |                                          |     |
|--------------------------------------|-----|--------------------------------------------|-----|------------------------------------------|-----|
| (metabolic modifiers))               | 73  | cefpodoxime proxetil SUSR                  | 52  | chlordiazepoxide-amitriptyline           | 115 |
| carteolol hcl (ophth)                | 110 | cefpodoxime proxetil TABS                  | 52  | chlorhexidine gluconate (mouth-throat)   | 104 |
| carvedilol 3.125 MG                  | 48  | cefprozil SUSR                             | 52  | chloroquine phosphate TABS               | 35  |
| carvedilol 6.25 MG, 12.5 MG, 25 MG   | 48  | cefprozil TABS                             | 52  | chlorpromazine hcl TABS                  | 45  |
| carvedilol phosphate                 | 48  | cefuroxime axetil TABS                     | 52  | chlorthalidone 25 MG, 50 MG              | 71  |
| CASODEX (bicalutamide)               | 38  | CELEBREX 400 MG (celecoxib)                | 5   | chlorzoxazone TABS                       | 108 |
| CATAPRES-TTS-1 PTWK (clonidine)      | 32  | CELEBREX 50 MG, 100 MG, 200 MG (celecoxib) | 5   | cholestyramine light PACK                | 29  |
| CATAPRES-TTS-2 PTWK (clonidine)      | 32  | celecoxib 400 MG                           | 5   | cholestyramine light POWD                | 29  |
| CATAPRES-TTS-3 PTWK (clonidine)      | 32  | celecoxib 50 MG, 100 MG, 200 MG            | 5   | cholestyramine PACK                      | 29  |
| CAYA DPRH                            | 84  | CELEXA TABS (citalopram hydrobromide)      | 22  | cholestyramine POWD                      | 29  |
| CAYSTON                              | 34  | CELLCEPT CAPS (mycophenolate mofetil)      | 103 | choline fenofibrate 135 MG               | 30  |
| cefaclor CAPS                        | 52  | CELLCEPT SUSR (mycophenolate mofetil)      | 103 | choline fenofibrate 45 MG                | 30  |
| CEFACLO ER TB12                      | 52  | CELLCEPT TABS (mycophenolate mofetil)      | 103 | CHOSEN LANCETS 30G                       | 88  |
| cefaclor SUSR 125 MG/5ML, 375 MG/5ML | 52  | CELONTIN (methsuximide)                    | 21  | CHOSEN SAFETY LANCETS 28G                | 88  |
| cefadroxil CAPS                      | 51  | cephalexin CAPS                            | 52  | CIALIS 2.5 MG (tadalafil)                | 50  |
| cefadroxil SUSR                      | 51  | cephalexin SUSR                            | 52  | CIALIS 5 MG, 10 MG, 20 MG (tadalafil)    | 50  |
| cefadroxil TABS                      | 51  | CEPROTIN                                   | 79  | ciclopirox GEL                           | 62  |
| cefazolin sodium SOLR IV 1 GM        | 52  | CERDELGA                                   | 80  | ciclopirox olamine CREA                  | 62  |
| cefdinir CAPS                        | 52  | CERVIDIL INST                              | 114 | ciclopirox olamine SUSP                  | 62  |
| cefdinir SUSR                        | 52  | CETACAINE AERO                             | 69  | ciclopirox SHAM                          | 62  |
| cefixime CAPS                        | 52  | CETRAXAL (ciprofloxacin hcl (otic))        | 113 | ciclopirox SOLN                          | 62  |
| cefixime SUSR                        | 52  | cevimeline hcl                             | 104 | cilostazol                               | 79  |
| CEFOTAN IJ (cefotetan disodium)      | 52  | CHEMET                                     | 26  | CILOXAN OINT                             | 110 |
| cefotetan disodium IJ 1 GM, 2 GM     | 52  | chlordiazepoxide hcl CAPS                  | 12  | CILOXAN SOLN (ciprofloxacin hcl (ophth)) | 110 |
| cefoxitin sodium IV 1 GM, 2 GM       | 52  | chlordiazepoxide hcl-clidinium bromide     | 121 | CIMDUO                                   | 45  |
| CEFOXITIN SODIUM-DEXTROSE            | 52  |                                            |     | cimetidine hcl PO 300 MG/5ML             | 122 |
|                                      |     |                                            |     | cimetidine TABS 300 MG, 800 MG           | 122 |

|                                                                                                                                                      |                                                                                                                                 |                                                                 |
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| cimetidine TABS 400 MG .....122                                                                                                                      | CLEMSZA TABS 2.68 MG<br>(clemastine fumarate) .....28                                                                           | clindamycin phosphate (topical)<br>LOTN .....60                 |
| cinacalcet hcl .....73                                                                                                                               | CLEOCIN (clindamycin hcl) .....34                                                                                               | clindamycin phosphate (topical)<br>SOLN .....60                 |
| CIPRO HC ..... 113                                                                                                                                   | CLEOCIN (clindamycin palmitate<br>hydrochloride) .....34                                                                        | clindamycin phosphate (topical)<br>SWAB .....61                 |
| CIPRO SUSR .....75                                                                                                                                   | CLEOCIN CREA (clindamycin<br>phosphate vaginal) ..... 126                                                                       | clindamycin phosphate vaginal CREA<br>.....126                  |
| CIPRO TABS 250 MG, 500 MG<br>(ciprofloxacin hcl) ..... 75                                                                                            | CLEOCIN SUPP .....126                                                                                                           | clindamycin phosphate-benzoyl<br>peroxide (refrigerate) .....61 |
| ciprofloxacin hcl (ophth) SOLN ...110                                                                                                                | CLEOCIN-T LOTN (clindamycin<br>phosphate (topical)) .....60                                                                     | clindamycin phosphate-benzoyl<br>peroxide GEL 5 %-1 % ..... 61  |
| ciprofloxacin hcl (otic) .....113                                                                                                                    | CLEVER CHEK LANCETS .....88                                                                                                     | clindamycin phosphate-tretinoin .. 61                           |
| ciprofloxacin hcl TABS .....75                                                                                                                       | CLEVER CHOICE COMFORT EZ<br>88                                                                                                  | CLINDESSE ..... 126                                             |
| ciprofloxacin-dexamethasone ...113                                                                                                                   | CLEVER CHOICE LANCETS 21G<br>88                                                                                                 | CLINITEST RAPID COVID-19 TEST<br>KIT .....70                    |
| citalopram hydrobromide SOLN ...22                                                                                                                   | CLEVER CHOICE LANCETS 23G<br>88                                                                                                 | clobazam SUSP .....18                                           |
| citalopram hydrobromide TABS ...22                                                                                                                   | CLEVER CHOICE LANCETS 28G<br>88                                                                                                 | clobazam TABS 10 MG .....18                                     |
| CITRANATAL 90 DHA 120 MG-20<br>MG-1 MG-3 MG-400 UNIT-3.4 MG-<br>20 MG-50 MG-25 MG-2 MG-159 MG-<br>90 MG-150 MCG-30 UNIT-0.75 MG-<br>300 MG ..... 106 | CLEVER CHOICE LANCETS 28G<br>88                                                                                                 | clobazam TABS 20 MG .....18                                     |
| CITRANATAL ASSURE ..... 106                                                                                                                          | CLEVER CHOICE PEAK FLOW<br>METER .....100                                                                                       | clobetasol propionate CREA 0.05 % .<br>66                       |
| CITRANATAL B-CALM 120 MG-25<br>MG-1 MG-400 UNIT-120 MG-20 MG<br>106                                                                                  | CLIMARA PRO .....74                                                                                                             | clobetasol propionate emollient base<br>0.05 % .....66          |
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| clarithromycin SUSR .....83                                                                                                                          | clindamycin palmitate hydrochloride .<br>34                                                                                     | clobetasol propionate LIQD .....66                              |
| clarithromycin TABS .....83                                                                                                                          | clindamycin phosphate (topical)<br>FOAM ..... 60                                                                                | clobetasol propionate LOTN .....66                              |
| clarithromycin TB24 .....83                                                                                                                          | clindamycin phosphate (topical) GEL<br>60                                                                                       | clobetasol propionate OINT 0.05 %<br>66                         |
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| CLEARDETECT COVID-19 AG<br>HOME KIT .....70                                                                                                          |                                                                                                                                 | clobetasol propionate SOLN 0.05 % .<br>66                       |
| clemastine fumarate TABS 2.68 MG .<br>28                                                                                                             |                                                                                                                                 | CLOBEX LOTN 0.05 % (clobetasol                                  |

|                                                   |                                                           |                                                                                                 |
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| clonazepam TBDP .....18                           | COLESTID FLAVORED PACK (colestipol hcl) .....29           | COMIRNATY SUSY .....124                                                                         |
| clonidine hcl (adhd) TB12 .....1                  | COLESTID GRAN (colestipol hcl) .29                        | COMPLERA 200 MG-300 MG-25 MG (emtricitabine- rilpivirine-tenofovir disoproxil fumarate) .....45 |
| clonidine hcl TABS .....32                        | COLESTID PACK (colestipol hcl) .29                        | COMPLETEENATE CHEW .....106                                                                     |
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| clopidogrel bisulfate .....80                     | colestipol hcl GRAN .....29                               | CONCEPT DHA .....106                                                                            |
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| clotrimazole w/ betamethasone LOTN .....62        | COMBIPATCH PTTW .....74                                   | CONCERTA TBCR 54 MG (methylphenidate hcl) .....2                                                |
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| CLOZARIL TABS (clozapine) .....44                 | COMETRIQ (100 MG DAILY DOSE) KIT .....39                  | CONZIP CP24 (tramadol hcl) .....7                                                               |
| C-NATE DHA CAPS .....106                          | COMETRIQ (140 MG DAILY DOSE) KIT .....39                  | COPAXONE SOSY 20 MG/ML (glatiramer acetate) .....116                                            |
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| DELSTRIGO .....                                                | 45  |                                                                                               |     | dextroamphetamine sulfate SOLN ..                                | 1   |
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| DIATHRIVE LANCETS .....                                  | 89  | diltiazem hcl CP24 .....                                                                                     | 49  |
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| EASY TOUCH FLIPLOCK NEEDLES<br>.....100   | efavirenz TABS .....45                                           | EMBRACE LANCETS ULTRA THIN<br>30G .....90                                                              |
| EASY TOUCH HYPODERMIC<br>NEEDLE .....100  | efavirenz-emtricitabine-tenofovir<br>disoproxil fumarate .....45 | EMBRACE PRESSURE ACTIVATED<br>21G .....90                                                              |
| EASY TOUCH LANCETS 21G ....89             | efavirenz-lamivudine-tenofovir<br>disoproxil fumarate .....45    | EMBRACE PRESSURE ACTIVATED<br>28G .....90                                                              |
| EASY TOUCH LANCETS 23G ....89             | EFFER-K .....103                                                 | EMCYT .....38                                                                                          |
| EASY TOUCH LANCETS 26G ....89             | EFFEXOR XR CP24 (venlafaxine<br>hcl) .....23                     | EMEND BIPACK CAPS 80 MG<br>(aprepitant) .....28                                                        |
| EASY TOUCH LANCETS 28G ....89             | EFFIENT (prasugrel hcl) .....80                                  | EMEND SUSR .....28                                                                                     |
| EASY TOUCH LANCETS<br>28G/TWIST .....89   | EFUDEX CREA (fluorouracil<br>(topical)) .....64                  | EMEND TRIPACK CAPS (aprepitant)<br>.....28                                                             |
| EASY TOUCH LANCETS 30G ....89             | ELESTRIN GEL .....74                                             | EMGALITY (300 MG DOSE) SOSY<br>101                                                                     |
| EASY TOUCH LANCETS<br>30G/TWIST .....89   | eletriptan hydrobromide .....101                                 | EMGALITY SOAJ .....101                                                                                 |
| EASY TOUCH LANCETS 32G ....89             | ELIDEL (pimecrolimus) .....68                                    | EMGALITY SOSY .....101                                                                                 |
| EASY TOUCH LANCETS<br>32G/TWIST .....89   | ELIGARD SC .....38                                               | EMSAM .....22                                                                                          |
| EASY TOUCH LANCETS<br>33G/TWIST .....89   | ELIMITE CREA (permethrin) .....69                                | emtricitabine CAPS .....45                                                                             |
| EASY TOUCH SAFETY LANCETS<br>21G .....89  | ELIQUIS DVT/PE STARTER PACK<br>TBPK .....16                      | emtricitabine-rilpivirine-tenofovir<br>disoproxil fumarate .....46                                     |
| EASY TOUCH SAFETY LANCETS<br>23G .....89  | ELIQUIS TABS .....16                                             | emtricitabine-tenofovir disoproxil<br>fumarate 100 MG-150 MG, 133 MG-<br>200 MG, 167 MG-250 MG .....46 |
| EASY TOUCH SAFETY LANCETS<br>26G .....89  | ELLA .....57                                                     | emtricitabine-tenofovir disoproxil<br>fumarate 200 MG-300 MG .....46                                   |
| EASY TOUCH SAFETY LANCETS<br>28G .....90  | ELLUME COVID-19 HOME TEST<br>KIT .....70                         | EMTRIVA CAPS (emtricitabine) ...46                                                                     |
| econazole nitrate CREA .....62            | ELMIRON CAPS .....77                                             | EMTRIVA SOLN .....46                                                                                   |
| EDARBI 40 MG .....31                      | eltrombopag olamine PACK 12.5<br>MG, 25 MG .....80               | enalapril maleate &<br>hydrochlorothiazide .....32                                                     |
| EDARBI 80 MG .....31                      | eltrombopag olamine TABS 12.5 MG,<br>25 MG, 50 MG, 75 MG .....80 |                                                                                                        |
| EDARBYCLOR .....32                        | EMBECTA AUTOSHIELD DUO .100                                      |                                                                                                        |
|                                           | EMBECTA INSULIN SYR<br>ULTRAFINE .....100                        |                                                                                                        |

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| enalapril maleate TABS .....                                                      | 31  | EPIDUO FORTE GEL (adapalene-benzoyl peroxide) .....    | 61  | ERYPED 400 SUSR (erythromycin ethylsuccinate) .....          | 83  |
| ENBREL MINI SOCT .....                                                            | 6   | EPIDUO GEL (adapalene-benzoyl peroxide) .....          | 61  | erythromycin (acne aid) GEL .....                            | 61  |
| ENBREL SOLN .....                                                                 | 6   | EPIFOAM FOAM .....                                     | 67  | erythromycin (acne aid) SOLN ....                            | 61  |
| ENBREL SOSY 25 MG/0.5ML .....                                                     | 6   | epinastine hcl (ophth) .....                           | 113 | erythromycin (ophth) .....                                   | 111 |
| ENBREL SOSY 50 MG/ML .....                                                        | 6   | epinephrine (anaphylaxis) SOAJ 0.15 MG/0.3ML .....     | 127 | ERYTHROMYCIN .....                                           | 111 |
| ENBREL SURECLICK SOAJ .....                                                       | 6   | epinephrine (anaphylaxis) SOAJ ..                      | 127 | erythromycin base CPEP .....                                 | 83  |
| ENCARE SUPP 100 MG .....                                                          | 126 | EPIPEN 2-PAK SOAJ (epinephrine (anaphylaxis)) .....    | 127 | erythromycin base TABS .....                                 | 83  |
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| ENDOMETRIN INST .....                                                             | 127 | EPIVIR SOLN (lamivudine) .....                         | 46  | erythromycin ethylsuccinate SUSR                             | 84  |
| ENGERIX-B SUSP 20 MCG/ML .                                                        | 124 | EPIVIR TABS (lamivudine) .....                         | 46  | erythromycin ethylsuccinate TABS                             | 84  |
| ENGERIX-B SUSY .....                                                              | 124 | eplerenone .....                                       | 34  | ESBRIET CAPS (pirfenidone) ....                              | 119 |
| enoxaparin sodium SOLN IJ 300 MG/3ML .....                                        | 16  | EPZICOM (abacavir sulfate-lamivudine) .....            | 46  | ESBRIET TABS (pirfenidone) ....                              | 119 |
| enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML .....                                 | 16  | EQUETRO .....                                          | 44  | escitalopram oxalate SOLN .....                              | 22  |
| enoxaparin sodium SOSY 30 MG/0.3ML .....                                          | 17  | ergocalciferol CAPS .....                              | 127 | escitalopram oxalate TABS 10 MG, 20 MG .....                 | 22  |
| enoxaparin sodium SOSY 40 MG/0.4ML .....                                          | 16  | ergoloid mesylates TABS .....                          | 116 | escitalopram oxalate TABS 5 MG .                             | 22  |
| enoxaparin sodium SOSY 60 MG/0.6ML .....                                          | 16  | ERGOMAR SUBL .....                                     | 101 | ESGIC TABS (butalbital-acetaminophen-caffeine) .....         | 6   |
| enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML .....                            | 17  | ergotamine w/ caffeine TABS ....                       | 101 | eslicarbazepine acetate 200 MG, 400 MG, 600 MG, 800 MG ..... | 19  |
| entacapone .....                                                                  | 42  | ERIVEDGE .....                                         | 37  | estazolam .....                                              | 81  |
| entecavir TABS .....                                                              | 47  | ERLEADA 240 MG .....                                   | 38  | ESTRACE CREA (estradiol vaginal) .                           | 127 |
| ENTEREG (alvimopan) .....                                                         | 76  | ERLEADA 60 MG .....                                    | 38  | ESTRACE TABS (estradiol) .....                               | 74  |
| ENTRESTO CPSP .....                                                               | 50  | erlotinib hcl .....                                    | 37  | estradiol & norethindrone acetate TABS .....                 | 74  |
| ENTRESTO TABS 103 MG-97 MG, 26 MG-24 MG, 51 MG-49 MG (sacubitril-valsartan) ..... | 50  | ERTACZO .....                                          | 62  | estradiol GEL .....                                          | 74  |
| EPCLUSA PACK .....                                                                | 47  | ertapenem sodium IJ .....                              | 34  | estradiol PTTW .....                                         | 74  |
| EPCLUSA TABS .....                                                                | 47  | ERYGEL GEL (erythromycin (acne aid)) .....             | 61  | estradiol PTWK .....                                         | 74  |
| EPIDIOLEX .....                                                                   | 19  | ERYPED 200 SUSR (erythromycin ethylsuccinate) .....    | 83  | estradiol TABS .....                                         | 74  |

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| estradiol vaginal CREA .....                 | 127 | EXELDERM SOLN .....                                                                         | 62  | FASENRA PEN SOAJ .....                               | 13  |
| estradiol vaginal TABS .....                 | 127 | EXELON (rivastigmine) .....                                                                 | 115 | FASENRA SOSY 10 MG/0.5ML ...                         | 13  |
| estradiol valerate .....                     | 74  | exemestane .....                                                                            | 38  | FASENRA SOSY 30 MG/ML .....                          | 13  |
| ESTRING RING 7.5 MCG/24HR .                  | 127 | EXFORGE 10 MG-160 MG<br>(amlodipine besylate-valsartan) ...                                 | 33  | FASTEP COVID-19 ANTIGEN TEST<br>KIT .....            | 70  |
| ESTROGEL GEL (estradiol) .....               | 74  | EXFORGE 10 MG-320 MG, 5 MG-<br>160 MG, 5 MG-320 MG (amlodipine<br>besylate-valsartan) ..... | 33  | FC2 FEMALE CONDOM .....                              | 84  |
| eszopiclone .....                            | 81  | EXFORGE HCT (amlodipine-<br>valsartan-hydrochlorothiazide) ....                             | 33  | febuxostat 40 MG .....                               | 78  |
| ethacrynic acid .....                        | 71  | EXJADE TBSO (deferiasirox) .....                                                            | 26  | febuxostat 80 MG .....                               | 78  |
| ethambutol hcl TABS .....                    | 36  | EXODERM .....                                                                               | 62  | FEIBA .....                                          | 78  |
| ethosuximide CAPS .....                      | 21  | ezetimibe .....                                                                             | 30  | felbamate SUSP .....                                 | 21  |
| ethosuximide SOLN .....                      | 21  | ezetimibe-simvastatin .....                                                                 | 29  | felbamate TABS .....                                 | 21  |
| ethynodiol diacet & eth estrad ....          | 56  | EZ-LETS LANCETS 21G .....                                                                   | 90  | FELBATOL SUSP (felbamate) ....                       | 21  |
| etodolac CAPS .....                          | 5   | EZ-LETS LANCETS 26G .....                                                                   | 90  | FELBATOL TABS (felbamate) ....                       | 21  |
| etodolac TABS .....                          | 5   | EZ-LETS LANCETS 28G .....                                                                   | 90  | FELDENE CAPS 10 MG (piroxicam) .                     | 5   |
| etodolac TB24 .....                          | 5   | EZ-LETS LANCETS 30G .....                                                                   | 90  | FELDENE CAPS 20 MG (piroxicam) .                     | 5   |
| etonogestrel-ethinyl estradiol ....          | 56  | FABIOR FOAM .....                                                                           | 61  | felodipine 10 MG .....                               | 49  |
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| etoposide CAPS .....                         | 42  | famotidine SUSR .....                                                                       | 122 | FEMARA (letrozole) .....                             | 38  |
| etravirine .....                             | 46  | famotidine TABS 20 MG .....                                                                 | 122 | FEMCAP DEVI .....                                    | 84  |
| EUCRISA .....                                | 69  | famotidine TABS 40 MG .....                                                                 | 122 | FEMRING .....                                        | 127 |
| EULEXIN .....                                | 38  | FANAPT .....                                                                                | 44  | fenofibrate CAPS .....                               | 30  |
| EVAMIST SOLN .....                           | 74  | FANAPT TITRATION PACK A ....                                                                | 44  | fenofibrate micronized 130 MG, 200<br>MG .....       | 30  |
| everolimus (immunosuppressant)<br>103        |     | FANTASY LUBRICATED MISC ...                                                                 | 84  | fenofibrate micronized 67 MG, 90<br>MG, 134 MG ..... | 30  |
| everolimus TABS .....                        | 39  | FANTASY<br>LUBRICATED/SPERMICIDE MISC<br>84                                                 |     | fenofibrate TABS 145 MG .....                        | 30  |
| everolimus TBSO .....                        | 39  | FARESTON (toremifene citrate) ..                                                            | 38  | fenofibrate TABS 48 MG, 160 MG .                     | 30  |
| EVISTA (raloxifene hcl) .....                | 72  | FARXIGA (dapagliflozin propanediol)<br>.....                                                | 26  | fenofibrate TABS 54 MG .....                         | 30  |
| EVOTAZ .....                                 | 46  |                                                                                             |     | fenofibric acid 105 MG .....                         | 30  |
| EVOXAC (cevimeline hcl) .....                | 104 |                                                                                             |     | FENOGLIDE TABS (fenofibrate) ..                      | 30  |
| EVRYSDI .....                                | 109 |                                                                                             |     |                                                      |     |
| EXELDERM CREA (sulconazole<br>nitrate) ..... | 62  |                                                                                             |     |                                                      |     |

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| FENSOLVI (6 MONTH) SC .....72                                               | FIORICET/CODEINE 30 MG-40 MG-50 MG-300 MG (butalbital-acetaminophen-caffeine w/ codeine) . 9 | (fluticasone propionate hfa) .....14       |
| fentanyl citrate LPOP 1600 MCG ...8                                         |                                                                                              | FLOWFLEX COVID-19 AG HOME TEST KIT .....70 |
| fentanyl citrate LPOP 200 MCG, 400 MCG, 600 MCG, 800 MCG, 1200 MCG .....8   | FIRAZYR SOSY (icatibant acetate) 79                                                          | FLOWFLEX PLUS COVID-19/FLU A/B .....70     |
| fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR .....8 | FLAGYL CAPS (metronidazole) ...34                                                            | FLUAD ..... 124                            |
|                                                                             | FLAREX .....111                                                                              | FLUAD QUADRIVALENT .....124                |
| fentanyl PT72 37.5 MCG/HR, 62.5 MCG/HR, 87.5 MCG/HR .....8                  | flavoxate hcl .....124                                                                       | FLUARIX QUADRIVALENT SUSY 124              |
| FERRIPROX SOLN .....26                                                      | flecainide acetate .....13                                                                   | FLUARIX SUSY ..... 125                     |
| FERRIPROX TABS 500 MG (deferiprone) ..... 27                                | FLONASE ALLERGY REL CHILDRENS SUSP (fluticasone propionate (nasal)) .....109                 | FLUBLOK QUADRIVALENT .....125              |
| fesoterodine fumarate .....124                                              | FLONASE ALLERGY RELIEF SUSP (fluticasone propionate (nasal)) .. 109                          | FLUBLOK SOSY ..... 125                     |
| FETZIMA CP24 20 MG .....23                                                  | FLORAFOL PEDIATRIC CHEW . 105                                                                | FLUCELVAX QUADRIVALENT SUSP ..... 125      |
| FETZIMA CP24 40 MG, 80 MG, 120 MG ..... 23                                  | FLORAFOL PEDIATRIC SOLN ..105                                                                | FLUCELVAX QUADRIVALENT SUSY ..... 125      |
| FETZIMA TITRATION C4PK ..... 23                                             | FLORIVA .....102                                                                             | FLUCELVAX SUSP ..... 125                   |
| FIBRICOR 105 MG (fenofibric acid) 30                                        | FLORIVA .....105                                                                             | FLUCELVAX SUSY ..... 125                   |
| FIBRICOR 35 MG (fenofibric acid) 30                                         | FLORIVA PLUS SOLN .....105                                                                   | fluconazole SUSR ..... 28                  |
| fidaxomicin TABS 200 MG .....84                                             | FLOTREX CHEW 0.25 MG .....105                                                                | fluconazole TABS .....28                   |
| FIFTY50 SAFETY SEAL LANCETS . 90                                            | FLOTREX CHEW 0.5 MG, 1 MG .105                                                               | flucytosine .....28                        |
| FIFTY50 UNILET LANCETS 33G .90                                              | FLOVENT DISKUS AEPB 100 MCG/ACT (fluticasone propionate (inhalation)) ..... 14               | fludarabine phosphate SOLR .....36         |
| FINACEA FOAM .....69                                                        | FLOVENT DISKUS AEPB 250 MCG/ACT (fluticasone propionate (inhalation)) ..... 14               | fludrocortisone acetate TABS .....58       |
| FINACEA GEL (azelaic acid) .....69                                          | FLOVENT DISKUS AEPB 50 MCG/ACT (fluticasone propionate (inhalation)) ..... 14                | FLULAVAL QUADRIVALENT SUSY . 125           |
| finasteride ..... 77                                                        | FLOVENT HFA 110 MCG/ACT, 220 MCG/ACT (fluticasone propionate hfa) .....14                    | FLULAVAL SUSY ..... 125                    |
| FINE 30 .....90                                                             | FLOVENT HFA 44 MCG/ACT                                                                       | FLUMIST .....125                           |
| FINGERSTIX LANCETS .....90                                                  |                                                                                              | FLUMIST QUADRIVALENT ..... 125             |
| fingolimod hcl ..... 116                                                    |                                                                                              | fluocinolone acetonide (otic) .....114     |
| FIORICET CAPS (butalbital-acetaminophen-caffeine) .....6                    |                                                                                              | fluocinolone acetonide CREA .....67        |
|                                                                             |                                                                                              | fluocinolone acetonide OIL ..... 67        |
|                                                                             |                                                                                              | fluocinolone acetonide OINT .....67        |

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| fluocinolone acetonide SOLN .....67                               | fluticasone propionate (inhalation) AEPB 100 MCG/ACT ..... 14                                              | 125                                                               |
| fluocinonide CREA .....67                                         | fluticasone propionate (inhalation) AEPB 250 MCG/ACT ..... 14                                              | FLUZONE QUADRIVALENT SUSY 125                                     |
| fluocinonide emulsified base .....67                              | fluticasone propionate (inhalation) AEPB 50 MCG/ACT .....14                                                | FLUZONE SUSP ..... 125                                            |
| fluocinonide GEL .....67                                          | fluticasone propionate (nasal) SUSP . 109                                                                  | FLUZONE SUSY ..... 125                                            |
| fluocinonide OINT .....67                                         | fluticasone propionate CREA 0.05 % 67                                                                      | FML FORTE SUSP .....111                                           |
| fluocinonide SOLN .....67                                         | fluticasone propionate hfa 110 MCG/ACT, 220 MCG/ACT .....14                                                | FML LIQUIFILM SUSP (fluorometholone (ophth)) ..... 111            |
| fluorometholone (ophth) SUSP ...111                               | fluticasone propionate hfa 44 MCG/ACT ..... 14                                                             | FOCALIN TABS (dexmethylphenidate hcl) ..... 2                     |
| fluorouracil (topical) CREA 0.5 % ..64                            | fluticasone propionate LOTN ..... 67                                                                       | FOCALIN XR CP24 (dexmethylphenidate hcl) ..... 2                  |
| fluorouracil (topical) CREA 5 % ....64                            | fluticasone propionate OINT .....67                                                                        | folic acid TABS 1 MG .....80                                      |
| fluorouracil (topical) SOLN .....64                               | fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT .....15 | folic acid TABS 400 MCG, 800 MCG . 80                             |
| fluoxetine hcl (pmdd) TABS ..... 116                              | fluticasone-salmeterol AERO ..... 15                                                                       | FOLIVANE-F ..... 81                                               |
| fluoxetine hcl CAPS 10 MG, 20 MG 22                               | fluvastatin sodium CAPS .....30                                                                            | FOLIVANE-OB .....106                                              |
| fluoxetine hcl CAPS 40 MG .....22                                 | fluvastatin sodium TB24 ..... 30                                                                           | fondaparinux sodium 2.5 MG/0.5ML . 17                             |
| fluoxetine hcl CPDR ..... 22                                      | fluvoxamine maleate CP24 100 MG 22                                                                         | fondaparinux sodium 5 MG/0.4ML, 7.5 MG/0.6ML, 10 MG/0.8ML .....17 |
| fluoxetine hcl SOLN .....22                                       | fluvoxamine maleate CP24 150 MG 22                                                                         | FORA LANCETS .....90                                              |
| FLUOXETINE HCL TABS (fluoxetine hcl) ..... 22                     | fluvoxamine maleate TABS 100 MG . 22                                                                       | FORFIVO XL TB24 (bupropion hcl) 22                                |
| fluoxetine hcl TABS 10 MG .....22                                 | fluvoxamine maleate TABS 25 MG, 50 MG .....22                                                              | formaldehyde SOLN 10 % .....45                                    |
| fluoxetine hcl TABS 20 MG, 60 MG 22                               | FLUZONE HIGH-DOSE QUADRIVALENT ..... 125                                                                   | FORTEO SOPN (teriparatide) .....72                                |
| fluphenazine hcl CONC .....45                                     | FLUZONE HIGH-DOSE SUSY ...125                                                                              | FORTESTA GEL TD (testosterone) 11                                 |
| fluphenazine hcl ELIX .....45                                     | FLUZONE QUADRIVALENT SUSP                                                                                  | FOSAMAX TABS 70 MG (alendronate sodium) ..... 72                  |
| fluphenazine hcl TABS .....45                                     |                                                                                                            | fosamprenavir calcium TABS .....46                                |
| flurandrenolide CREA .....67                                      |                                                                                                            | fosfomycin tromethamine ..... 35                                  |
| flurbiprofen sodium .....113                                      |                                                                                                            | fosinopril sodium & hydrochlorothiazide ..... 33                  |
| flurbiprofen TABS ..... 5                                         |                                                                                                            |                                                                   |
| fluticasone furoate (inhalation) 100 MCG/ACT, 200 MCG/ACT .....14 |                                                                                                            |                                                                   |
| fluticasone furoate (inhalation) 50 MCG/ACT ..... 14              |                                                                                                            |                                                                   |
| fluticasone furoate-vilanterol ..... 15                           |                                                                                                            |                                                                   |

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| fosinopril sodium ..... 31                                                                                                       | FUZEON SOLR ..... 46                                           | gentamicin sulfate (ophth) SOLN .111                |
| FOSRENOL CHEW 1000 MG<br>(lanthanum carbonate) ..... 76                                                                          | FYCOMPA SUSP ..... 18                                          | gentamicin sulfate (topical) CREA .62               |
| FOSRENOL CHEW 500 MG<br>(lanthanum carbonate) ..... 76                                                                           | FYCOMPA TABS 2 MG<br>(perampanel) ..... 18                     | gentamicin sulfate (topical) OINT .62               |
| FOSRENOL CHEW 750 MG<br>(lanthanum carbonate) ..... 76                                                                           | FYCOMPA TABS 4 MG<br>(perampanel) ..... 18                     | GENTEEL BUTTERFLY TOUCH<br>LANCET ..... 90          |
| FOSRENOL PACK ..... 76                                                                                                           | FYCOMPA TABS 6 MG<br>(perampanel) ..... 18                     | GENTLE-LET GP LANCETS ..... 90                      |
| FRAGMIN SOLN 95000 UNIT/3.8ML<br>17                                                                                              | FYCOMPA TABS 8 MG, 10 MG, 12<br>MG (perampanel) ..... 18       | GENTLE-LET LANCETS ..... 90                         |
| FRAGMIN SOSY 2500 UNIT/0.2ML<br>17                                                                                               | gabapentin CAPS ..... 19                                       | GENVOYA ..... 46                                    |
| FRAGMIN SOSY 5000 UNIT/0.2ML,<br>7500 UNIT/0.3ML, 10000 UNIT/ML,<br>12500 UNIT/0.5ML, 15000<br>UNIT/0.6ML, 18000 UNT/0.72ML ..17 | gabapentin SOLN ..... 19                                       | GEODON 20 MG, 40 MG<br>(ziprasidone hcl) ..... 44   |
| FREESTYLE FREEDOM LITE KIT<br>90                                                                                                 | gabapentin TABS 600 MG, 800 MG<br>19                           | GEODON 60 MG, 80 MG<br>(ziprasidone hcl) ..... 44   |
| FREESTYLE INSULINX TEST STRP<br>..... 70                                                                                         | GABLOFEN SOLN IT 10000<br>MCG/20ML, 40000 MCG/20ML .. 108      | GILENYA (fingolimod hcl) ..... 116                  |
| FREESTYLE LANCETS ..... 90                                                                                                       | GALAFOLD ..... 73                                              | GILOTRIF ..... 37                                   |
| FREESTYLE LITE KIT ..... 90                                                                                                      | galantamine hydrobromide CP24 115                              | GILPHEX TR TABS 10 MG-388 MG .<br>58                |
| FREESTYLE LITE TEST STRP ... 70                                                                                                  | galantamine hydrobromide SOLN<br>115                           | GILTUSS COUGH & COLD TABS 59                        |
| FREESTYLE PRECISION NEO<br>SYSTEM KIT ..... 90                                                                                   | galantamine hydrobromide TABS 115                              | GILTUSS SINUS & CONGESTION<br>TABS ..... 59         |
| FREESTYLE PRECISION NEO<br>TEST STRP ..... 70                                                                                    | GALZIN ..... 103                                               | glatiramer acetate SOSY 20 MG/ML .<br>116           |
| FREESTYLE TEST STRP ..... 70                                                                                                     | GARDASIL 9 SUSP 0.5 ML ..... 125                               | glatiramer acetate SOSY 40 MG/ML .<br>116           |
| FREESTYLE UNISTICK II LANCETS<br>..... 90                                                                                        | GARDASIL 9 SUSY 0.5 ML ..... 126                               | GLEEVEC TABS 100 MG (imatinib<br>mesylate) ..... 39 |
| FROVA (frovatriptan succinate) . 101                                                                                             | gatifloxacin (ophth) ..... 111                                 | GLEEVEC TABS 400 MG (imatinib<br>mesylate) ..... 39 |
| frovatriptan succinate ..... 101                                                                                                 | GATTEX ..... 77                                                | GLEOSTINE 10 MG, 40 MG, 100 MG<br>..... 36          |
| furosemide SOLN PO 8 MG/ML, 10<br>MG/ML ..... 71                                                                                 | gefitinib ..... 37                                             | glimepiride 1 MG, 2 MG, 4 MG .... 26                |
| furosemide TABS ..... 71                                                                                                         | GELFILM ..... 112                                              | glipizide TABS ..... 26                             |
|                                                                                                                                  | gemfibrozil TABS ..... 30                                      | glipizide TB24 ..... 26                             |
|                                                                                                                                  | GENABIO COVID-19 RAPID TEST<br>KIT ..... 70                    | glipizide-metformin hcl ..... 24                    |
|                                                                                                                                  | GENERESS FE (norethindrone &<br>ethinyl estradiol-fe) ..... 56 |                                                     |

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| GLOBAL EASY GLIDE INSULIN<br>SYR ..... 100                                 | RAPI KIT ..... 70                          | HAVRIX IM 720 EL U/0.5ML ..... 126                                  |
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| LENVIMA (24 MG DAILY DOSE) .                                   | 37  | levonorgestrel (emergency oc) 1.5<br>MG .....                                                               | 57  | lidocaine hcl SOLN .....                                               | 69  |
| LENVIMA (4 MG DAILY DOSE) ..                                   | 37  | levonorgestrel-eth estradiol<br>(triphasic) .....                                                           | 56  | lidocaine PTCH 5 % .....                                               | 69  |
| LENVIMA (8 MG DAILY DOSE) ..                                   | 37  | levonorgestrel-ethinyl estradiol (91-<br>day) 0.03 MG-0.15 MG .....                                         | 56  | lidocaine-prilocaine CREA .....                                        | 69  |
| LESCOL XL TB24 (fluvastatin<br>sodium) .....                   | 30  | levonorgestrel-ethinyl estradiol<br>(continuous) .....                                                      | 56  | LIDODERM PTCH (lidocaine) .....                                        | 69  |
| LETAIRIS (ambrisentan) .....                                   | 51  | levonorgestrel-ethinyl estradiol-iron<br>56                                                                 |     | linezolid SUSR .....                                                   | 35  |
| letrozole .....                                                | 38  | levorphanol tartrate TABS 2 MG ....                                                                         | 8   | linezolid TABS .....                                                   | 35  |
| leucovorin calcium SOLR 50 MG,<br>100 MG, 200 MG, 350 MG ..... | 42  | levorphanol tartrate TABS 3 MG ....                                                                         | 8   | LINZESS .....                                                          | 76  |
| leucovorin calcium TABS .....                                  | 42  | levothyroxine sodium CAPS .....                                                                             | 120 | LIORESAL SOLN IT (baclofen) ..                                         | 108 |
| LEUKERAN .....                                                 | 36  | levothyroxine sodium TABS 112<br>MCG, 125 MCG, 175 MCG, 200<br>MCG .....                                    | 120 | LIORESAL SOLN IT .....                                                 | 108 |
| leuprolide acetate KIT IJ 1 MG/0.2ML<br>.....                  | 38  | levothyroxine sodium TABS 25 MCG,<br>50 MCG, 75 MCG, 88 MCG, 100<br>MCG, 137 MCG, 150 MCG, 300<br>MCG ..... | 120 | liothyronine sodium TABS 25 MCG,<br>50 MCG .....                       | 120 |
| levabuterol hcl .....                                          | 15  | LEVSIN TABS (hyoscyamine sulfate)<br>.....                                                                  | 122 | liothyronine sodium TABS 5 MCG<br>120                                  |     |
| levabuterol tartrate .....                                     | 15  | LEVSIN/SL SUBL (hyoscyamine<br>sulfate) .....                                                               | 121 | LIPITOR TABS (atorvastatin calcium)<br>.....                           | 30  |
| LEVBID TB12 (hyoscyamine sulfate)<br>121                       |     | LEXAPRO TABS 10 MG, 20 MG                                                                                   |     | LIPOFEN CAPS (fenofibrate) .....                                       | 30  |
| levetiracetam SOLN PO 100 MG/ML,<br>500 MG/5ML .....           | 19  |                                                                                                             |     | liraglutide .....                                                      | 25  |
| levetiracetam TABS .....                                       | 19  |                                                                                                             |     | lisdexamphetamine dimesylate CAPS 1                                    |     |
| levetiracetam TB24 .....                                       | 19  |                                                                                                             |     | lisdexamphetamine dimesylate CHEW .<br>1                               |     |
| levobunolol hcl 0.5 % .....                                    | 110 |                                                                                                             |     | lisinopril & hydrochlorothiazide 12.5<br>MG-10 MG, 12.5 MG-20 MG ..... | 33  |
| levocarnitine (metabolic modifiers)<br>SOLN PO 1 GM/10ML ..... | 73  |                                                                                                             |     | lisinopril & hydrochlorothiazide 25                                    |     |
| levocarnitine (metabolic modifiers)                            |     |                                                                                                             |     |                                                                        |     |

|                                     |     |                                        |                                  |     |
|-------------------------------------|-----|----------------------------------------|----------------------------------|-----|
| MG-20 MG .....                      | 33  | LOPROX SUSP (ciclopirox olamine) .     | (enoxaparin sodium) .....        | 17  |
| lisinopril TABS 2.5 MG, 5 MG, 10    |     | 62                                     | LOVENOX SOSY 60 MG/0.6ML         |     |
| MG, 20 MG, 30 MG .....              | 31  | lorazepam CONC .....                   | (enoxaparin sodium) .....        | 17  |
| lisinopril TABS 40 MG .....         | 31  | lorazepam TABS .....                   | LOVENOX SOSY 80 MG/0.8ML, 120    |     |
| LITE TOUCH LANCETS .....            | 92  | LORBRENA .....                         | MG/0.8ML (enoxaparin sodium) ... | 17  |
| LITETOUCH LANCETS .....             | 92  | losartan potassium &                   | loxapine succinate .....         | 44  |
| lithium .....                       | 43  | hydrochlorothiazide .....              | lubiprostone .....               | 75  |
| lithium carbonate CAPS 150 MG, 600  |     | losartan potassium .....               | LUMAKRAS 120 MG .....            | 40  |
| MG .....                            | 44  | LOTEMAX GEL (loteprednol               | LUMAKRAS 240 MG, 320 MG ....     | 40  |
| lithium carbonate CAPS 300 MG ..    | 43  | etabonate) .....                       | LUMIGAN SOLN 0.01 % .....        | 113 |
| lithium carbonate TABS .....        | 44  | LOTEMAX OINT .....                     | LUNESTA (eszopiclone) .....      | 81  |
| lithium carbonate TBCR .....        | 44  | LOTEMAX SUSP (loteprednol              | LUNG PERFORM PEAK FLOW           |     |
| LITHOBID TBCR (lithium carbonate) . |     | etabonate) .....                       | METER .....                      | 100 |
| 44                                  |     | LOTENSIN 10 MG, 20 MG, 40 MG           | LUPRON DEPOT (1-MONTH) KIT IM    |     |
| LITHOSTAT .....                     | 78  | (benazepril hcl) .....                 | 3.75 MG .....                    | 38  |
| LIVALO (pitavastatin calcium) ....  | 30  | LOTENSIN HCT 12.5 MG-10 MG,            | LUPRON DEPOT (1-MONTH) KIT IM    |     |
| LIVE BETTER LANCET SUPER            |     | 12.5 MG-20 MG, 25 MG-20 MG             | 7.5 MG .....                     | 38  |
| THIN .....                          | 92  | (benazepril & hydrochlorothiazide) 33  | LUPRON DEPOT-PED (1-MONTH)       |     |
| LO LOESTRIN FE TABS .....           | 56  | loteprednol etabonate GEL .....        | 7.5 MG .....                     | 72  |
| LOCOID LIPOCREAM .....              | 67  | loteprednol etabonate SUSP ....        | lurasidone hcl .....             | 44  |
| LODINE TABS (etodolac) .....        | 5   | LOTREL 10 MG-5 MG, 20 MG-10            | LURBIRO TABS 100 MG              |     |
| LODOSYN (carbidopa) .....           | 42  | MG, 20 MG-5 MG, 40 MG-10 MG            | (flurbiprofen) .....             | 5   |
| LOKELMA .....                       | 104 | (amlodipine besylate-benazepril hcl) . | LYNPARZA TABS .....              | 40  |
| LOMOTIL TABS (diphenoxylate w/      |     | 33                                     | LYRICA CAPS 225 MG, 300 MG       |     |
| atropine) .....                     | 26  | LOTRONEX (alosetron hcl) .....         | (pregabalin) .....               | 19  |
| LONSURF .....                       | 39  | lovastatin TABS .....                  | LYRICA CAPS 25 MG, 50 MG, 75     |     |
| loperamide hcl CAPS .....           | 26  | LOVAZA (omega-3-acid ethyl esters)     | MG, 100 MG, 150 MG, 200 MG       |     |
| LOPID TABS (gemfibrozil) .....      | 30  | .....                                  | (pregabalin) .....               | 19  |
| lopinavir-ritonavir SOLN .....      | 46  | LOVENOX SOLN IJ 300 MG/3ML             | LYRICA SOLN (pregabalin) .....   | 19  |
| lopinavir-ritonavir TABS .....      | 46  | (enoxaparin sodium) .....              | LYSODREN .....                   | 38  |
| LOPRESSOR TABS (metoprolol          |     | LOVENOX SOSY 100 MG/ML, 150            | MACROBID (nitrofurantoin monohyd |     |
| tartrate) .....                     | 48  | MG/ML (enoxaparin sodium) .....        | macro) .....                     | 35  |
|                                     |     | 17                                     | MACRODANTIN (nitrofurantoin      |     |
|                                     |     | LOVENOX SOSY 30 MG/0.3ML               | macrocrystal) .....              | 35  |
|                                     |     | (enoxaparin sodium) .....              |                                  |     |
|                                     |     | 17                                     |                                  |     |
|                                     |     | LOVENOX SOSY 40 MG/0.4ML               |                                  |     |

|                                                           |     |                                                          |     |                                         |     |
|-----------------------------------------------------------|-----|----------------------------------------------------------|-----|-----------------------------------------|-----|
| mafenide acetate PACK .....                               | 65  | MEDLANCE LITE 25G .....                                  | 92  | MEKINIST TABS .....                     | 40  |
| MALARONE (atovaquone-proguanil hcl) .....                 | 35  | MEDLANCE PLUS EXTRA 21G ..                               | 92  | meloxicam TABS 15 MG .....              | 5   |
| malathion .....                                           | 69  | MEDLANCE PLUS LANCETS ....                               | 92  | meloxicam TABS 7.5 MG .....             | 5   |
| maraviroc TABS .....                                      | 46  | MEDLANCE PLUS LITE 25G ....                              | 92  | melphalan .....                         | 36  |
| MARINOL CAPS (dronabinol) .....                           | 27  | MEDLANCE PLUS SPECIAL 0.8MM .....                        | 93  | melphalan hcl IV .....                  | 36  |
| MARPLAN .....                                             | 22  | MEDLANCE PLUS SUPERLITE 30G .....                        | 93  | memantine hcl CP24 .....                | 115 |
| MATULANE .....                                            | 42  | MEDLANCE PLUS UNIVERSAL 21G .....                        | 93  | memantine hcl SOLN .....                | 115 |
| MAVYRET TABS .....                                        | 47  | MEDLANCE UNIVERSAL 21G ...                               | 93  | memantine hcl TABS 10 MG ....           | 115 |
| MAXALT TABS 10 MG (rizatriptan benzoate) .....            | 101 | MEDROL TABS 4 MG, 8 MG, 16 MG (methylprednisolone) ..... | 57  | memantine hcl TABS 5 MG ....            | 115 |
| MAXALT-MLT TBDP 10 MG (rizatriptan benzoate) .....        | 101 | MEDROL TABS .....                                        | 57  | memantine hcl TABS .....                | 115 |
| MAXIDEX SUSP OP .....                                     | 112 | MEDROL TBPK (methylprednisolone) .....                   | 57  | MENEST 2.5 MG .....                     | 75  |
| MAXITROL OINT (neomycin-polymyx-dexameth) .....           | 112 | medroxyprogesterone acetate 10 MG .....                  | 114 | MENOSTAR PTWK .....                     | 75  |
| MAXITROL SUSP (neomycin-polymyx-dexameth) .....           | 112 | medroxyprogesterone acetate 2.5 MG, 5 MG .....           | 115 | MENQUADFI 0.5 ML .....                  | 124 |
| MAXX MISC .....                                           | 85  | mefenamic acid CAPS .....                                | 5   | MENVEO SOLR .....                       | 124 |
| MAXX PLUS MISC .....                                      | 85  | mefloquine hcl .....                                     | 35  | meperidine hcl SOLN PO 50 MG/5ML .....  | 8   |
| MAXZIDE TABS (triamterene & hydrochlorothiazide) .....    | 71  | megestrol acetate (appetite) ....                        | 115 | meperidine hcl TABS 50 MG .....         | 8   |
| MAXZIDE-25 TABS (triamterene & hydrochlorothiazide) ..... | 71  | megestrol acetate SUSP .....                             | 38  | MEPRON (atovaquone) .....               | 34  |
| meclizine hcl CHEW .....                                  | 27  | megestrol acetate TABS .....                             | 38  | mercaptopurine SUSP 2000 MG/100ML ..... | 36  |
| meclizine hcl TABS 50 MG .....                            | 27  | MEIJER LANCETS .....                                     | 93  | mercaptopurine TABS .....               | 36  |
| meclofenamate sodium CAPS .....                           | 5   | MEIJER LANCETS UNIVERSAL 21G .....                       | 93  | mesalamine CP24 .....                   | 76  |
| MEDICHOICE SAFETY LANCET ..                               | 92  | MEIJER LANCETS UNIVERSAL 30G .....                       | 93  | mesalamine CPDR .....                   | 76  |
| MEDICHOICE SAFETY LANCET EXTRA .....                      | 92  | MEIJER LANCETS UNIVERSAL 33G .....                       | 93  | mesalamine CPDR .....                   | 76  |
| MEDICHOICE SAFETY LANCET NORM .....                       | 92  | MEKINIST SOLR .....                                      | 40  | mesalamine ENEM .....                   | 76  |
| MEDLANCE EXTRA 21G .....                                  | 92  |                                                          |     | mesalamine SUPP .....                   | 76  |
|                                                           |     |                                                          |     | mesalamine TBEC 1.2 GM .....            | 76  |
|                                                           |     |                                                          |     | mesalamine TBEC 800 MG .....            | 76  |
|                                                           |     |                                                          |     | mesna TABS .....                        | 42  |
|                                                           |     |                                                          |     | MESNEX TABS .....                       | 42  |
|                                                           |     |                                                          |     | MESTINON SOLN PO                        |     |

|                                                                         |     |                                                           |     |                                                       |     |
|-------------------------------------------------------------------------|-----|-----------------------------------------------------------|-----|-------------------------------------------------------|-----|
| (pyridostigmine bromide) .....                                          | 35  | MG/10ML, 1000 MG/40ML .....                               | 36  | methyltestosterone CAPS .....                         | 11  |
| MESTINON TABS (pyridostigmine bromide) .....                            | 35  | methotrexate sodium SOLR .....                            | 36  | metoclopramide hcl SOLN PO 5 MG/5ML, 10 MG/10ML ..... | 75  |
| MESTINON TBCR (pyridostigmine bromide) .....                            | 35  | methotrexate sodium TABS 2.5 MG                           | 36  | metoclopramide hcl TABS .....                         | 75  |
| METADATE CD CPCR 10 MG, 40 MG, 50 MG, 60 MG (methylphenidate hcl) ..... | 2   | methoxsalen rapid .....                                   | 64  | metoclopramide hcl TBDP .....                         | 75  |
| METADATE CD CPCR 20 MG, 30 MG (methylphenidate hcl) .....               | 2   | methscopolamine bromide .....                             | 122 | metolazone .....                                      | 71  |
| metaxalone 400 MG .....                                                 | 108 | methsuximide .....                                        | 21  | METOPIRONE .....                                      | 69  |
| metaxalone 800 MG .....                                                 | 108 | methyldopa TABS .....                                     | 32  | metoprolol & hydrochlorothiazide TABS .....           | 33  |
| metformin hcl SOLN .....                                                | 24  | methylergonovine maleate TABS                             | 114 | metoprolol succinate TB24 .....                       | 48  |
| metformin hcl TABS 500 MG, 850 MG, 1000 MG .....                        | 24  | METHYLIN SOLN (methylphenidate hcl) .....                 | 2   | metoprolol tartrate TABS .....                        | 48  |
| metformin hcl TB24 500 MG, 750 MG .....                                 | 24  | methylphenidate hcl CHEW .....                            | 2   | METROCREAM CREA (metronidazole (topical)) .....       | 69  |
| methadone hcl CONC .....                                                | 8   | methylphenidate hcl CP24 60 MG ..                         | 2   | METROGEL GEL 1 % (metronidazole (topical)) .....      | 69  |
| methadone hcl SOLN PO .....                                             | 8   | methylphenidate hcl CP24 .....                            | 2   | metronidazole (topical) CREA .....                    | 69  |
| methadone hcl TABS .....                                                | 8   | methylphenidate hcl CPCR 10 MG, 40 MG, 50 MG, 60 MG ..... | 2   | metronidazole (topical) GEL 0.75 %                    | 69  |
| methadone hcl TBSO .....                                                | 8   | methylphenidate hcl CPCR 20 MG, 30 MG .....               | 2   | metronidazole (topical) GEL 1 % ..                    | 69  |
| METHADOSE CONC (methadone hcl) .....                                    | 8   | methylphenidate hcl SOLN .....                            | 2   | metronidazole (topical) LOTN .....                    | 69  |
| METHADOSE SUGAR-FREE CONC (methadone hcl) .....                         | 8   | methylphenidate hcl TABS 20 MG ..                         | 2   | metronidazole CAPS .....                              | 34  |
| methamphetamine hcl .....                                               | 1   | methylphenidate hcl TABS 5 MG, 10 MG .....                | 2   | metronidazole TABS 250 MG, 500 MG .....               | 34  |
| methazolamide TABS .....                                                | 71  | methylphenidate hcl TB24 18 MG, 27 MG, 54 MG .....        | 2   | metronidazole vaginal .....                           | 126 |
| methenamine hippurate .....                                             | 35  | methylphenidate hcl TB24 36 MG ..                         | 2   | metyrosine .....                                      | 31  |
| methenamine mandelate 1 GM ....                                         | 35  | methylphenidate hcl TBCR 10 MG, 20 MG .....               | 2   | mexiletine hcl .....                                  | 13  |
| methimazole TABS .....                                                  | 120 | methylphenidate hcl TBCR 18 MG, 27 MG, 36 MG .....        | 2   | MG217 PSORIASIS MULTI-SYMPTOM OINT .....              | 68  |
| methocarbamol TABS 500 MG, 750 MG .....                                 | 108 | methylphenidate hcl TBCR 54 MG ..                         | 2   | MIACALCIN IJ (calcitonin (salmon))                    | 72  |
| methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250                      |     | methylphenidate PTCH .....                                | 2   | MICARDIS 20 MG, 40 MG (telmisartan) .....             | 31  |
|                                                                         |     | methylprednisolone TABS .....                             | 57  | MICARDIS 80 MG (telmisartan) ...                      | 31  |
|                                                                         |     | methylprednisolone TBPk .....                             | 57  |                                                       |     |

|                                                                                                     |     |                                                    |     |                                                                                  |     |
|-----------------------------------------------------------------------------------------------------|-----|----------------------------------------------------|-----|----------------------------------------------------------------------------------|-----|
| MICARDIS HCT (telmisartan-hydrochlorothiazide) . . . . .                                            | 33  | mirtazapine TBDP . . . . .                         | 21  | 93                                                                               |     |
| MICROLET LANCETS . . . . .                                                                          | 93  | MIRVASO (brimonidine tartrate (topical)) . . . . . | 69  | montelukast sodium CHEW . . . . .                                                | 14  |
| MICROLIFE DIGITAL PEAK FLOW 100                                                                     |     | misoprostol . . . . .                              | 123 | montelukast sodium PACK . . . . .                                                | 14  |
| midazolam hcl SYRP . . . . .                                                                        | 81  | MITIGARE CAPS (colchicine) . . . . .               | 78  | montelukast sodium TABS . . . . .                                                | 14  |
| midodrine hcl . . . . .                                                                             | 127 | mitoxantrone hcl 25 MG/12.5ML . .                  | 39  | MONUROL (fosfomycin tromethamine) . . . . .                                      | 35  |
| MIFEPREX (mifepristone) . . . . .                                                                   | 73  | MM TWIST LANCETS . . . . .                         | 93  | morphine sulfate beads . . . . .                                                 | 8   |
| mifepristone . . . . .                                                                              | 73  | M-M-R II SOLR . . . . .                            | 126 | morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG . . . . . | 8   |
| miglitol . . . . .                                                                                  | 23  | M-NATAL PLUS TABS . . . . .                        | 106 | morphine sulfate SOLN PO 10 MG/5ML, 20 MG/5ML . . . . .                          | 8   |
| miglustat . . . . .                                                                                 | 80  | MNEXSPIKE SUSY 10 MCG/0.2ML .                      | 126 | morphine sulfate SOLN PO 20 MG/ML, 100 MG/5ML . . . . .                          | 8   |
| MIGRANAL SOLN NA (dihydroergotamine mesylate) . . .                                                 | 101 | MOBILE LANCETS 30G . . . . .                       | 93  | morphine sulfate SUPP . . . . .                                                  | 8   |
| MINASTRIN 24 FE CHEW (norethin acet & estrad-fe) . . . . .                                          | 56  | modafinil . . . . .                                | 2   | morphine sulfate TABS 15 MG . . . . .                                            | 8   |
| MINI WRIGHT PEAK FLOW METER . . . . .                                                               | 100 | MODERNA COVID-19 BIVALENT 126                      |     | morphine sulfate TABS 30 MG . . . . .                                            | 8   |
| MINIPRESS CAPS (prazosin hcl) .                                                                     | 32  | MODERNA COVID-19 VAC 6M-11Y SUSP . . . . .         | 126 | morphine sulfate TBCR . . . . .                                                  | 8   |
| MINIVELLE PTTW (estradiol) . . . . .                                                                | 75  | MODERNA COVID-19 VAC 6M-11Y SUSY . . . . .         | 126 | MOTTEGRITY (prucalopride succinate) . . . . .                                    | 75  |
| minocycline hcl CAPS . . . . .                                                                      | 120 | MODERNA COVID-19 VACCINE SUSP . . . . .            | 126 | MOVANTIK . . . . .                                                               | 76  |
| minocycline hcl CP24 . . . . .                                                                      | 120 | moexipril hcl . . . . .                            | 31  | moxifloxacin hcl (ophth) SOLN OP 111                                             |     |
| minocycline hcl TABS 50 MG, 100 MG . . . . .                                                        | 120 | molindone hcl . . . . .                            | 45  | moxifloxacin hcl TABS . . . . .                                                  | 75  |
| minocycline hcl TABS 75 MG . . .                                                                    | 120 | MOLNUPIRAVIR (MOLNUPIRAVIR CAPS 200MG) . . . . .   | 47  | MPD SAFETY LANCET 21G . . . . .                                                  | 93  |
| minoxidil 2.5 MG, 10 MG . . . . .                                                                   | 34  | mometasone furoate (nasal) SUSP 109                |     | MPD SAFETY LANCET 23G . . . . .                                                  | 93  |
| MIRALAX POWD (polyethylene glycol 3350) . . . . .                                                   | 82  | mometasone furoate CREA . . . . .                  | 67  | MPD SAFETY LANCET 28G . . . . .                                                  | 93  |
| MIRAPEX ER TB24 0.375 MG, 0.75 MG, 1.5 MG, 2.25 MG, 3.75 MG, 4.5 MG (pramipexole dihydrochloride) . | 43  | mometasone furoate OINT . . . . .                  | 67  | MPD SAFETY LANCET 30G . . . . .                                                  | 93  |
| MIRAPEX ER TB24 3 MG (pramipexole dihydrochloride) . . . . .                                        | 43  | mometasone furoate SOLN . . . . .                  | 67  | MRESVIA . . . . .                                                                | 126 |
| mirtazapine TABS . . . . .                                                                          | 21  | MONOLET LANCETS . . . . .                          | 93  | MS CONTIN TBCR (morphine sulfate) . . . . .                                      | 8   |
|                                                                                                     |     | MONOLET OPD LANCETS . . . . .                      | 93  | MUCOTROL WAFR . . . . .                                                          | 104 |
|                                                                                                     |     | MONOLETTOR SAFETY LANCETS                          |     | MULTIVITAMIN/FLUORIDE CHEW                                                       |     |

|                                                     |                                                                     |                                                                                                                          |
|-----------------------------------------------------|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|
| 0.25 MG .....105                                    | .....48                                                             | (mometasone furoate (nasal)) ....109                                                                                     |
| MULTIVITAMIN/FLUORIDE CHEW<br>0.5 MG, 1 MG .....105 | NAFCILLIN SODIUM IN DEXTROSE<br>1 GM/50ML ..... 114                 | NATACHEW CHEW 120 MG-10 MG-<br>20 UNIT-1 MG-400 UNIT-12 MCG-3<br>MG-20 MG-2 MG-2700 UNIT-28 MG<br>106                    |
| MULTIVITAMIN/FLUORIDE SOLN<br>105                   | nafcillin sodium IV 10 GM ..... 114                                 | NATACYN .....111                                                                                                         |
| MULTIVITAMIN/FLUORIDE SUSP<br>0.25 MG/ML .....105   | naftifine hcl CREA .....62                                          | NATAZIA ..... 56                                                                                                         |
| MULTI-VIT-FLOR CHEW 0.25 MG<br>105                  | naftifine hcl GEL 2 % .....63                                       | nateglinide .....26                                                                                                      |
| MULTI-VIT-FLOR CHEW 0.5 MG, 1<br>MG .....105        | NAFTIN GEL (naftifine hcl) ..... 63                                 | NAYZILAM ..... 18                                                                                                        |
| mupirocin OINT ..... 62                             | NALOCET TABS .....10                                                | nebivolol hcl ..... 48                                                                                                   |
| MYALEPT ..... 73                                    | naloxone hcl LIQD ..... 27                                          | NEBUPENT IN (pentamidine<br>isethionate) .....34                                                                         |
| MYAMBUTOL TABS 400 MG<br>(ethambutol hcl) .....36   | naloxone hcl SOSY 2 MG/2ML ....27                                   | NEBUSAL NEBU ..... 59                                                                                                    |
| MYCOBUTIN (rifabutin) .....36                       | naltrexone hcl ..... 27                                             | NEEVO DHA 85 MG-25 MG-15 MG-<br>5 MCG-1.4 MG-18 MG-27 MG-110<br>MG-1.4 MG-60 MG-220 MCG-60<br>MCG-1 MG-1.13 MG ..... 106 |
| mycophenolate mofetil CAPS .... 103                 | NAMENDA TABS 10 MG<br>(memantine hcl) ..... 115                     | nefazodone hcl .....23                                                                                                   |
| mycophenolate mofetil SUSR .... 103                 | NAMENDA TABS 5 MG (memantine<br>hcl) .....115                       | neomycin sulfate TABS ..... 3                                                                                            |
| mycophenolate mofetil TABS .....103                 | NAMENDA TITRATION PAK TABS<br>(memantine hcl) ..... 115             | neomycin-bacitracin zn-polymyxin<br>111                                                                                  |
| mycophenolate sodium ..... 103                      | NAMENDA XR CP24 (memantine<br>hcl) .....115                         | neomycin-polymy-dexameth OINT<br>112                                                                                     |
| MYDRIACYL SOLN (tropicamide)<br>110                 | NAMZARIC C4PK ..... 115                                             | neomycin-polymy-dexameth SUSP<br>0.1 %-3.5 MG/ML-10000 UNIT/ML,<br>0.1 % .....112                                        |
| MYFORTIC (mycophenolate<br>sodium) ..... 103        | NAPROSYN SUSP (naproxen) ..... 5                                    | neomycin-polymyxin-gramicidin . 111                                                                                      |
| MYGLUCOHEALTH LANCETS 30G<br>93                     | NAPROSYN TABS 500 MG<br>(naproxen) .....5                           | neomycin-polymyxin-hc (ophth) . 112                                                                                      |
| MYHIBBIN SUSP .....103                              | naproxen sodium TABS 275 MG, 550<br>MG .....5                       | neomycin-polymyxin-hc (otic) SOLN .<br>113                                                                               |
| MYLERAN TABS .....36                                | naproxen SUSP ..... 5                                               | neomycin-polymyxin-hc (otic) SUSP .<br>113                                                                               |
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| olopatadine hcl 0.2 % .....        | OPSUMIT .....                     | 51  | OTREXUP SOAJ 12.5 MG/0.4ML, 15      |     |
| OLUX-E (clobetasol propionate      | OPTIONS GYNOL II                  |     | MG/0.4ML, 17.5 MG/0.4ML, 20         |     |
| emulsion) .....                    | CONTRACEPTIVE GEL .....           | 126 | MG/0.4ML, 22.5 MG/0.4ML, 25         |     |
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| PRO-RED AC SYRP 9 MG/5ML-5 MG/5ML-1 MG/5ML .....                       | 59  |                                                              |     | QUDEXY XR CS24 25 MG, 50 MG (topiramate) .....           | 20  |
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| QUESTRAN PACK (cholestyramine)<br>30                                | RADICAVA ORS STARTER KIT<br>SUSP .....                                                                                                          | REBIF SOSY .....                                          |
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| QUESTRAN POWD (cholestyramine)<br>.....30                           | RADICAVA ORS SUSP .....                                                                                                                         | REBIF TITRATION PACK SOSY .116                            |
|                                                                     | 109                                                                                                                                             |                                                           |
| quetiapine fumarate TABS 200 MG<br>44                               | raloxifene hcl .....                                                                                                                            | RECOMBINATE SOLR .....                                    |
|                                                                     | 72                                                                                                                                              | 79                                                        |
| quetiapine fumarate TABS 25 MG, 50<br>MG, 100 MG, 150 MG .....      | ramelteon .....                                                                                                                                 | RECOMBIVAX HB SUSP .....                                  |
| 44                                                                  | 81                                                                                                                                              | 126                                                       |
| quetiapine fumarate TABS 300 MG,<br>400 MG .....                    | ramipril CAPS .....                                                                                                                             | RECOMBIVAX HB SUSY .....                                  |
| 44                                                                  | 31                                                                                                                                              | 126                                                       |
| quetiapine fumarate TB24 .....                                      | ranolazine TB12 1000 MG .....                                                                                                                   | RECTIV (nitroglycerin (intra-anal))<br>11                 |
| 44                                                                  | 12                                                                                                                                              |                                                           |
| QUFLORA FE PEDIATRIC LIQD 105                                       | ranolazine TB12 500 MG .....                                                                                                                    | REGLAN TABS (metoclopramide hcl)<br>.....75               |
|                                                                     | 12                                                                                                                                              |                                                           |
| QUFLORA PEDIATRIC CHEW 0.25<br>MG .....                             | RAPAFLO 4 MG (silodosin) .....                                                                                                                  | RELENZA DISKHALER .....                                   |
| 105                                                                 | 78                                                                                                                                              | 48                                                        |
| QUFLORA PEDIATRIC CHEW 0.5<br>MG, 1 MG .....                        | RAPAFLO 8 MG (silodosin) .....                                                                                                                  | RELEXXII TBCR 18 MG<br>(methylphenidate hcl) .....        |
| 105                                                                 | 78                                                                                                                                              | 3                                                         |
| QUFLORA PEDIATRIC SOLN ... 105                                      | RAPAMUNE SOLN (sirolimus) ...                                                                                                                   | RELEXXII TBCR 27 MG, 36 MG<br>(methylphenidate hcl) ..... |
|                                                                     | 104                                                                                                                                             | 3                                                         |
| QUICKVUE AT-HOME COVID-19<br>TEST KIT .....                         | RAPAMUNE TABS (sirolimus) ...                                                                                                                   | RELEXXII TBCR 54 MG<br>(methylphenidate hcl) .....        |
| 70                                                                  | 104                                                                                                                                             | 2                                                         |
| QUILLICHEW ER CHER 20 MG, 40<br>MG .....                            | RAPIDGO FLU A/B COVID-19<br>HOME .....                                                                                                          | RELION INSULIN SYRINGE ....                               |
| 2                                                                   | 70                                                                                                                                              | 100                                                       |
| QUILLICHEW ER CHER 30 MG ... 2                                      | rasagiline mesylate .....                                                                                                                       | RELION LANCET DEVICES 30G .95                             |
|                                                                     | 43                                                                                                                                              |                                                           |
| QUILLIVANT XR SRER .....                                            | RASUVO SOAJ 20 MG/0.4ML .....                                                                                                                   | RELION LANCETS .....                                      |
| 2                                                                   | 3                                                                                                                                               | .95                                                       |
| quinapril hcl .....                                                 | RASUVO SOAJ 7.5 MG/0.15ML, 10<br>MG/0.2ML, 12.5 MG/0.25ML, 15<br>MG/0.3ML, 17.5 MG/0.35ML, 22.5<br>MG/0.45ML, 25 MG/0.5ML, 30<br>MG/0.6ML ..... | RELION LANCETS MICRO-THIN<br>33G .....                    |
| 31                                                                  | 3                                                                                                                                               | .95                                                       |
| quinapril-hydrochlorothiazide 12.5<br>MG-10 MG, 12.5 MG-20 MG ..... | READYLANCE SAFETY LANCETS .<br>95                                                                                                               | RELION LANCETS THIN 26G ....                              |
| 33                                                                  |                                                                                                                                                 | .95                                                       |
| quinapril-hydrochlorothiazide 25 MG-<br>20 MG .....                 | REALITY LANCETS .....                                                                                                                           | RELION LANCETS ULTRA-THIN<br>30G .....                    |
| 33                                                                  | .95                                                                                                                                             | .95                                                       |
| quinidine gluconate TBCR .....                                      | REALITY LATEX CONDOMS MISC .<br>85                                                                                                              | RELION ULTRA THIN LANCETS<br>30G .....                    |
| 13                                                                  |                                                                                                                                                 | .95                                                       |
| quinine sulfate CAPS 324 MG .....                                   | REALITY LATEX/ULTRA<br>TEXTURED DEVI .....                                                                                                      | RELNATE DHA CAPS .....                                    |
| 35                                                                  | .85                                                                                                                                             | 107                                                       |
| QVAR REDIHALER 40 MCG/ACT .15                                       | REALITY LATEX/ULTRA THIN DEVI<br>85                                                                                                             | RELPAK (eletriptan hydrobromide)<br>101                   |
|                                                                     |                                                                                                                                                 |                                                           |
| QVAR REDIHALER 80 MCG/ACT .15                                       | REALITY TRIGGER LANCETS ...                                                                                                                     | RELYVRIO .....                                            |
|                                                                     | .95                                                                                                                                             | 109                                                       |
| RABEPRAZOLE SODIUM CPSP 123                                         | REBIF REBIDOSE SOAJ .....                                                                                                                       | REMERON SOLTAB TBDP<br>(mirtazapine) .....                |
|                                                                     | 116                                                                                                                                             | 21                                                        |
| rabeprazole sodium TBEC .....                                       | REBIF REBIDOSE TITRATION<br>PACK SOAJ .....                                                                                                     | REMERON TABS 15 MG, 30 MG<br>(mirtazapine) .....          |
| 123                                                                 | 116                                                                                                                                             | 22                                                        |

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| RENFLEXIS .....                                                     | 76  | (atazanavir sulfate) .....                                     | 46  | RITALIN TABS 5 MG, 10 MG<br>(methylphenidate hcl) .....       | 3   |
| REVELA PACK 0.8 GM (sevelamer<br>carbonate) .....                   | 77  | REYATAZ PACK .....                                             | 46  | ritonavir TABS .....                                          | 46  |
| REVELA PACK 2.4 GM (sevelamer<br>carbonate) .....                   | 77  | RHOFADE .....                                                  | 69  | rivaroxaban SUSR 1 MG/ML .....                                | 16  |
| REVELA TABS (sevelamer<br>carbonate) .....                          | 77  | ribavirin (hepatitis c) CAPS .....                             | 47  | rivaroxaban TABS 2.5 MG .....                                 | 16  |
| repaglinide .....                                                   | 26  | ribavirin .....                                                | 48  | rivastigmine .....                                            | 115 |
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| RESTORIL 22.5 MG, 30 MG<br>(temazepam) .....                        | 81  | rifampin CAPS .....                                            | 36  | rizatriptan benzoate TABS .....                               | 101 |
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| RETIN-A GEL (tretinoin) .....                                       | 62  | rimantadine hydrochloride TABS ..                              | 48  | ROCALTROL CAPS 0.25 MCG<br>(calcitriol) .....                 | 73  |
| RETIN-A MICRO 0.04 % (tretinoin<br>microsphere) .....               | 61  | RINVOQ LQ SOLN .....                                           | 3   | ROCALTROL CAPS 0.5 MCG<br>(calcitriol) .....                  | 73  |
| RETIN-A MICRO 0.1 % (tretinoin<br>microsphere) .....                | 61  | RINVOQ TB24 .....                                              | 3   | ROCALTROL SOLN PO (calcitriol)<br>73                          |     |
| RETIN-A MICRO PUMP 0.04 %<br>(tretinoin microsphere) .....          | 62  | RIOMET SOLN (metformin hcl) ...                                | 24  | roflumilast .....                                             | 14  |
| RETIN-A MICRO PUMP 0.1 %<br>(tretinoin microsphere) .....           | 61  | risedronate sodium TABS 150 MG                                 | 72  | romidepsin SOLR .....                                         | 41  |
| RETROVIR CAPS (zidovudine) ...                                      | 46  | risedronate sodium TABS 5 MG, 30<br>MG, 35 MG .....            | 72  | ropinirole hydrochloride TABS .....                           | 43  |
| RETROVIR SYRP (zidovudine) ...                                      | 46  | RISPERDAL SOLN (risperidone) ..                                | 44  | ropinirole hydrochloride TB24 12 MG<br>43                     |     |
| REVATIO SUSR (sildenafil citrate<br>(pulmonary hypertension)) ..... | 51  | RISPERDAL TABS 0.5 MG, 1 MG, 2<br>MG, 4 MG (risperidone) ..... | 44  | ropinirole hydrochloride TB24 2 MG,<br>4 MG, 6 MG, 8 MG ..... | 43  |
| REVATIO TABS (sildenafil citrate<br>(pulmonary hypertension)) ..... | 51  | RISPERDAL TABS 3 MG<br>(risperidone) .....                     | 44  | rosuvastatin calcium TABS .....                               | 30  |
| REVLIMID .....                                                      | 103 | risperidone SOLN .....                                         | 44  | ROTARIX SUSP .....                                            | 126 |
| REXULTI .....                                                       | 45  | risperidone TABS 0.25 MG, 0.5 MG,<br>1 MG, 2 MG, 4 MG .....    | 44  | ROTARIX SUSR .....                                            | 126 |
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|                                                                     |     | risperidone TBDP .....                                         | 44  | ROXICODONE TABS 15 MG<br>(oxycodone hcl) .....                | 9   |
|                                                                     |     | RITALIN LA CP24 (methylphenidate<br>hcl) .....                 | 3   | ROXICODONE TABS 30 MG                                         |     |
|                                                                     |     | RITALIN TABS 20 MG<br>(methylphenidate hcl) .....              | 3   |                                                               |     |

|                                     |     |                                    |     |                                   |     |
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| (oxycodone hcl) .....               | 9   | SALIMEZ CREA .....                 | 68  | 1.8 MG-15 MG-1700 UNIT-25 MG-15   |     |
| ROZEREM (ramelteon) .....           | 81  | salsalate .....                    | 7   | MG-30 UNIT-29 MG-0.6 MG ..... 107 |     |
| ROZLYTREK CAPS .....                | 41  | SALYCIM CREA .....                 | 68  | SELECT-OB CHEW 60 MG-2.5 MG-      |     |
| RUBRACA .....                       | 41  | SANCUSO PTCH .....                 | 27  | 1 MG-400 UNIT-5 MCG-1.8 MG-15     |     |
| rufinamide SUSP .....               | 20  | SANDIMMUNE CAPS (cyclosporine)     |     | MG-1.6 MG-25 MG-15 MG-30 UNIT-    |     |
| rufinamide TABS 200 MG .....        | 20  | 104                                |     | 29 MG-1700 UNIT ..... 107         |     |
| rufinamide TABS 400 MG .....        | 20  | SANDIMMUNE SOLN PO 100             |     | SELECT-OB+DHA MISC ..... 107      |     |
| RUKOBIA .....                       | 46  | MG/ML .....                        | 104 | selegiline hcl CAPS .....         | 43  |
| RYBELSUS TABS .....                 | 25  | SANDOSTATIN SOLN 50 MCG/ML,        |     | selegiline hcl TABS .....         | 43  |
| RYDAPT .....                        | 41  | 100 MCG/ML (octreotide acetate) .  | 74  | selenium sulfide LOTN 2.5 % ..... | 65  |
| RYTARY CPCR .....                   | 43  | SANDOSTATIN SOLN 500 MCG/ML        |     | SELZENTRY SOLN .....              | 46  |
| RYTHMOL SR CP12 (propafenone        |     | (octreotide acetate) .....         | 74  | SELZENTRY TABS (maraviroc) ...    | 46  |
| hcl) .....                          | 13  | SANTYL OINT .....                  | 68  | SE-NATAL 19 CHEW .....            | 107 |
| SABRIL PACK (vigabatrin) .....      | 21  | SAPHRIS (asenapine maleate) ...    | 44  | SE-NATAL 19 TABS .....            | 107 |
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